

## ADULTS COMMITTEE



**Date: Thursday, 06 September 2018**

**Democratic and Members' Services**

Fiona McMillan

Deputy Monitoring Officer

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

**Shire Hall, Castle Hill, Cambridge, CB3 0AP**

## AGENDA

Open to Public and Press

### CONSTITUTIONAL MATTERS

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

*Guidance on declaring interests is available at*

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

**2 Minutes & Action Log - 19th July 2018**

**5 - 12**

**3 Petitions and Public Questions**

### KEY DECISIONS

**4 Willow Court, Bassenhally, Whittlesey - Tender for Contract**

**13 - 24**

### DECISIONS

<b>5</b>	<b>Finance &amp; Performance Report - July 2018</b>	<b>25 - 70</b>
<b>6</b>	<b>Cambridgeshire &amp; Peterborough NHS Foundation Trust Mid Year Report 2017-18</b>	<b>71 - 102</b>
<b>7</b>	<b>Adults Positive Challenge Programme Fast Forward Update</b>	<b>103 - 110</b>
<b>8</b>	<b>Adult Services Budget Pressures</b>	<b>111 - 126</b>
<b>9</b>	<b>Adults Committee Agenda Plan</b>	<b>127 - 130</b>

The Adults Committee comprises the following members:

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

Councillor Adela Costello Councillor Sandra Crawford Councillor Kevin Cuffley Councillor Janet French Councillor Derek Giles 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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Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccc-film-record>.

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**ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 19th July 2018

**Time:** 2.00pm to 3.30pm

**Present:** Councillors A Bailey (Chairwoman), A Costello, S Crawford, L Dupre (substituting for Councillor Wilson), M Howell (Vice-Chairman), B Hunt (substituting for Councillor Cuffley), J Gowing (substituting for Councillor French), Councillor Nethsingha (substituting for Councillor Harrison) and Councillor D Wells.

**Apologies:** Councillors K Cuffley, J French, N Harrison and G Wilson

**95. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**96. MINUTES – 24 MAY 2018 AND ACTION LOG**

The minutes of the meeting held on 24 May 2018 were agreed as a correct record and signed by the Chairwoman.

The Action Log was noted.

The Chairwoman thanked Claire Bruin, who was stepping down from her role as Service Director Adult Social care after 14 years with the Council, for her support to the Committee and public and wished her the very best for the future.

**97. PETITIONS**

No petitions were received

**98. HAUXTON EXTRA CARE – TENDER FOR CONTRACT**

The Committee considered a report that outlined the case for tendering the care and support contract in Hauxton extra care scheme.

The Hauxton scheme was a new development that was under construction and attention was drawn to paragraph 2.1 of the officer report that provided details of the needs analysis work undertaken by Sheffield Hallam University.

During discussion of the report Members

- Clarified the shift arrangements for the scheme that allowed for peaks and troughs in demand.
- Noted that there would be a number of different leasehold options available for purchasers including shared ownership schemes.
- Confirmed that while as stated in paragraph 3.2 of the report, the aim was to maintain a balanced community with a range of needs it would be predominantly older people that lived there as the development was for the over 55s.
- Sought further detail regarding a needs analysis tool developed by Sheffield Hallam University and questioned whether it could be used across the county. Officers explained that the tool examined population trends and also the top 100 local authorities in terms of provision. Officers confirmed that as part of the tender, Sheffield Hallam University were tasked with producing a tool for all counties to use and was readily available.
- Noted that there were only a small number of leasehold developments in the county. Millbrook in Soham and Parkview in Huntingdon were two such examples.

It was resolved unanimously

to agree to tender the care contract at Hauxton extra care scheme.

#### **99. MENTAL HEALTH RECOVERY AND COMMUNITY INCLUSION SCHEME – TENDER FOR CARE CONTRACT**

The Committee received a report that sought approval for the award of contract for a county-wide Mental Health Recovery and Community Inclusion Service.

Discussing the report, members commented that there were two agenda items requesting approval for the award of contracts and questioned why the weighting for price and quality was different for each one. Officers explained that the weighting was tested at the Joint Commissioning Board and the weighting varied due to the length of the contract and its monetary value.

It was resolved unanimously to:

Approve the award of the contract for a county-wide Mental Health Recovery and Community Inclusion Service.

#### **100. MULTI DISCIPLINARY FLOATING SUPPORT SERVICE FOR CAMBRIDGESHIRE AND PETERBOROUGH**

The Committee received a report that requested the Committee's approval for the award of contract for a Multi-Disciplinary Floating Support Service which will work across Cambridgeshire and Peterborough.

In presenting the report officers informed Members that following the agreement to go out to tender for the contract in March 2018, 5 bids were received. Following evaluation the Joint Commissioning Board recommended provider D to the Committee for approval.

In response to Member questions, officers

- Confirmed that the successful bidder for the contract was P3 and confirmed that in future there would be greater consistency in reports requesting the approval for the award of contracts.
- Explained that the recommendation for approval would always go to the highest scoring bidder. Once the award was made then bidders were able to mount a challenge as they would be provided with the scores.
- Agreed to provide confirmation and details of penalty clauses contained within the contract. **ACTION**

It was resolved unanimously to:

Approve the award of contract for a Multi-Disciplinary Floating Support Service which will work across Cambridgeshire and Peterborough.

## **101. FINANCE AND PERFORMANCE REPORT – MAY 2018**

The Committee received the May 2018 iteration of the Finance and Performance report. In presenting the report officers informed the Committee that the forecast outturn was for a balanced position at year end. However, pressures were beginning to surface within the demand led care budget.

Examining the report members

- Highlighted that the LDP budgeted average unit cost for residential, nursing and community care were displayed incorrectly and the 'k' should be removed.
- Drew attention to table 2.5.4, in particular community based support where a low number of clients could result in significant variance to the budget if numbers changed. Officers informed Members that the budget included growth assumptions for the year.
- Noted that the direction of travel arrows relating to the budgeted average weekly cost of residential dementia care in table 2.5.5 and the actual cost resulted from the rounding of figures.
- Commented that direction of travel arrows contained within the performance report could be misleading as it was not necessarily easy to quantify whether a particular direction of travel was good or bad. Officers agreed to provide the feedback to the Business Intelligence team. **ACTION**

It was resolved unanimously

to review and comment on the report.

## **102. CUSTOMER CARE ANNUAL REPORT 1 APRIL 2017 TO 31 MARCH 2018**

The Committee considered the Customer Care Annual Report 2017/18 that provided Members with information about the complaints, compliments, representations and MP enquiries. It also provided the learning from the feedback received and the actions taken to improve services.

The presenting officer drew attention to the reduction in the number of MP enquiries received citing the 2017 general election as the likely reason for the drop in numbers. The increase in the number of informal complaints received demonstrated that feedback was being dealt with effectively and not escalated to formal complaints. There was a 19% increase in the number of formal complaints with most related to older people's services which reflected the size of the client group. Common themes for complaints included the standard of care and the care assessment or financial assessment, delays, disagreement regarding the outcome of assessments.

Members were informed that debt recovery letters and invoices had been reviewed and changed following complaints and feedback that they were confusing and the changes had resulted in no complaints relating to the debt recovery letters and fewer invoicing complaints.

During discussion members:

- Welcomed the report and its presentation
- Clarified that an MP enquiry was often a complaint that had arrived through an MP's office. The complaints process for such enquiries differed from that for formal complaints as the level of detail that could be provided was restricted. It was common for complaints to be made formally and through an MP enquiry and were counted as two separate complaints. Members suggested that it would be worth understanding how many complaints were in effect duplicates.
- Drew attention to the debt recovery letters and complaints that were highlighted at a recent Learning Disability Partnership Board meeting where service users were having difficulty reading invoices and other written communications as LGSS did not provide 'easy read' version. Officers agreed to investigate further with LGSS

### **ACTION**

- Questioned whether the increase in complaints regarding standards of care was concerning. Officers informed the Committee that concerns regarding care and care providers were logged separately and passed to the Multi-Agency Safeguarding Hub (MASH) and the contracts team to be followed up as appropriate.
- Welcomed the openness and honesty of the report, noting the success of the complaints process. Officers commented that producing a robust first response to a



complaint and offering a meeting to address any further issues had been very successful in preventing the escalation of complaints.

- Highlighted the changes and transformation of adult social care and the relatively low numbers of complaints illustrated the success of the Transforming Lives model and the alternative methods for delivering support.
- Emphasised the importance of communication during all interactions with the public. Well done on debt recovery and invoicing.
- Confirmed that regarding the chart shown at paragraph 14.6 of the report, complaints regarding medication errors would be escalated to the MASH.
- Drew attention to minor corrections required within the report prior to its publication.

It was resolved unanimously:

- a) to note and comment on the information in the Annual Adults Social Care Customer Care Report 2017/18
- b) agree to the publication of the Annual Adults Social Care Customer Care Report 2017/18 on the Council's website.

### **103. DEEP DIVE: ADULT SOCIAL CARE INDEPENDENT SECTOR – LABOUR (WORKFORCE) MARKET**

The Committee received a 'deep dive' report that provided an overview and approach to the social care labour (workforce) market across the independent sector. The report highlighted the key challenges in the Cambridgeshire area, including high employment rates and the cost of living in the region. Turnover of staff was in line with regional and national figures but still represents a significant turnover of staff.

During the course of discussion, Members

- Highlighted paragraph 2.1.3 of the report and that the 36% increase in workforce capacity that would be required to meet demand was the minimum requirement.
- Welcomed the success of the recruitment campaign for the Reablement Team. Officers explained that the campaign had been managed differently and more flexibly, recognising that the bureaucracy faced by candidates applying for positions at the Council can often be off putting. The Human Resources and Transformation teams were working to identify ways of accelerating the recruitment process. The principle would be applied to the recruitment of frontline social workers where there were recruitment issues.
- Questioned whether part time care workers or those not contracted to fixed hours had been approached to increase their hours. Officers confirmed that was taking place.

- Noted that candidates were asked where they had found the job vacancies. It was also logged when a successful candidate joined the organisation from the independent sector.
- Drew attention to the national living wage which presented a significant issue and would welcome an update regarding pay and progress against the required 36% increase in workforce capacity.

It was resolved

To note and comment on the report.

#### **104. ADULTS COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES.**

It was resolved to note the Committee Agenda Plan and the following update provided at the meeting

**September** – Business Planning would be replaced by an item regarding budget pressures

Deep Dive: Learning Disability Employment Opportunities, moved to October.

## 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 **19 July 2018** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at .... 2018

### **Meeting of 19 July 2018**

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
100.	Multi-Disciplinary Floating Support Service for Cambridgeshire		Officers agreed to provide confirmation and details of penalty clauses contained within the contract.	Information is being sought and will be sent to Members shortly	Lisa Sparks
101.	Finance and Performance Report		Provide the Committee's feedback on the direction of travel arrows within the performance report to the Business Intelligence Team	Work is underway to adopt a clear convention across all our performance reports	Stephen Howarth
102.	Customer Care Annual Report		Officers to investigate with LGSS the difficulties people were having reading communications from LGSS as they were not available in 'easy read' format	Work is underway to investigate the need for 'easy read' formats to be available	Emma Middleton



**WILLOW COURT, BASSENHALLY, WHITTLESEY – TENDER FOR CARE CONTRACT**

**To: Adults Committee**

**Meeting Date: 6 September 2018**

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

**Electoral division(s): All**

**Forward Plan ref: 2018/044      Key decision: Yes**

**Purpose: To outline the case for tendering the care contract and support contract at Willow Court, Bassenhally, Whittlesey extra care scheme.**

**Recommendation: The Committee is recommended to:**

- a) Agree to tender the care and support contract at Willow Court extra care scheme.**
- b) Delegate award of the contract for Willow Court to Executive Director for People & Communities for decision.**
- c) Delegate award of the contract at Ditchburn Place, Cambridge to Executive Director for People & Communities for decision.**
- d) Delegate award of the contract at Dunstan Court, Cambridge to Executive Director for People & Communities for decision.**
- e) Delegate award of the contract at Moorlands Court, Melbourn to Executive Director for People & Communities for decision.**
- f) Delegate award of the contract Hauxton Extra Care scheme to Executive Director for People & Communities for decision.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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## **1.0 BACKGROUND**

- 1.1 Extra care housing is defined as specialist accommodation designed to maximise the independence of older people by providing a safe and accessible environment. People retain the independence of having their own home and at the same time benefit from the availability of around the clock social care and housing support.
- 1.2 The Extra Care Commissioning Strategy 2011-2015 was developed in partnership with the district councils and NHS Commissioners. The strategy identified north Huntingdonshire/Whittlesey as a high priority location for the development of a new extra care scheme.

## **2.0 NEEDS ANALYSIS**

- 2.1 Last year, Sheffield Hallam University (SHU) were commissioned to carry out research as part of the Northstowe 'Health New Towns' Project which is supported by NHS England. As part of this work SHU developed a tool to assist other local authorities to more accurately assess the demand for specialist housing, including sheltered and extra care.
- 2.2 SHU used demographic data for those aged 75 and over and carried out an analysis of the 100 local authorities with the greatest level of supply. The model was then further refined to take account of the number of people aged 75 and over with a long-term health condition or disability.
- 2.3 The model advises that by 2025 an additional 83 units of extra care housing will be required in Fenland.

## **3.0 WILLOW COURT EXTRA CARE SCHEME**

- 3.1 The scheme is being developed by the Longhurst Group and will consist of 60 flats of which, there will be 47 x 1 bed and 13 x 2 beds. It is envisaged that Willow Court will include specific provision for people living with dementia. The scheme is due to be completed in Autumn 2019.
- 3.2 Extra care housing schemes are an integral part of the 'prevention' agenda. The supportive environment in schemes enables older people to live independently for longer and improves health and wellbeing outcomes thereby delaying or preventing the use of residential care. In the Whittlesey area, the Council has experienced on-going issues sourcing homecare as staff have to travel longer distances and for lower level packages of care these are not financially viable for home care agencies. In the case of people living with dementia, they may decide to move into an extra care scheme at a time when their care needs are relatively low but making the move earlier enables them to become familiar with the environment. This can help to reduce or delay the use of more residential care.
- 3.3 Extra care schemes, including the services available within the schemes are specifically designed to cater for the needs of older people. It is not uncommon for people's care needs to decrease. One example is the availability of a lunch time meal. This provides a nutritious meal cooked on the premises and the opportunity to socialise

with other people, thereby improving people's health and wellbeing. This delivers improved outcomes for the individuals and efficiencies for the Council in some cases.

#### **4.0 CARE AND SUPPORT SERVICE**

- 4.1 In extra care schemes, the Council tenders for a flexible core and add-on contract. Generally this would be for a total of 203 hours per week, which provides 140 daytime hours and 63 hours waking night cover. This ensures that during peak day time hours, more than one member of staff will be available to provide care. Any additional hours above the daytime core of 140 are dependent upon the assessed care needs of the tenants.
- 4.2 An allocations policy will be put in place to setting out the criteria for applicants to ensure that prospective tenants would benefit by moving into the scheme and this will ensure that resources are used effectively to maintain a balanced community of people with a range of needs.

#### **5.0 DELEGATE AWARD OF THE CONTRACT FOR DITCHBURN PLACE EXTRA CARE SCHEME**

- 5.1 In March 2018, Adults Committee agreed to tender care and support contract at Ditchburn Place, Cambridge, see Appendix 1.
- 5.2 The procurement is currently underway. Adults Committee is requested to agree to delegate the award of the contract to Executive Director for People & Communities for decision.

#### **6.0 DELEGATE AWARD OF THE CONTRACT FOR DUNSTAN COURT EXTRA CARE SCHEME**

- 6.1 In March 2018, Adults Committee agreed to tender care and support contract at Dunstan Court, Cambridge, see Appendix 1.
- 6.2 The procurement is currently underway. Adults Committee is requested to agree to delegate the award of the contract to Executive Director for People & Communities for decision.

#### **7.0 DELEGATE AWARD OF THE CONTRACT FOR MOORLANDS COURT EXTRA CARE SCHEME**

- 7.1 In March 2018, Adults Committee also agreed to tender care and support contract at Moorlands Court in Melbourn, see Appendix 1.
- 7.2 The procurement is currently underway. Adults Committee is requested to agree to delegate the award of the contract to Executive Director for People & Communities for decision.

#### **8.0 DELEGATE AWARD OF THE CONTRACT FOR HAUXTON EXTRA CARE SCHEME**

- 8.1 In July 2018, Adults Committee agreed to tender care contract at Hauxton, see

## Appendix 1.

- 8.2 Adults Committee is requested to agree to delegate the award of the contract to Executive Director for People & Communities for decision.

### **9.0 RECOMMENDATION**

- 9.1 It is recommended that the Council commissions a flexible care contract for Willow Court for 3 years with an option to extend up to a further year.
- 9.2 Adults Committee is recommended to agree to delegate award of the contracts at Ditchburn Place, Dunstan Court, Moorlands Court and Hauxton.

### **10.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **10.1 Developing the local economy for the benefit of all**

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

- Additional employment opportunities.
- Recreational and other facilities would be available to the local community.

#### **10.2 Helping people live healthy and independent lives**

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

- People will be enabled to live in their own homes for as long as possible
- Potential reduction in the use of residential care.

#### **10.3 Supporting and protecting vulnerable people**

Extra care housing schemes provide for the availability of 24/7 care to support independent living for some of the most vulnerable members of society.

### **11.0 SIGNIFICANT IMPLICATIONS**

#### **11.1 Resource Implications**

Similar schemes to Willow Court have cost in the region of £170,000 per annum but the final costs will be determined through a competitive tender and usually there are a healthy number of responses. People moving into the scheme should already be in receipt of social care services and therefore overall there should not be significant additional resource implications.

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

Work is underway with LGSS Procurement to apply Contract and Procurement Rules and Public Contract regulations.



### 11.3 Statutory, Legal and Risk Implications

There are no significant implications for this priority.

### 11.4 Equality and Diversity Implications

The extra care housing scheme at Willow Court will provide additional facilities which would also be available to older people in the wider community. These would include restaurant and recreational facilities as well as health and social care services such as intermediate care, assistive technology and outreach support.

### 11.5 Engagement and Communications Implications

Peterborough Borderline Local Commissioning Group and Fenland District Council consulted with Patient Participation Groups in Whittlesey and they are supportive of the scheme.

Fenland District Council held a consultation event with the local community prior to the planning application being submitted. This was very positive and it enabled local people to learn more about the proposal and to comment upon the initial plans for the scheme. The event also provided an opportunity for people to learn more about extra care and the range of facilities that would also be available to the local community.

In addition, the landlord carried out consultation with tenants in their existing extra care housing schemes to ensure lessons learned from previous developments are incorporated into the new scheme.

### 11.6 Localism and Local Member Involvement

Local members are aware of the development in Whittlesey and have been invited to events organised by the housing provider.

### 11.7 Public Health Implications

There is an evidence base that suggests extra care housing can deliver improved health outcomes and improved quality of life.

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 Finance?	Yes Name of Financial Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Allis Karim

<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Jo Dickson
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

Appendix 1 - March 2018 Committee paper relating to procurement of extra care services	Cambridgeshire County Council <a href="#">website</a>
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**PROCUREMENT OF CARE AND SUPPORT SERVICES IN EXTRA CARE SCHEMES**

**To:** Adults Committee

**Meeting Date:** 8 March 2018

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

**Electoral division(s):** All

**Forward Plan ref:** 2018/010      **Key decision:** Yes

**Purpose:** To outline the case for tendering the care and support contracts in extra care housing schemes.

**Recommendation:** The Committee is recommended to agree to tender the care and support as flexible 'core and add-on' services in:

a) Ditchburn Place  
b) Moorlands Court  
c) Dunstan Court  
d) Doddington Court.

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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## **1. BACKGROUND**

- 1.1 Extra care housing is defined as specialist accommodation designed to maximise the independence of older people by providing a safe, secure and stimulating environment. Living in an extra care environment enables people to retain the independence of having their own home and, at the same time, benefit from the availability of around the clock social care and housing support. Extra care housing is a cost effective alternative and produces better outcomes than residential care.
- 1.2 The allocations into extra care housing are managed with the aim of developing a balanced and stimulating community that supports and promotes independence. Applications are usually considered by a multi-agency panel which consists of a representative from the respective older people's locality team, the housing provider, a representative from the district council may be involved (but this varies from district to district) and the care provider will usually attend in an advisory capacity.

## **2.0 RECOMMISSIONING OF THE SERVICES**

- 2.1 The Council tenders for a flexible core and add-on contract. Generally this would be for a total of 203 hours per week, which provides 140 daytime hours and 63 hours waking night cover. This ensures that during peak day time hours, more than one member of staff will be available to provide care. Any additional hours above the daytime core of 140 are dependent upon the assessed care needs of the tenants.
- 2.2 Usually there are a healthy number of responses to tenders in extra care schemes and therefore the Council would expect to achieve a competitive rate for the contracts.

## **3.0 DITCHBURN PLACE**

- 3.1 Ditchburn Place is located just off Mill Road in Cambridge. The extra care scheme for older people consists of 36 extra care flats and there are an additional 15 sheltered housing flats within the same complex.
- 3.2 The City Council received support from the Homes & Communities Agency to refurbish Ditchburn Place and £4m has been committed to the project. The refurbishment work started in January 2017 and is expected to take just over 2½ years to complete. Potentially this could expand the provision of extra care beyond the current 36 flats.
- 3.3 The current annual value of the contract is £554,605 and is being provided through a management agreement with the City Council. The extra care service at Ditchburn Place is significantly more expensive than comparable services in Cambridgeshire which are operated by independent sector providers (approximately £175K per year more). Initially there were concerns that the service would not be attractive to the market due to the TUPE (Transfer of Undertakings [Protection of Employment] Regulations) implications but subsequent soft market testing has demonstrated that there is interest.

- 3.4 The response from the soft market testing had some common themes. The organisations stated they could not accept responsibility for any deficits in the Local Government Pension Scheme (LGPS) or liability for redundancy payments. They also advised they would require a longer contract than the usual three years.
- 3.5 The Monitoring Officer has agreed that a 10 year contract could be used for the service with a break clause after 5 years.
- 3.6 Throughout the discussions a strong partnership has developed with the City Council and the County Council has been involved in meetings with tenants at the scheme as well as a staff team meeting to explain the proposed approach.
- 3.7 It is recommended that the Council tenders and care and support contract at Ditchburn Place for 10 years, with a break clause at 5 years.

#### **4.0 MOORLANDS COURT**

- 4.1 Moorlands Court is an extra care scheme which has 35 self-contained flats and the building is well served by communal facilities. The scheme was opened in 2008 and is located in Melbourn in South Cambridgeshire. Day centre services are also available nearby.
- 4.2 The contract value for the core care service of 203 hours is £178,303 per annum. The current contract expires on 31 August 2018.
- 4.3 It is proposed that the following three contracts (Moorlands, Dunstan and Doddington Courts) are tendered at the same time thereby reducing overall procurement costs. It is recommended that the Council re-commissions the contract for Moorlands for 3 years with an option to extend for a further year.

#### **5.0 DUNSTAN COURT**

- 5.1 Dunstan Court has 46 flats and is located in Wulfstan Way in Cambridge. Currently 26 flats are used as extra care and the remaining flats for sheltered housing. In the longer term it is intended that the whole scheme will be used as extra care. The building has been specifically designed for older people and has a number of communal facilities.
- 5.2 The contract value for the core care service of 203 hours is £185,620 per annum. The current contract expires on 31 August 2018.
- 5.3 It is recommended that the Council re-commissions the contract for Dunstan Court for 3 years with an option to extend for a further year.

#### **6.0 DODDINGTON COURT**

- 6.1 Doddington Court consists of 50 self-contained flats and 9 purpose-built intermediate / reablement care flats with 10 beds. The current specification for the service was developed with the then Primary Care Trust (PCT) and the County Council tendered the care and support contract.

- 6.2 Since November 2016 the County Council has had an agreement with the Clinical Commissioning Group (CCG) to use up to 10 beds for reablement to assist with social care DTOC (delayed transfers of care). This enables individuals discharged from hospital to receive further reablement intervention on a short term basis where they are no longer acutely unwell but are not ready to return home.
- 6.3 When the scheme was developed, the CCG agreed a ten year lease with Sanctuary Housing, the landlord for the reablement flats at the scheme. The agreement is for the rent, service charges and meal charges for the reablement flats and is due to end 31 March 2023.
- 6.4 The contract value for the core care service is £207,480 per annum. The current contract expires on 31 August 2018.
- 6.5 It is recommended that the Council re-commissions the care and support contract including the reablement beds for Doddington Court for 3 years with an option to extend for a further 18 months so that it coincides with the expiry of the lease for the reablement flats.

## **7.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **7.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **7.2 Helping people live healthy and independent lives**

The following sets out the details of the implications identified by officers:

- People will be enabled to live in their own homes for as long as possible
- Potential reduction in the use of residential care.
- Continued use of reablement flats will facilitate timely discharge from hospital.
- Reablement within a supportive environment with its emphasis on activities, daily living skills will increase people's independence enabling them to return home more quickly.

### **7.3 Supporting and protecting vulnerable people**

- 7.4 Extra care housing schemes provide for the availability of 24/7 care to support independent living for some of the most vulnerable members of society.

## **8.0 SIGNIFICANT IMPLICATIONS**

- 8.1 Currently the contract for Ditchburn Place is a block contract and although there are significant TUPE implications, it is envisaged that a flexible core and add-on contract will be more cost efficient for the Council. The services in the other three extra care schemes are already flexible contracts and therefore it is unlikely that there will be any further efficiencies. However, they will be subject to a competitive procurement process.

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

Work is underway with LGSS Procurement to apply Contract and Procurement Rules and Public Contract regulations.

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

There are no significant implications within this category.

## **8.4 Equality and Diversity Implications**

There are no significant implications within this category.

## **8.5 Engagement and Communications Implications**

There are no significant implications within this category.

## **8.6 Localism and Local Member Involvement**

There are no significant implications within this category.

## **8.7 Public Health Implications**

There is an evidence base that suggests extra care housing improves health and well-being outcomes for older people.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Martin Wade
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?</b>	Yes Name of Financial Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Duncan Dooley-Robinson
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Oliver Hayward
<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 Name of Officer: Oliver Hayward
<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	



**FINANCE AND PERFORMANCE REPORT – JULY 2018**

**To: Adults Committee**

**Meeting Date: 6 September 2018**

**From: Executive Director: People and Communities  
Chief Finance Officer**

**Electoral division(s): All**

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

**Purpose: To provide the Committee with the July 2018 Finance and Performance report for People And Communities Services (P&C).**

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

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

<b><i>Officer contact:</i></b>	
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Tel:	01223 714770

## 1.0 BACKGROUND

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

<b>Forecast Variance Outturn (May) £000</b>	<b>Directorate</b>	<b>Budget 2018/19 £000</b>	<b>Actual July 2018 £000</b>	<b>Forecast Outturn Variance £000</b>
0	Adults & Safeguarding	154,041	29,584	17
0	Adults Commissioning (including Local Assistance Scheme)	10,590	24,806	5
<b>0</b>	<b>Total Expenditure</b>	<b>164,789</b>	<b>30,558</b>	<b>21</b>
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-26,558	-3,898	0
<b>0</b>	<b>Total</b>	<b>138,275</b>	<b>30,239</b>	<b>21</b>

**Please note:** Strategic Management – Commissioning, Executive Director and Central Financing budgets cover all of P&C and are therefore not included in the table above.

## 1.4 Financial Context

As previously discussed at Adults Committee the major savings agenda continues with £99.2m of savings required across the Council between 2017 and 2022. The total planned savings for P&C in the 2018/19 financial year total £21,287k.

Although significant savings are expected to be made in 2018/19 across the directorate, services continue to face demand and price pressures, particularly in Older People's services as a result of increased demand in the NHS and improved performance in reducing delays in transfers of care, and in Learning Disability services where the needs of the relatively static group of service-users are increasing.

## 2.0 MAIN ISSUES IN THE JULY 2018 P&C FINANCE & PERFORMANCE REPORT

- 2.1 The July 2018 Finance and Performance report is attached at Appendix B.

### 2.2 Revenue

At the end of July, P&C overall forecast an overspend of £4,690k. This is a worsening position from the previous month when the forecast overspend was £3,868k.

Specifically for the lines relating to Adults Committee, the forecast overspend is £21k. Pressures in Learning Disability Services are reported, resulting from higher than expected increases in service-user need in the first part of the year, as well as the phasing of saving delivery. This is offset overall by the ability to use grant funding to invest in work to reduce pressures.

No other material pressures are reported, and work is ongoing to identify further savings, including the in-year work being developed through the Adults Positive Challenge Programme,

## 2.3 Capital

The Capital Programme Board recommended that services include a variation budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget adjustments has been calculated as follows, shown against the slippage position for 2018/19:

2018/19					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (July 18) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (July 18) £000
P&C	-10,469	3,380	3,380	32.3	-7,089
<b>Total Spending</b>	-10,469	3,380	3,380	32.3	-7,089

## 2.4 Performance

Of the thirty-eight P&C service performance indicators nine are shown as green, eight as amber and seven as red. Fourteen have no target and are therefore not RAG-rated.

Of the fifteen targets relating to Adults Committee, two were red, three were amber, four were green and the remainder have no target. The two red indicators were:

- Average monthly number of bed day delays (social care attributable) per 100,000 18+ population
- Proportion of adults with a primary support reason of learning disability support in paid employment (year to date)

### **3.0 2018-19 SAVINGS TRACKER**

- 3.1 As previously reported the “tracker” report – a tool for summarising delivery of savings – will be updated throughout the year and the overall position reported to members on a quarterly basis.

#### **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

##### **4.1 Developing the local economy for the benefit of all**

4.1.1 There are no significant implications for this priority.

##### **4.2 Helping people live healthy and independent lives**

4.2.1 There are no significant implications for this priority

##### **4.3 Supporting and protecting vulnerable people**

4.3.1 There are no significant implications for this priority

#### **5.0 SIGNIFICANT IMPLICATIONS**

##### **5.1 Resource Implications**

5.1.1 This report sets out details of the overall financial position of the P&C Service.

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

5.2.1 There are no significant implications within this category.

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

5.3.1 There are no significant implications within this category.

##### **5.4 Equality and Diversity Implications**

5.4.1 There are no significant implications within this category.

##### **5.5 Engagement and Consultation Implications**

5.5.1 There are no significant implications within this category.

##### **5.6 Localism and Local Member Involvement**

5.6.1 There are no significant implications within this category.

##### **5.7 Public Health Implications**

5.7.1 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 Services**

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

#### **Older People's Services**

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

#### **Mental Health**

Mental Health Central  
Adult Mental Health Localities  
Older People Mental Health

#### **Commissioning Directorate**

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

#### **Adults Commissioning**

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

#### **Executive Director**

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

#### **Grant Funding**

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

From: Martin Wade and Stephen Howarth  
 Tel.: 01223 699733 / 714770  
 Date: 9<sup>th</sup> August 2018

## **People & Communities (P&C) Service**

### **Finance and Performance Report – July 2018**

#### **1. SUMMARY**

##### **1.1 Finance**

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

##### **1.2. Performance and Portfolio Indicators – June 2018 Data (see sections 4&5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>No Target</b>	<b>Total</b>
June 17/18 Performance (No. of indicators)	7	8	9	14	38

#### **2. INCOME AND EXPENDITURE**

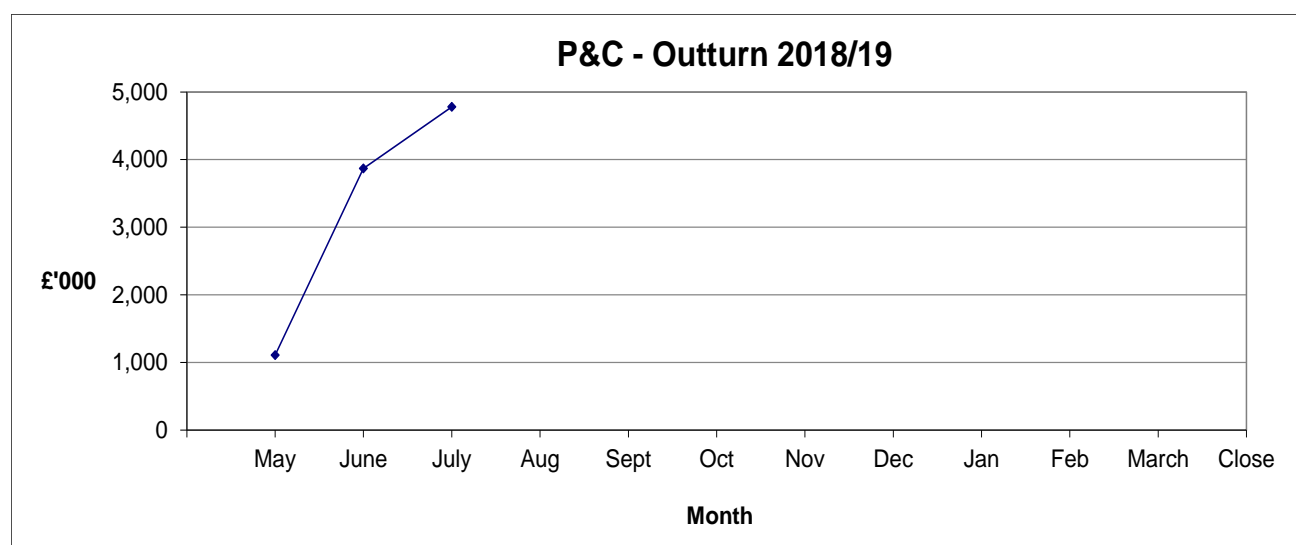
##### **2.1 Overall Position**

<b>Forecast Variance Outturn (June) £000</b>	<b>Directorate</b>	<b>Budget 2018/19 £000</b>	<b>Actual £000</b>	<b>Forecast Outturn Variance £000</b>	<b>Forecast Outturn Variance %</b>
-49	Adults & Safeguarding	154,041	29,584	17	0.0%
2,686	Commissioning	44,025	32,653	3,755	8.5%
0	Communities & Safety	6,682	2,154	-50	-0.7%
607	Children & Safeguarding	51,450	17,050	607	1.2%
929	Education	62,937	33,387	867	1.4%
504	Executive Director	923	234	304	32.9%
<b>4,677</b>	<b>Total Expenditure</b>	<b>320,058</b>	<b>115,062</b>	<b>5,499</b>	<b>1.7%</b>
-809	Grant Funding	-80,114	-22,512	-809	1.0%
<b>3,868</b>	<b>Total</b>	<b>239,944</b>	<b>92,550</b>	<b>4,690</b>	<b>2.0%</b>

To ensure financial information is presented in a consistent way to all Committees a standardised format has now been applied to the summary tables and service level

budgetary control reports included in each F&PR. The same format is also applied to the Integrated Resources and Performance Report (IRPR) presented to General Purposes Committee (GPC). The data shown provides the key information required to assess the financial position of the service and provide comparison to the previous month.

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



## 2.2 Significant Issues

At the end of July 2018, the overall P&C position is an overspend of £4,690k.

Significant issues are detailed below:

- The Strategic Management Adults budget is forecasting an underspend of -£1.97m at the end of June, reflecting the flexible use of grant funding to mitigate pressures across Adults Services.
- The Learning Disability Partnership continues to have a pressure as a result of increased need of service users over recent months at a level higher than when budgets were set, as well as a slower delivery of some savings than expected with a number of opportunities phased back to 2019/20. The total overspend attributable to the Council for the pooled budget is £1.97m.
- The Looked After Children Placements budget is forecasting an overspend of £3m. This increase of £0.3m when compared to last month is a result of additional demand, with five additional high cost placements made during the month of July. This position will be closely monitored throughout the year, with subsequent forecasts updated to reflect any change in this position.
- The Home to School Transport – Special budget is forecasting to be £0.75m over budget. This is as a result of increasing demand for SEN Transport, primarily due to increasing numbers of pupils attending special school and an increase in children with Education Health and Care Plans (EHCPs) requiring transport to other provision, an additional burden has been added placed on us with post 19 transport and also that we deliver only statutory provision in this area and our charging is in line with stat neighbours



- The Children in Care budget is in the process of quantifying a pressure around our care of unaccompanied asylum seekers both in the under 18 and over 18 cohorts. Our Unaccompanied Asylum Seeking Children (UASC) cohort remains high and we are currently working with Regional colleagues in terms of agreeing an equitable allocation of UASC across Local Authority areas. Discussions are also ongoing with the Home Office over expected time scales over confirming UASC status once they turn 18, which impacts on our ability to accurately forecast expected spend. High cost UASC packages are being reviewed in order to reduce costs where possible. It is expected that a considered forecast will be available at the end of August/September.
- The Executive Director budget forecast has reduced by £200k this month as a result of further mitigating actions linked to grant funding.

### **2.3 Additional Income and Grant Budgeted this Period**

(De Minimis reporting limit = £160,000)

A full list of additional grant income anticipated and reflected in this report can be found in [appendix 3](#).

### **2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De Minimis reporting limit = £160,000)**

A list of virements made in the year to date can be found in [appendix 4](#).

## 2.5 Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

### 2.5.1 Key activity data to July 2018 for **Looked After Children (LAC)** is shown below:

Service Type	BUDGET				ACTUAL (July)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements July 18	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£132k	52	2,544.66	2	1.84	£368k	3,537.43	0.84	£236k	992.77
Residential - secure accommodation	0	£k	52	0.00	1	0.52	£163k	5,908.00	0.52	£163k	5,908.00
Residential schools	16	£2,277k	52	2,716.14	19	17.84	£2,523k	2,627.86	1.84	£246k	-88.28
Residential homes	39	£6,553k	52	3,207.70	36	35.34	£5,948k	3,321.26	-3.66	-£606k	113.56
Independent Fostering	199	£9,761k	52	807.73	284	282.51	£11,763k	814.01	83.51	£2,002k	6.28
Supported Accommodation	31	£2,355k	52	1,466.70	28	21.77	£1,589k	1,194.80	-9.23	-£766k	-271.90
16+	8	£89k	52	214.17	5	3.45	£46k	225.73	-4.55	-£43k	11.56
Growth/Replacement	-	£k	-	-	-	-	£499k	-	-	£499k	-
Pressure funded within directorate	-	-£1,526k	-	-	-	-	-£257k	-	-	£1,269k	-
<b>TOTAL</b>	<b>294</b>	<b>£19,641k</b>			<b>375</b>	<b>363.27</b>	<b>£22,641k</b>		<b>69.27</b>	<b>£3,000k</b>	
In-house fostering - Basic	191	£1,998k	56	181.30	182	183.74	£1,879k	178.33	-7.26	-£119k	-2.97
In-house fostering - Skills	191	£1,760k	52	177.17	190	187.37	£1,726k	177.17	-3.63	-£33k	0.00
Kinship - Basic	40	£418k	56	186.72	38	39.80	£411k	180.31	-0.2	-£8k	-6.41
Kinship - Skills	11	£39k	52	68.78	9	9.00	£32k	68.16	-2	-£8k	-0.62
In-house residential	5	£603k	52	2,319.99	0	2.57	£603k	4,513.60	-2.43	£k	2,193.61
Growth	0	£k	-	0.00	0	0.00	£k	0.00	-	£k	-
<b>TOTAL</b>	<b>236</b>	<b>£4,818k</b>			<b>220</b>	<b>226.11</b>	<b>£4,651k</b>		<b>-9.89</b>	<b>-£168k</b>	
Adoption Allowances	105	£1,073k	52	196.40	107	106.12	£1,141k	195.43	1.12	£69k	-0.97
Special Guardianship Orders	246	£1,850k	52	144.64	252	249.96	£1,852k	142.91	3.96	£2k	-1.73
Child Arrangement Orders	91	£736k	52	157.37	92	92.00	£750k	157.74	1	£13k	0.37
Concurrent Adoption	5	£91k	52	350.00	5	4.89	£90k	350.00	-0.11	-£1k	0.00
<b>TOTAL</b>	<b>447</b>	<b>£3,750k</b>			<b>456</b>	<b>452.97</b>	<b>£3,833k</b>		<b>1.12</b>	<b>£82k</b>	
<b>OVERALL TOTAL</b>	<b>977</b>	<b>£28,210k</b>			<b>1051</b>	<b>1,042.35</b>	<b>£31,125k</b>		<b>60.5</b>	<b>£2,915k</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 July for **SEN Placements** is shown below:

Ofsted Code	BUDGET			ACTUAL (July 18)				VARIANCE			
	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements July 18	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£63k	115	96.29	£6,119k	£64k	17	-1.71	-£46k	£1k
Hearing Impairment (HI)	3	£100k	£33k	2	2.00	£74k	£37k	-1	-1.00	-£26k	£4k
Moderate Learning Difficulty (MLD)	3	£109k	£36k	9	9.75	£117k	£12k	6	6.75	£7k	-£24k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	-£75k	£k
Physical Disability (PD)	1	£19k	£19k	5	4.34	£82k	£19k	4	3.34	£63k	£k
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	-£41k	£k
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	55	42.21	£2,078k	£49k	20	7.21	£587k	£7k
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	2	2.00	£90k	£45k	-1	-1.00	-£74k	-£10k
Severe Learning Difficulty (SLD)	2	£180k	£90k	3	2.34	£300k	£128k	1	0.34	£119k	£38k
Specific Learning Difficulty (SPLD)	8	£164k	£20k	9	7.66	£232k	£30k	1	-0.34	£68k	£10k
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£57k	£29k	0	0.00	-£7k	-£4k
Growth / (Saving Requirement)	-	£1,000k	-	-	-	£942k	-	-	-	-£58k	-
<b>TOTAL</b>	<b>157</b>	<b>£9,573k</b>	<b>£61k</b>	<b>202</b>	<b>168.59</b>	<b>£10,091k</b>	<b>£54k</b>	<b>45</b>	<b>11.59</b>	<b>£518k</b>	<b>-£7k</b>

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

- Budgeted number of clients: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting, given budget available
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available

- Actual service users and cost: these figures are derived from a snapshot of the commitment record at the end of the month and reflect current numbers of service users and average cost

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

### 2.5.3 Key activity data to end of July for **Learning Disability** Services is shown below:

		BUDGET			ACTUAL (July 18)				Year End		
Service Type		Budgeted No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of July 18	DoT	Current Average Unit Cost (per week) £	DoT	Actual £000	DoT	Variance £000
Learning Disability Services	Residential	299	£1,364	£21,207k	291	↓	£1,455	↑	£22,228k	↓	£1,021k
	Nursing	8	£1,639	£682k	8	↔	£1,694	↔	£732k	↓	£50k
	Community	1,285	£651	£43,515k	1,302	↓	£678	↑	£47,999k	↑	£4,484k
<b>Learning Disability Service Total</b>		<b>1,592</b>		<b>£65,404k</b>	<b>1,601</b>				<b>£70,959k</b>		<b>£5,555k</b>
<b>Income</b>				-£2,827k					-£3,398k	↓	-£571k
<b>Further savings assumed within forecast as shown in Appendix 1</b>											-£2,420k
<b>Net Total</b>				<b>£62,577k</b>							<b>£2,564k</b>

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

		BUDGET			ACTUAL (July)				Year End		
Service Type		Budgeted No. of Clients 2018/19	Budgeted Average Unit Cost (per week) £'s	Annual Budget £000's	Snapshot of No. of Clients at End of July 18	DoT	Current Average Unit Cost (per week) £'s	DoT	Spend £000's	DoT	Variance £000's
Adult Mental Health	Community based support	11	£127	£72k	5	↑	£156	↓	£9k	↓	-£62k
	Home & Community support	164	£100	£870k	159	↓	£101	↑	£887k	↓	£16k
	Nursing Placement	14	£648	£482k	18	↑	£732	↑	£687k	↓	£206k
	Residential Placement	75	£690	£2,770k	71	↓	£665	↑	£2,528k	↓	-£242k
	Supported Accommodation	130	£120	£817k	129	↓	£134	↑	£901k	↑	£84k
	Direct Payments	12	£288	£183k	17	↑	£256	↑	£224k	↑	£41k
	Health Contribution			-£443k					-£410k		£34k
	Client Contribution			-£298k					-£375k		-£77k
<b>Adult Mental Health Total</b>		<b>406</b>		<b>£4,453k</b>	<b>399</b>				<b>£4,453k</b>		<b>£k</b>

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

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

OP Total	BUDGET			ACTUAL (July 18)				Year End		
Service Type	Expected No. of Service Users 2018/19	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Actual £000	D o T	Variance £000
Residential	514	£541	£14,901k	472	↓	£548	↑	£14,813k	↓	-£89k
Residential Dementia	389	£554	£11,527k	370	↑	£558	↑	£11,459k	↓	-£68k
Nursing	312	£750	£12,547k	287	↑	£764	↑	£12,553k	↑	£6k
Nursing Dementia	62	£804	£2,648k	70	↑	£821	↑	£2,650k	↑	£1k
Respite			£1,558k					£1,661k	↑	£104k
Community based										
~ Direct payments	538	£286	£8,027k	498	↑	£331	↑	£7,996k	↑	-£32k
~ Day Care			£1,095k					£914k	↓	-£181k
~ Other Care			£4,893k					£5,050k	↑	£157k
		per hour				per hour				
~ Homecare arranged	1,516	£16.31	£14,911k	1,458	↓	£16.01	↑	£14,764k	↑	-£147k
~ Live In Care arranged	50		£2,086k	53	↔	£771.31	↓	£2,061k	↑	-£25k
Total Expenditure	3,381		£74,192k	3,155				£73,920k		-£273k
Residential Income			-£9,201k					-£9,323k	↓	-£121k
Community Income			-£8,969k					-£9,177k	↓	-£208k
Health Income			-£651k					-£692k	↓	-£41k
Total Income			-£18,821k					-£19,192k		-£371k

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

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

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

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

OPMH Total	BUDGET			ACTUAL (July 18)				Year End		
Service Type	Expected No. of Service Users 2018/19	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Actual £000	D o T	Variance £000
Residential	27	£572	£801k	24	↓	£567	↑	£763k	↓	-£38k
Residential Dementia	26	£554	£739k	27	↓	£581	↓	£704k	↓	-£35k
Nursing	29	£648	£992k	22	↔	£598	↑	£921k	↑	-£70k
Nursing Dementia	84	£832	£3,718k	83	↑	£827	↑	£3,454k	↑	-£264k
Respite			£4k					£k	↓	-£4k
Community based										
~ Direct payments	13	£366	£241k	10	↔	£362	↑	£276k	↑	£35k
~ Day Care			£4k					£4k	↔	£k
~ Other Care			£44k					£46k	↑	£2k
		per hour				per hour				
~ Homecare arranged	50	£16.10	£448k	44	↑	£15.27	↓	£484k	↓	£36k
~ Live In Care arranged	4		£185k	4	↑	£887.08	↑	£192k	↑	£7k
Total Expenditure	229		£6,991k	210				£6,652k		-£339k
Residential Income			-£1,049k					-£710k	↑	£338k
Community Income			-£97k					-£373k	↓	-£276k
Health Income			-£281k					-£10k	↔	£271k
Total Income			-£1,427k					-£1,094k		£333k

### **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**

The following changes in funding since June 2018 have occurred;

- Devolved Formula Capital Funding has reduced by £123k as EFSA has confirmed the 2018-19 allocations for School in July 2018.

#### **2018/19 In Year Pressures/Slippage**

As at the end of July 2018 the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the revised Capital Variation budget of £10,469k. A forecast outturn will only be reported once slippage exceeds this level. However in July movements on schemes has occurred totaling £2,519k. The significant changes in schemes are detailed below;

- Littleport 3<sup>rd</sup> Primary School; £150k slippage due to the required completion date now being September 2021.
- Northstowe Secondary; £700k slippage due to a requirement for piling foundations on the site, which will lead to an increase in scheme cost and also extend the build time
- Alconbury Weald Secondary & Special; £200k slippage anticipated as currently there is no agreed site for the construction. Scheme expected to be delivered for September 2022.
- Cambourne Village college; £1,932k slippage due to the scheme not starting on site until February 2019 for a September 2019 completion using CLT frame.

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

### **4. PERFORMANCE**

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

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

The performance measures included in this report have been developed in conjunction with the Peoples & Communities management team and link service activity to key Council outcomes. The revised set of measures includes 15 of the previous set and 23 that are new. The measures in this report have been grouped by outcome, then by responsible directorate. The latest available benchmarking information has also been provided in the performance table where it is available. This will be revised and updated as more information becomes available. Work is ongoing with service leads to agree appropriate reporting mechanisms for the new measures included in this report and to identify and set appropriate targets.

Four indicators are currently showing as RED:

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

During June we saw the numbers of children with a Child Protection plan increase from 462 to 481.

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.

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

In June the number of Looked After Children fell to 701 from 712. This figure includes 57 UASC, 8% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.

Actions being taken include:

- A weekly Threshold to Resources Panel (TARP), chaired by the Assistant Director for Children's Services to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. Decisions and Children's Plans are monitored via a tracker which also takes into account the children's care plan- discussed in the Permanency Monitoring Group.
- A monthly Permanency Monitoring Group (PMG) considers all children who are looked after, paying attention to their care plan, ensuring reunification is considered and if this is not possible a timely plan is made for permanence via Special Guardianship Order, Adoption or Long Term Fostering.
- TARP links with the monthly High Cost Placements meeting, which as of January 2018 started to be chaired by the Assistant Director for Children's Services. The panel ensures that required placements meet the child or young person's needs and are cost effective and joint funded with partners where appropriate.

At present the savings within the Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.

- **Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) – YTD**

In May 2018, there were 406 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 747 delays – a decrease of 46%. The overall volume of ASC attributable bed-day delays was 1,037 for 2018/19 to date. For the same period in 2016/17 there were 1,310 - an overall decrease of 21%. 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.

Difficulties in being able to access sufficient domiciliary care and on occasion residential and nursing placement 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 remains low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current and therefore those we have worked with who have successfully secured employment and are independent cannot be included. This indicator is also dependent on the review/assessment performance of LD teams – and there are currently 55 service users identified as being in employment yet to have a recorded review in the current year.

(N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)

- **KS4 Attainment 8 (All Children)**

Performance for the 2016/17 year fell in comparison to the 2015/16 results but remains above the average for our statistical neighbours and the England average.

The results for 2017/18 will be released 23<sup>rd</sup> August 2018.

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

Performance decreased by just under 4 percentage points in comparison to the previous figure for the spring 2018 term.

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

Performance decreased by 3.5 percentage points in comparison to the previous reporting period. This is due solely to a change in the way Ofsted report their inspection data.

Ofsted recently concluded a consultation on changes to their Official Statistics and Management Information. The key change is that, from June 2018, Ofsted include judgements from the predecessor schools for schools that have not yet been inspected in their current form.

In Cambridgeshire this has affected 1 special school with the old judgement, from their predecessor school, of requiring improvement now included. The previous inspection occurred in 2016.

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

Forecast Outturn Variance (June) £'000		Service	Budget 2018/19  £'000	Actual July 2018  £'000	Forecast Outturn Variance  £'000   %	
Adults & Safeguarding Directorate						
-2,000	1	Strategic Management - Adults	6,467	-22,634	-1,970	-30%
0		Principal Social Worker, Practice and Safeguarding	1,640	470	0	0%
0		Autism and Adult Support	939	192	0	0%
0		Carers	757	169	0	0%
<u>Learning Disability Services</u>						
1,408	2	LD Head of Service	3,686	2,352	1,560	42%
282	2	LD - City, South and East Localities	33,545	11,961	388	1%
273	2	LD - Hunts & Fenland Localities	28,128	10,039	403	1%
-12	2	LD - Young Adults	5,782	1,633	235	4%
0	2	In House Provider Services	6,071	1,925	0	0%
0	2	NHS Contribution to Pooled Budget	-17,113	-4,597	-599	-4%
<u>Older People and Physical Disability Services</u>						
-0		OP - City & South Locality	19,640	6,374	0	0%
0		OP - East Cambs Locality	6,078	2,051	-0	0%
0		OP - Fenland Locality	9,199	2,639	-0	0%
0		OP - Hunts Locality	12,841	4,093	0	0%
0		Neighbourhood Cares	839	41	0	0%
0		Discharge Planning Teams	2,150	764	0	0%
0		Shorter Term Support and Maximising Independence	8,258	2,777	0	0%
-0		Physical Disabilities	11,392	4,513	0	0%
<u>Mental Health</u>						
-0		Mental Health Central	50	316	0	0%
0		Adult Mental Health Localities	7,189	1,975	0	0%
-0		Older People Mental Health	6,503	2,531	0	0%
-49		Adult & Safeguarding Directorate Total	154,041	29,584	17	0%
Commissioning Directorate						
0		Strategic Management –Commissioning	954	235	0	0%
0		Access to Resource & Quality	865	208	0	0%
0		Local Assistance Scheme	300	0	0	0%
<u>Adults Commissioning</u>						
9		Central Commissioning - Adults	5,569	23,181	47	1%
0		Integrated Community Equipment Service	991	634	0	0%
13		Mental Health Voluntary Organisations	3,730	991	-42	-1%
<u>Childrens Commissioning</u>						
2,665	3	Looked After Children Placements	19,641	4,718	3,000	15%
0		Commissioning Services	2,472	519	0	0%
0	4	Home to School Transport – Special	7,871	1,690	750	10%
0		LAC Transport	1,632	477	0	0%
2,686		Commissioning Directorate Total	44,025	32,653	3,755	9%



Forecast Outturn Variance (June) £'000	Service	Budget 2018/19  £'000	Actual July 2018  £'000	Forecast Outturn Variance  £'000   %	
Communities & Safety Directorate					
0	Strategic Management - Communities & Safety	-61	43	0	0%
0	Youth Offending Service	1,650	449	-50	-3%
0	Central Integrated Youth Support Services	953	170	0	0%
0	Safer Communities Partnership	970	405	0	0%
0	Strengthening Communities	509	175	0	0%
0	Adult Learning & Skills	2,660	912	0	0%
0	Communities & Safety Directorate Total	6,682	2,154	-50	-1%
Children & Safeguarding Directorate					
0	Strategic Management – Children & Safeguarding	3,774	927	0	0%
84	Partnerships and Quality Assurance	1,988	728	84	4%
275	<sup>5</sup> Children in Care	14,185	5,392	275	2%
0	Integrated Front Door	2,660	873	0	0%
0	Children’s Centre Strategy	160	111	0	0%
0	Support to Parents	2,870	263	0	0%
248	<sup>6</sup> Adoption Allowances	5,282	1,860	248	5%
0	Legal Proceedings	1,940	1,070	0	0%
District Delivery Service					
0	Safeguarding Hunts and Fenland	4,646	1,494	0	0%
0	Safeguarding East & South Cambs and Cambridge	4,489	1,207	0	0%
0	Early Help District Delivery Service –North	4,394	1,488	0	0%
0	Early Help District Delivery Service – South	5,062	1,637	0	0%
607	Children & Safeguarding Directorate Total	51,450	17,050	607	1%

Forecast Outturn Variance (June) £'000	Service		Budget 2018/19 £'000	Actual July 2018 £'000	Forecast Outturn Variance £'000   %	
Education Directorate						
0		Strategic Management - Education	3,563	243	0	0%
0		Early Years' Service	1,442	492	0	0%
0		Schools Curriculum Service	62	-38	0	0%
0		Schools Intervention Service	1,095	516	0	0%
120	7	Schools Partnership Service	776	399	148	19%
0		Children's' Innovation & Development Service	214	43	0	0%
0		Teachers' Pensions & Redundancy	2,910	759	0	0%
SEND Specialist Services (0-25 years)						
0		SEND Specialist Services	7,987	3,097	0	0%
0		Children's Disability Service	6,542	3,511	0	0%
0		High Needs Top Up Funding	13,779	9,542	0	0%
518	8	Special Educational Needs Placements	9,973	9,014	518	5%
0		Early Years Specialist Support	381	170	0	0%
291	9	Out of School Tuition	1,519	321	291	19%
Infrastructure						
0		0-19 Organisation & Planning	3,692	469	-90	-2%
0		Early Years Policy, Funding & Operations	92	-30	0	0%
0		Education Capital	168	2,226	0	0%
0		Home to School/College Transport – Mainstream	8,742	2,654	0	0%
929		Education Directorate Total	62,937	33,387	867	1%
Executive Director						
504	10	Executive Director	833	234	304	37%
0		Central Financing	91	0	0	0%
504		Executive Director Total	923	234	304	33%
4,677		Total	320,058	115,062	5,499	2%
Grant Funding						
-809	11	Financing DSG	-41,541	-13,847	-809	-2%
0		Non Baselined Grants	-38,572	-8,665	0	0%
-809		Grant Funding Total	-80,114	-22,512	-809	1%
3,868		Net Total	239,944	92,550	4,690	2%

## APPENDIX 2 – Commentary on Forecast Outturn Position

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

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management – Adults</b>	<b>6,467</b>	<b>-22,634</b>	<b>-1,970</b>	<b>-30%</b>
Strategic Management – Adults is reporting an underspend of £1,970k due primarily to the re-prioritisation of grant funded activity in response to Adults Services pressures, relating particularly to an increased performance in delayed transfers of care (DTOC), bringing with it an increased need for the delivery of complex packages of care for older people.				
<b>2) Learning Disabilities</b>	<b>60,098</b>	<b>23,314</b>	<b>1,986</b>	<b>3%</b>
<p>An over spend of £2,586k is forecast against the Learning Disability Partnership (LDP) at the end of July 18. According to the risk sharing arrangements for the LDP pooled budget, the proportion of the over spend that is attributable to the council is <b>£1,986k</b>, an increase of £35k from June.</p> <p>Total new savings / additional income expectation of £5,329k are budgeted for 18/19. As at the end of June, a £1,232k shortfall is expected against the reassessment saving proposal and from the conversion of residential to supported living care packages. For both savings programmes, the shortfall is as a result of slippage of planned work and a lower level of delivery per case than anticipated.</p> <p>Demand pressures have been higher than expected, despite positive work that has reduced the overall number of people in high-cost out-of-area in-patient placements. New package costs continued to be high in 17/18 due to increased needs identified at reassessment that we had a statutory duty to meet. This, together with a shortfall in delivery of 17/18 savings, has led to a permanent opening pressure in the 18/19 budget above that level expected during business planning, reflected in the overall forecast at the end of June.</p> <p>Where there are opportunities to achieve additional savings that can offset any shortfall from the delivery of existing planned savings these are being pursued. For example, work is ongoing to maximise referrals to the in-house Assistive Technology team as appropriate, in order to increase the number of 'Just Checking' kits that can be issued to help us to identify the most appropriate level of resource for services users at night. £103k of savings are expected to be delivered by reviewing resource allocation as informed by this technology and this additional saving has been reflected in the forecast. Also, negotiations are continuing with CCGs outside of Cambridgeshire, where people are placed out of area and the CCG in that area should be contributing to the cost of meeting health needs.</p>				
<b>3) Looked After Children Placements</b>	<b>19,641</b>	<b>4,718</b>	<b>3,000</b>	<b>15%</b>
<p>LAC Placements budget is forecasting an overspend of £3m at the end of July, which is an increase of £0.3m from last month. The overall LAC position was discussed in detail at General Purposes Committee in July highlighting the expected demand pressures on this budget during 18/19, over above those forecast and budgeted for. The combination of these, along with the part delivery of the £1.5m saving target in 18/19 and the underlying pressure brought forward from 17/18 (reported in May), results in a forecast overspend of £3m. This position will be closely monitored throughout the year, with subsequent forecasts updated to reflect any change in this position.</p> <p>The budgeted position in terms of the placement mix is proving testing, in particular pressures within the external fostering line showing a +85 position. Given an average £802 per week placement costs, this presents a £67,368 weekly pressure. The foster placement capacity both in house and externally is overwhelmed by demand both locally and nationally. The real danger going forward, is that the absence of appropriate fostering provision by default, leads to children and young people's care plans needing to change to residential services provision.</p>				

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%

**Looked After Children Placements continued**

Overall LAC numbers at the end of July 2018, including placements with in-house foster carers, residential homes and kinship, were 724, 23 more than at the end of June. This includes 74 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of July were 375, 6 more than at the end of June.

External Placements Client Group	Budgeted Packages	30 Jun 2018 Packages	31 Jul 2018 Packages	Variance from Budget
Residential Disability – Children	1	2	2	+1
Child Homes – Secure Accommodation	0	1	1	+1
Child Homes – Educational	16	18	19	+3
Child Homes – General	39	35	36	-3
Independent Fostering	199	283	284	+85
Supported Accommodation	31	25	28	-3
Supported Living 16+	8	5	5	-3
<b>TOTAL</b>	<b>294</b>	<b>369</b>	<b>375</b>	<b>81</b>

'Budgeted Packages' are the expected number of placements by Mar-19, once the work associated to the saving proposals has been undertaken and has made an impact.

Mitigating factors to limit the final overspend position include:

- Reconstitution of panels to ensure greater scrutiny and supportive challenge.
- Monthly commissioning intentions [sufficiency strategy work-streams], budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting [in-house provider services and Access to Resources].
- Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend (*to be approved*). These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.
- Provider meetings scheduled through the Children's Placement Service [ART] to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.
- Regular Permanence Tracking meetings [per locality attended by A2R] chaired by the Independent Reviewing Service Manager to ensure no drift in care planning decisions, and support the identification of foster carers suitable for SGO/permanence arrangements. These meetings will also consider children in externally funded placements, ensuring that the authority is maximizing opportunities for discounts [length of stay/siblings], volume and recognising potential lower cost options in line with each child's care plan.
- Additional investment in the recruitment and retention [strategy to be produced] of the in-house fostering service to increase the number of fostering households over a three year period.

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
<b>4) Home to School Transport – Special</b>	<b>7,871</b>	<b>1,690</b>	<b>750</b>	<b>10%</b>
<p>Home to School Transport – Special is reporting an anticipated £750k overspend for 2018/19. This is largely due to increasing demand for SEND Transport, with a 9% increase in pupils attending special schools between May 2017 and May 2018 and an 11% increase in pupils with EHCPs over the same period. An increase in complexity of need has meant that more individual transport, and transport including a passenger assist, is needed. Further, there is now a statutory obligation to provide post-19 transport putting further pressure on the budget.</p> <p>While only statutory provision is provided in this area, and charging is in line with our statistical neighbours, if this level of growth continues 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 18/19 academic year.</p> <p>Actions being taken to mitigate the position include</p> <ul style="list-style-type: none"> <li>• A review of processes in the Social Education Transport and SEND teams with a view to reducing costs</li> <li>• A strengthened governance system around requests for costly exceptional transport requests</li> <li>• A change to the process around Personal Transport Budgets to ensure they are offered only when they are the most cost-effective option</li> <li>• Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently.</li> </ul> <p>Some of these actions will not result in an immediate reduction in expenditure, but will help to reduce costs over the medium term.</p>				
<b>5) Children in Care</b>	<b>14,185</b>	<b>5,392</b>	<b>275</b>	<b>2%</b>
<p>The Children in Care budget is forecasting an over spend of £275k within the Supervised Contact team. This is due to the use of additional relief staff and external agencies required to cover the current (end July 2018) 204 Supervised Contact Cases which equate to 528 supervised contact sessions a month.</p> <p><u>Actions being taken:</u></p> <p>An exercise is underway reviewing the structure of Children's Services. This will focus on creating capacity to meet additional demand.</p>				
<b>6) Adoption</b>	<b>5,282</b>	<b>1,860</b>	<b>248</b>	<b>5%</b>
<p>The Adoption Allowances budget is forecasting a £248k over spend.</p> <p>In 2018/19 we are forecasting additional demand on our need for adoptive placements. We have re-negotiated our contract with Coram Cambridgeshire Adoption (CCA) based on an equal share of the extra costs needed to cover those additional placements. The increase in Adoption placements is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p>				
<b>7) Schools Partnership Service</b>	<b>776</b>	<b>399</b>	<b>148</b>	<b>19%</b>
<p>Schools Forum took the decision to discontinue the de-delegation for the Cambridgeshire Race Equality &amp; Diversity Service (CREDS) from 1<sup>st</sup> April 2018, resulting in service closure. The closure timescales have led to a period of time where the service is running without any direct funding and a resulting pressure of £148k. This will be a pressure in 2018/19 only, and mitigating underspends elsewhere in the Education directorate will be sought.</p>				

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
<b>8) SEN Placements</b>	<b>9,973</b>	<b>9,014</b>	<b>518</b>	<b>5%</b>
<p>The SEN Placements budget continues to forecast an overspend of £0.5m at the end of July. This is due a combination of factors, including:</p> <ul style="list-style-type: none"> <li>• Placement of one young person in out of county school needing residential provision, where there is appropriate educational provision to meet needs.</li> <li>• Placement of a young person in out of county provision as outcome of SENDIST appeal.</li> <li>• We are currently experiencing an unprecedented increase in requests for specialist SEMH (social, emotional and mental health) provision. Our local provision is now full, which is adding an additional demand to the high needs block.</li> </ul> <p>The first of these pressures highlights the problem that the Local Authority faces in accessing appropriate residential provision for some children and young people with SEN. Overall there are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive.</p> <p>In addition, there are six young people not able to be placed in county due to lack of places in SEMH provision. Some of these young people will receive out of school tuition package whilst waiting for a suitable mainstream school placement, with support. Others have needs that will not be able to be met by mainstream school, and if no specialist places are available in county, their needs will have to be met by independent/out county placements.</p> <p>The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG).</p> <p><u>Actions being taken:</u></p> <ul style="list-style-type: none"> <li>• SEND Sufficiency work is underway to inform future commissioning strategy. This will set out what the SEND need is across Cambridgeshire, where it is and what provision we need in future, taking account of demographic growth and projected needs. As part of this, the SEMH Review is well underway and options for sufficient provision in the right places is being developed.</li> <li>• Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with further education providers to provide appropriate post 16 course is also being explored in the plan;</li> <li>• Peterborough and Cambridgeshire SEND Strategy is being developed with a renewed focus and expectation of children and young people having their needs met locally.</li> <li>• Review and renegotiation of packages with some providers to ensure best value is still being achieved. Part of this work includes a proposed SEND platform of the PAT team in Adults Services to look at effective and cost efficient ways to meet need.</li> </ul>				
<b>9) Out of School Tuition</b>	<b>1,519</b>	<b>321</b>	<b>291</b>	<b>19%</b>
<p>The Out of School Tuition budget continues to forecast a £0.3m overspend at the end of July – this is after the application of £0.4m of High Needs pressure funding being allocated to the Out of School Tuition budget in 18/19. The overspend is due to a combination of a higher number of children remaining on their existing packages and a higher number of children accessing new packages, due to a breakdown of placement, than the budget can accommodate.</p> <p>There has been an increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement, with many of those placements unable to commence until September 2018. 21 pupils are expected to cease tuition in July 2018. A further 26 pupils do not have a confirmed end date for tuition. We are confident that half of these pupils will cease tuition by the halfway point of the financial year. Casework officers are working to provide more specific, predicted end dates for packages of tuition.</p>				

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
<b>Out of School Tuition continued</b> <p>Several key themes have emerged throughout the last year, which have had an impact on the need for children to receive a package of education, sometimes for prolonged periods of time:</p> <ul style="list-style-type: none"> <li>• Casework officers were not always made aware that a child's placement was at risk of breakdown until emergency annual review was called.</li> <li>• Casework officers did not have sufficient access to SEND District Team staff to prevent the breakdown of an education placement in the same way as in place for children without an EHCP.</li> <li>• There were insufficient specialist placements for children whose needs could not be met in mainstream school.</li> <li>• There was often a prolonged period of time where a new school was being sought, but where schools put forward a case to refuse admission.</li> </ul> <p>In some cases of extended periods of tuition, parental preference was for tuition rather than in-school admission.</p> <p>It has also emerged that casework officers do not currently have sufficient capacity to fulfil enough of a lead professional role which seeks to support children to return to mainstream or specialist settings.</p> <p>Actions going forward to address the underlying issues:</p> <ul style="list-style-type: none"> <li>• Proposal to create an in-house "bank" of teachers, tutors, teaching assistants or specialist practitioners and care workers in order to achieve a lower unit cost of provision;</li> <li>• Move to a Dynamic Purchasing System, which would provide a wider, more competitive market place, where a lower unit cost of provision could be achieved;</li> <li>• Enhance the preventative work of the Statutory Assessment Team by expanding the SEND District Team, so that support can be deployed for children with an EHCP, where currently the offer is minimal and more difficult to access;</li> <li>• Creation of an outreach team from the Pilgrim PRU to aid quicker transition from tuition or inpatient care, back into school; and</li> <li>• Review of existing tuition packages to gain a deeper understanding of why pupils are on tuition packages and how they can be moved back into formal education.</li> </ul>				
<b>10) Executive Director</b>	<b>833</b>	<b>234</b>	<b>304</b>	<b>37%</b>
<p>The Executive Director Budget is currently forecasting an overspend of £304k. This is mainly due to costs of the Mosaic project that were previously capitalised being moved to revenue.</p> <p>Changes in Children's Services, agreed at the Children's and Young People's committee, have led to a change in approach for the IT system for Children's Services. At its meeting on 29th May General Purposes Committee supported a recommendation to procure a new Children's IT System that could be aligned with Peterborough City Council. A consequence of this decision is that the Mosaic system will no longer be rolled out for Children's Services. Therefore £504k of costs for Mosaic, which were formerly charged to capital, will be a revenue pressure in 2018/19.</p> <p>Other mitigations are shown within this budget which have reduced the forecast overspend since last month.</p>				
<b>11) Financing DSG</b>	<b>-41,541</b>	<b>-13,847</b>	<b>-809</b>	<b>-2%</b>
<p>Within P&amp;C, spend of £41.5m is funded by the ring fenced Dedicated Schools Grant. A contribution of £0.81m has been applied to fund pressures on a number of High Needs budgets including SEN Placements (£0.52m) and Out of School Tuition (£0.29m). For this financial year the intention is to manage within overall available DSG resources.</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	283
Better Care Fund	Cambs & P'Boro CCG	26,075
Social Care in Prisons Grant	DCLG	319
Unaccompanied Asylum Seekers	Home Office	2,200
Staying Put	DfE	171
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,031
Children's Social Care Innovation Grant (MST innovation grant)	DfE	313
Opportunity Area	DfE	3,400
Opportunity Area - Essential Life Skills	DfE	523
Adult Skills Grant	Skills Funding Agency	2,123
AL&S National Careers Service Grant	European Social Fund	335
Non-material grants (+/- £160k)	Various	141
<b>Total Non Baselined Grants 2018/19</b>		<b>38,572</b>

Financing DSG	Education Funding Agency	41,541
<b>Total Grant Funding 2018/19</b>		<b>80,114</b>

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

Directorate	Grant Total £'000
Adults & Safeguarding	26,515
Children & Safeguarding	4,885
Education	3,422
Community & Safety	3,751
<b>TOTAL</b>	<b>38,572</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>239,124</b>	
Strategic Management – Education	Apr	134	Transfer of Traded Services ICT SLA budget to Director of Education from C&I
Childrens' Innovation & Development Service	Apr	71	Transfer of Traded Services Management costs/recharges from C&I
Strategic Management – Adults	June	-70	Transfer Savings to Organisational Structure Review, Corporate Services
Strategic Management – C&S	June	295	Funding from General Reserves for Children's services reduced grant income expectation as approved by GPC
Children in Care	June	390	Funding from General Reserves for New Duties – Leaving Care as approved by GPC
<b>Budget 2018/19</b>		<b>239,944</b>	

**APPENDIX 5 – Reserve Schedule as at Close 2017/18**  
(Update for 2018/19 will be available for the August 18 F&PR)

Fund Description	Balance at 1 April 2017	2017/18		Year End 2017/18	Notes
		Movements in 2017/18	Balance at Close 17/18		
	£'000	£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
P&C carry-forward	540	-7,493	-6,953	-6,953	Overspend £6,953k applied against General Fund.
<b>subtotal</b>	<b>540</b>	<b>-7,493</b>	<b>-6,953</b>	<b>-6,953</b>	
<b><u>Equipment Reserves</u></b>					
IT for Looked After Children	133	-69	64	64	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>133</b>	<b>-69</b>	<b>64</b>	<b>64</b>	
<b><u>Other Earmarked Reserves</u></b>					
<b>Adults &amp; Safeguarding</b>					
Homecare Development	22	-22	0	0	Managerial post worked on proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	0	Up scaled the falls prevention programme with Forever Active
Dementia Co-ordinator	13	-13	0	0	Used to joint fund dementia co-ordinator post with Public Health
Mindful / Resilient Together	188	-133	55	55	Programme of community mental health resilience work (spend over 3 years)
Increasing client contributions and the frequency of Financial Re-assessments	14	-14	0	0	Hired fixed term financial assessment officers to increase client contributions as per BP
Brokerage function - extending to domiciliary care	35	-35	0	0	Trialled homecare care purchasing co-ordinator post located in Fenland
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>					
Capacity in Adults procurement & contract management	143	-143	0	0	Continuing to support route rationalisation for domiciliary care rounds
Specialist Capacity: home care transformation / and extending affordable care home capacity	25	-25	0	0	External specialist support to help the analysis and decision making requirements of these projects and tender processes
Home to School Transport Equalisation reserve	-240	296	56	56	A £296k contribution has been made back to reserves to account for 2017/18 having fewer schools days where pupil require transporting
Reduce the cost of home to school transport (Independent travel training)	60	0	60	60	Programme of Independent Travel Training to reduce reliance on individual taxis
Prevent children and young people becoming Looked After	25	-25	0	0	Re-tendering of Supporting People contracts (ART)

Fund Description	Balance at 1 April 2017	2017/18		Year End 2017/18	Notes
		Movements in 2017/18	Balance at Close 17/18		
	£'000	£'000	£'000	£'000	
Disabled Facilities	44	-6	38	38	Funding for grants for disabled children for adaptations to family homes.
<b>Community &amp; Safety</b>					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	150	-90	60	60	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
<b>Children &amp; Safeguarding</b>					
Child Sexual Exploitation (CSE) Service	250	-250	0	0	The funding was required for a dedicated Missing and Exploitation (MET) Unit and due to a delay in the service being delivered this went back to GPC to obtain approval, as originally the Child Sexual Exploitation service was going to be commissioned out but now this was bought in house within the Integrated Front Door and this funding was required in 2017/18 to support this function (1 x Consultant Social Worker & 4 x MET Hub Support Workers).
<b>Education</b>					
Cambridgeshire Culture/Art Collection	47	106	153	153	Providing cultural experiences for children and young people in Cambs - fund increased in-year due to sale of art collection
ESLAC Support for children on edge of care	36	-36	0	0	Funding for 2 year post re CIN
<b>Cross Service</b>					
Develop 'traded' services	30	-30	0	0	£30k was for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	78	-78	0	0	This funded 3 staff focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	110	-110	0	0	Used for repairs & refurb to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Supported the implementation of the in-house fostering action plan: £74k
Other Reserves (<£50k)	149	-57	92	92	Other small scale reserves.
<b>subtotal</b>	<b>1,423</b>	<b>-709</b>	<b>714</b>	<b>714</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>2,096</b>	<b>-8,271</b>	<b>-6,175</b>	<b>-6,175</b>	

Fund Description	Balance at 1 April 2017	2017/18		Year End 2017/18	Notes
		Movements in 2017/18	Balance at Close 17/18		
	£'000	£'000	£'000	£'000	
<b><u>Capital Reserves</u></b>					
Devolved Formula Capital	780	980	1,760	717	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire Schools.
Basic Need	0	32,671	32,671	0	The Basic Need allocation received in 2017/18 is fully committed against the approved capital plan.
Capital Maintenance	0	4,476	4,476	0	The School Condition allocation received in 2017/18 is fully committed against the approved capital plan.
Other Children Capital Reserves	1,448	1,777	3,225	5	£5k Universal Infant Free School Meal Grant c/fwd.
Other Adult Capital Reserves	379	3,809	4,188	56	Adult Social Care Grant to fund 2017/18 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,607</b>	<b>43,713</b>	<b>46,320</b>	<b>778</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2018/19					TOTAL SCHEME	
Original 2018/19 Budget as per BP £'000	Scheme	Revised Budget for 2018/19 £'000	Actual Spend (July 18) £'000	Forecast Outturn (July 18) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	<b>Schools</b>					
44,866	Basic Need - Primary	34,189	5,987	33,157	309,849	7,328
35,502	Basic Need - Secondary	36,939	5,500	34,382	274,319	0
1,222	Basic Need - Early Years	1,488	0	1,488	6,126	0
2,400	Adaptations	2,381	750	2,560	7,329	0
3,476	Specialist Provision	486	-41	516	26,631	6,870
2,500	Condition & Maintenance	2,500	854	2,500	9,927	-123
1,005	Schools Managed Capital	1,599	0	1,599	25,500	0
100	Site Acquisition and Development	100	110	100	200	0
1,500	Temporary Accommodation	1,500	254	1,500	13,000	0
295	Children Support Services	370	0	370	2,850	75
5,565	Adult Social Care	5,565	0	5,565	43,241	0
-12,120	Capital Variation	-10,469	0	-7,089	-58,337	1,651
1,509	Capitalised Interest	1,509	0	1,509	8,798	0
<b>87,820</b>	<b>Total P&amp;C Capital Spending</b>	<b>78,157</b>	<b>13,414</b>	<b>78,157</b>	<b>669,433</b>	<b>15,801</b>

#### Basic Need - Primary £7,328k increase in scheme cost

A total scheme variance of £7,328k has occurred due to changes since the Business Plan was approved in response to adjustments to development timescales and updated school capacity information. The following schemes require the cost increases to be approved by GPC for 2018/19;

- St Ives, Eastfield / Westfield / Wheatfields; £7,000k overall scheme increase of which £300k will materialise in 2018/18. The scope of the project has changed to amalgamate Eastfield infant & Westfield junior school into a new all through primary.
- St Neots, Wintringham Park; £5,150k increase in total scheme cost. £3,283k will materialise in 2018/19. Increased scope to build a 3FE Primary and associated Early Years, Offset by the deletion of the St Neots Eastern Expansion scheme.
- Wing Development; £400k additional costs in 2018/19. New school required as a result of new development. Total scheme cost £10,200k, it is anticipated this scheme will be funded by both the EFA as an approved free school and S106 funding.
- Bassingbourn Primary School; £3,150k new scheme to increase capacity to fulfil demand required from returned armed forces families. £70k expected spend in 2018/19.

The following scheme has reduced in cost since business plan approval.

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

#### Basic Need - Primary £1,032k slippage

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

- Waterbeach Primary scheme has experienced slippage of £631k due to start on site now being January 2019, a one month delay. The contract length has also increase from 13 to 15 months.

- Wyton Primary has experienced £149k slippage due to slighter slower progress than originally expected.
- St Neots – Eastern expansion has experienced £35k slippage as a proportion of costs will not due until 2019/20 financial year.
- Littleport 3<sup>rd</sup> Primary has experienced £150k slippage as the scheme is now not required until September 2021.

The slippage above has been offset by accelerated expenditure incurred on Morley Memorial Primary, where progress is ahead of originally plan.

### **Basic Need - Secondary £2,557k slippage**

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

- Northstowe Secondary & Special has experienced £700k slippage in 2018-19 due to a requirement for piling foundations on the site, which will lead to an increase in scheme cost and also extend the build time
- Alconbury Weald Secondary & Special has to date forecasting £200k slippage as currently there is no agreed site for the construction. Scheme expected to be delivered for September 2022.
- Cambourne Village College is not starting on site until February 2019 for a September 2019 completion the impact being £1,932k slippage.

### **Specialist Provision £6,870k increase in scheme cost**

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

### **Devolved Formula Capital**

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

### **Children's Minor Works and Adaptions £75k increased scheme costs.**

Additional budget to undertake works to facilitate the Whittlesey Children's Centre move to Scaldgate Community Centre.

### **P&C Capital Variation**

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

2018/19					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (July 18) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (July 18) £000
P&C	-10,469	3,380	3,380	32.3	-7,089
<b>Total Spending</b>	-10,469	3,380	3,380	32.3	-7,089

## 6.2 Capital Funding

2018/19				
Original 2018/19 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2018/19 £'000	Forecast Funding Outturn (July 18) £'000	Forecast Funding Variance - Outturn (July18) £'000
24,919	Basic Need	24,919	24,919	0
4,043	Capital maintenance	4,202	4,202	0
1,005	Devolved Formula Capital	1,599	1,599	0
4,115	Adult specific Grants	4,171	4,171	0
5,944	S106 contributions	6,324	6,324	0
833	Other Specific Grants	833	833	0
1,982	Other Capital Contributions	1,982	1,982	0
47,733	Prudential Borrowing	36,881	36,881	0
-2,754	Prudential Borrowing (Repayable)	-2,754	-2,754	0
<b>87,820</b>	<b>Total Funding</b>	<b>78,157</b>	<b>78,157</b>	<b>0</b>

## APPENDIX 7 – Performance at end of June 2018

Outcome		Adults and children are kept safe								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of adult safeguarding enquiries where outcomes were at least partially achieved	Adults & Safeguarding	73.0%	n/a	95.0%	Mar-18	↑	No change	n/a	n/a	Performance is improving
% of people who use services who say that they have made them feel safer	Adults & Safeguarding	83.2%	n/a	84.8%	2016/17	↑	No target	n/a	n/a	Performance is improving
Rate of referrals per 10,000 of population under 18	Children & Safeguarding	38.7	n/a	35.7	Jun	↑	No target	455.8	548.2	The referral rate is favourable in comparison to statistical neighbours and the England average
% children whose referral to social care occurred within 12 months of a previous referral	Children & Safeguarding	14.2%	20.0%	17.9%	Jun	↓	On Target	22.3%	21.9%	Performance in re-referrals to children's social care is below the ceiling target and is significantly below average in comparison with statistical neighbours and the England average.



Outcome		Adults and children are kept safe								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Number of children with a Child Protection Plan per 10,000 population under 18	Children & Safeguarding	34.4	30.0	35.8	Jun	↓	Off Target	36.93	43.3	<p>During June we saw the numbers of children with a Child Protection plan increase from 462 to 481.</p> <p>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.</p>
Proportion of children subject to a Child Protection Plan for the second or subsequent time (within 2 years)	Children & Safeguarding	4.3%	n/a	9.5%	Jun	↓	No target	22.5%	18.7%	<p>In June there were 6 children subject to a child protection plan for the second or subsequent time.</p> <p>The rate is favourable in comparison to statistical neighbours and the England average</p>

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
The number of looked after children per 10,000 population under 18	Children & Safeguarding	53.0	40	52.2	Jun	↑	Off Target	44.9	62	<p>In June the number of Looked After Children fell to 701 from 712. This figure includes 57 UASC, 8% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.</p> <p>Actions being taken include: A weekly Threshold to Resources Panel (TARP), chaired by the Assistant Director for Children's Services to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. Decisions and Children's Plans are monitored via a tracker which also takes into account the children's care plan- discussed in the Permanency Monitoring Group.</p> <p>A monthly Permanency Monitoring Group (PMG) considers all children who are looked after, paying attention to their care plan, ensuring reunification is considered and if this is not possible a timely plan is made for permanence via Special Guardianship Order, Adoption or Long Term Fostering.</p> <p>TARP links with the monthly High Cost Placements meeting, which as of January 2018 started to be chaired by the Assistant Director for Children's Services. The panel ensures that required placements meet the child or young person's needs and are cost effective and joint funded with partners where appropriate.</p> <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>

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 young first time entrants into the criminal justice system, per 10,000 of population compared to statistical neighbours	Community & Safety	3.23	n/a	0.00	Q4	↑	No target			Awaiting comparator data

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
Proportion of people finishing a reablement episode as independent (year to date)	Adults & Safeguarding	55.9%	57%	56.2%	Jun	↑	Within 10%	n/a	n/a	The throughput volumes are close to the expected target and this measure is expected to improve across the rest of the year

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	150	114	150	May	➔	Off Target	n/a	n/a	<p>In March 2018, there were 701 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 625 delays – an increase of 12%. The overall volume of ASC attributable bed-day delays was 9,317 in the 2017/18 financial year. In 2016/17 there were 9,259, representing an overall increase of 0.6%. 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>
Number of Community Action Plans Completed in period	Adults & Safeguarding	144	n/a	157	Jun	⬆	No target	n/a	n/a	Performance increased against the previous period.
Number of assessments for long-term care completed in period	Adults & Safeguarding	162	n/a	173	Jun	⬆	No target	n/a	n/a	Performance increased against the previous period.

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	48.9	564.0	81.0	Jun	↓	On Target	n/a	n/a	<p>The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p>

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	57.27	n/a	59.44	Q4	↓	No target	55.81	69.23	New measure, in development

Outcome		People with disabilities live well independently								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of adults with a primary support reason of learning disability support in paid employment (year to date)	Adults & Safeguarding	3.5%	6.0%	3.6%	Mar	↑	Off Target	n/a	n/a	Performance remains low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams – and there are currently 62 service users identified as being in employment yet to have a recorded review in the current year. (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)
Proportion of adults in contact with secondary mental health services in paid employment	Adults & Safeguarding	13.3%	12.5%	13.1%	Jun	↓	On Target	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	76.2%	72.0%	71.2%	Mar	↓	Within 10%	n/a	n/a	Performance is slightly below target

Outcome	People with disabilities live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of adults in contact with secondary mental health services living independently, with or without support	Adults & Safeguarding	82.1%	75.0%	81.8%	Jun	↓	On Target	n/a	n/a	Performance has improved marginally against the previous period.
Proportion of adults receiving Direct Payments	Adults & Safeguarding	33.6%	0.0%	33.4%	Jun	↓	On Target	n/a	n/a	Performance is slightly below target
Proportion of carers receiving Direct Payments	Adults & Safeguarding	87.6%	n/a	88.0%	Jun	↑	No target	n/a	n/a	Direct payments are the default option for carers support services, as is reflected in the high performance of this measure.

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
% EHC Plans finalised (including exceptions) within timescale (20 weeks)	Children & Safeguarding	58.1%	70.0%	66.4%	Jun	↑	Within 10%			Performance remains high despite a fall in comparison to the previous period

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Number of young people who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding					↓	No target	213.8	271.1	Data currently unavailable
Proportion of young people with SEND who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding	6.9%	n/a	7.6%	Q4	↓	No target			Performance fell in comparison to the previous reporting period.
KS2 Reading, writing and maths combined to the expected standard (All children)	Education	58.7%	65.0%	60.2%	2017/18	↑	Within 10%	61.3% (2016/17)	64.4% (2017/18)	2017/18 Performance increased but remains below that of the national average. Please note the 2017/18 figures have been calculated from interim data which means it is subject to changes in future provisional and revised releases. In addition it means the 2017/18 statistical neighbour average is not yet available so the 2016/17 figure has been left in as a comparison and will be updated as soon as new data becomes available.



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
KS4 Attainment 8 (All children)	Education	51.5	50.1	47.7	2016/17	↓	Off target	47.5	46.3	Performance fell in comparison to the previous reporting period but is above the average for our statistical neighbours and the England average. GCSE results for the 2017/18 year will be released 23/08/18.
% of Persistent absence (All children)	Education	9.2%	8.5%	8.9%	2016/17	↑	Within 10%	10.0%	10.8%	2016/17 Persistent absence has reduced from 9.2% to 8.9% and is below both the statistical neighbour and national averages.
% Fixed term exclusions (All children)	Education	3.5%	3.7%	3.7%	Feb	↓	On target	-	-	Performance fell slightly in comparison to the previous reporting period.
% receiving place at first choice school (Primary)	Education	91.3%	93.0%	93.2%	Sept-17	↑	On target	n/a	n/a	Performance increased slightly in comparison to the previous reporting period.
% receiving place at first choice school (Secondary)	Education	92.9%	91.0%	92.5%	Sept-17	↓	On target	n/a	n/a	Performance fell slightly in comparison to the previous reporting period.
% of disadvantaged households taking up funded 2 year old childcare places	Education	70.6%	75.0%	66.7%	Summer term 2018	↓	Off target	n/a	n/a	Performance decreased by just under 4 percentage points in comparison to the previous figure for the spring 2018 term.

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 (Primary Schools)	Education	83.5%	90%	81.1%	Jun-17	↓	Within 10%	88.1%	87.9%	<p>Performance decreased by 2 percentage points in comparison to the previous reporting period. This has largely been caused by a change to the way Ofsted calculate published inspection information.</p> <p>Ofsted recently concluded a consultation on changes to their Official Statistics and Management Information. The key change is that, from June 2018, Ofsted include judgements from the predecessor schools for schools that have not yet been inspected in their current form.</p> <p>In Cambridgeshire this has affected 13 Primary schools with old judgements now included. Of these 3 were graded good, 3 requiring improvement and 7 inadequate at the previous inspection of their predecessor school. The previous inspection dates, 1 was in 2014, 6 in 2015, 3 in 2016 and 3 in 2017.</p> <p>In addition, since last month there have been 2 primary school inspection reports published with 1 school retaining a good grading and the other changing from good to requiring improvement.</p>

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Secondary Schools)	Education	92.3%	90%	86.1%	Jun-17	↓	Within 10%	85.2%	81.4%	<p>Performance decreased by 6.2 percentage points in comparison to the previous reporting period. This has largely been caused by a change to the way Ofsted calculate published inspection information.</p> <p>Ofsted recently concluded a consultation on changes to their Official Statistics and Management Information. The key change is that, from June 2018, Ofsted include judgements from the predecessor schools for schools that have not yet been inspected in their current form.</p> <p>In Cambridgeshire this has affected 2 secondary schools with old judgements now included (1 requires improvement and 1 was inadequate at the previous inspection of their predecessor school). Of the previous inspection dates, 1 was in 2014 and 1 in 2015.</p>

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Special Schools)	Education	93.1%	100%	89.6%	Jun-17	↓	Off target	94.7%	93.9%	<p>Performance decreased by 3.5 percentage points in comparison to the previous reporting period.</p> <p>Ofsted recently concluded a consultation on changes to their Official Statistics and Management Information. The key change is that, from June 2018, Ofsted include judgements from the predecessor schools for schools that have not yet been inspected in their current form.</p> <p>In Cambridgeshire this has affected 1 special school with the old judgement, from their predecessor school, of requiring improvement now included. The previous inspection occurred in 2016.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Nursery Schools)	Education	100%	100%	100%	Jun-17	→	On target	100%	98.1%	Performance remains high and is above the England average.

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



**THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID YEAR REPORT 2017/18 ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS.**

To: **Adults Committee**

Meeting Date: **6 September 2018**

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

Electoral division(s): **All**

Forward Plan ref: **For key decisions    *Key decision:*    No**

Purpose: **The Committee is asked to consider and note the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) end of year report for 2017/18 on the delivery of the Council's delegated duties under the Section 75 Agreement.**

Recommendation: **The Committee is asked to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult and Older People Mental Health.**

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## **1.0 EXECUTIVE SUMMARY**

**1.1** This report is the end of year update on the performance of CPFT in 2017-18.

**1.2** The Committee is asked to note:

- Achievement against the Section 75 Action plan
- Performance against activity targets
- Position against financial targets..

## **2.0 BACKGROUND**

**2.1** This report updates the Committee on performance under the Mental Health Section 75 Partnership Agreement between the Council and CPFT. Under this Agreement, the Council has delegated the delivery of mental health services and specified duties to CPFT for people over 18 years with mental health needs. The intention is to ensure delivery of an integrated health and social care service which is so well co-ordinated that it appears to services users and carers it is being delivered by one organisation - seamlessly.

**2.2** This report covers the following areas:

- Update on the reorganisation of services
- Review of Mental Health Section 75 Work Plan for Q3 and Q4 for 2017-18
- Year end activity 2017/18
- Staffing
- Care Packages Budgetary Performance
- Policing and Crime Act 2017 and impact on the Approved Mental Health Professional Service
- Risks and mitigations
- Changes in management arrangements
- Alignment with Corporate Priorities

## **3.0 REORGANISATION OF SERVICES**

**3.1** The last report to the Adults Committee in March 2018 reported on the progress of the work to redesign the operating system for social work within CPFT to strengthen the implementation of the Care Act and align mental health services with the Transforming Lives model. The new operating model was presented in the previous report and is included below for reference.



Diagram 1: High level view of new Operating Pathway

GP Referral/ Self Referral				
PRISM Health assessment incorporating high level Care Act Screening				
<b>Outcome:</b> Eligible for secondary/(specialist) Mental Health  Tier 3		<b>Outcome:</b> Care Act needs but no/limited health need identified  Tier 2		<b>Outcome:</b> No Care Act needs identified on initial assessment  Tier 1
Detailed Care Act Screening (within Core2 assessment) & separate eligibility assessment		Adults Early Help / or PRISM social care staff (tba) (may do full Care Act assessment & separate eligibility assessment)  Mental Health Reablement Services (under development out of existing resources)		Has Care Act needs on initial assessment
Support plan etc (CPA/Care Act)		Brief intervention by Adults Early Help Team, Reablement, or PRISM social care staff (tba)	Information and advice or signposting	Need for Information, advice or signposting
At any stage the PRISM and Adults Early Help can loop back into adults locality teams for advice and support				
<b>References to "tiers" is to the Transforming Lives model</b>				

- 3.2** It was noted that this work sat within a wider reorganisation in the CPFT mental health services to establish an enhanced primary care mental health service (PRISM). The aim of PRISM is to increase early intervention and preventative/recovery focussed approaches in order to improve outcomes and reduce the need, and therefore demand, for specialist mental health and social care services provided by the integrated mental health locality teams. As part of this, the role of social care in relation to Tier 1 and 2 interventions and the delivery of the Trust's delegated responsibilities to those people whose mental health needs do not meet the criteria for secondary mental health services i.e. Care Act responsibilities is being explored. The options for stepping people with social care funded packages to PRISM is also being explored. This will enable more capacity in secondary care to be made available to work with those service users with both eligible needs under the Care Act and who meet the criteria for secondary mental health services. To support these developments a Business case has been written to bid for £320k Transformation Funding. The Business Case aims to demonstrate that improved outcomes and efficiencies could be achieved by including Social work/Social Care through delivery of early and preventative/recovery focussed interventions (Tiers 1 and 2).
- 3.3** Phase 3 of the redesign of the Trust's adult locality teams, has just finished the consultation phase. The proposal has shifted to a model of sub-sectorisation in which the teams remain as they are, mainly located in larger teams, but a part of each team aligns to each PRISM patch. The aim of the re-organisation is to support a seamless pathway between secondary and primary care to allow service users to step up/down as their needs change. Due to the lower numbers of The Social Workers in the locality teams they will not align to the PRISM teams but will continue to be located within the main locality hubs and attend MDT meeting as they do currently.
- 3.4** Work has been completed to develop care and support plans in Rio to ensure Care Act compliance. The use of these has not yet been widely rolled out across the Trust. The

challenge remains not to increase the administrative burden on front line staff which would reduce patient/ service user contact with clinical staff and reduce levels of core delivery. This will be supported by digital development of the Care Act compliant assessment and eligibility which has been completed to testing stage. The implications of implementation across CPFT are currently being considered and this review will be considered in section 75 review meetings.

- 3.5** Within the care and support section of Rio, the capability to capture care costings is being developed. This will allow for a complete overview of service user information including: assessment, eligibility criteria, care and support plans, finance (care costings) and reviews. This will be invaluable development for professionals regarding review scenarios as they will be able to view all the service users' information on one system.
- 3.6** Key to the success of phase 2 are the links with the Council's Adult Early Help (AEH) team. The AEH team manager has been fully involved with all the above developments including PRISM. For example, "read only" facilities on RiO, the Trust's patient information system has been put in place using Trust "honorary contracts" for Council staff in the AEH Team, thereby complying with Trust Information Governance rules. A bid for funding for a Mental Health social Worker based in AEH is included in the PRISM Business Case described previously.
- 3.7** In the mental health context, reablement is focussed on helping people to maximise their independence, working with them on a time limited basis to meet their own goals. This can involve family work, facilitating local connections and networks, supporting people into activities that they enjoy – including the CPFT run Recovery College and supporting a return to employment. Over the last year, Mental Health reablement services have been developed by re-focussing the work of the Council funded support workers.
- 3.8** Two different Reablement models are in place currently across Peterborough and Cambridge. The Peterborough model is a stand-alone team consisting of social care staff, and focusing upon Care Act, whilst the Cambridgeshire model is integrated across OPMH and AMH. Both models are currently being evaluated in terms of outcomes for service users and any potential cost savings that could be achieved from both models. This evaluation will be completed by the end of September 2018 with the learning being used to inform the model to be implemented across both Cambridge and Peterborough from April 2019
- 3.9** The evaluation of the impact on social workers of the new system of management of the Mental Health Services by the Department of Health Chief Social Worker was shared with social care staff in March 2018. In the mid-year report, the scope and findings of the report 'Social Work for Better Mental Health' was reported on in some detail. Implementation of the recommendations from the report started in 2017/18. The actions will continue to be embedded through 2018/19. A detailed action plan has been developed. This was reviewed following presentation to the Mental Health Social Care Forum in February 2018. Two key recommendations that have been explored are the career pathway of Mental Health Social Workers and the development of an advanced Social Work Practitioner role. A copy of the full report is available on request. Contact: [katrina.anderson@cpft.nhs.uk](mailto:katrina.anderson@cpft.nhs.uk)
- 4.0 REVIEW OF MENTAL HEALTH SECTION 75 WORK PLAN for 2017-2018 (Appendix 1)**
- 4.1** The reports for Quarters 3 and 4 of the 2017-18 work plan are included at Appendix 1. The comments below relate to those items that are red 'rag rated' at the end of the year and

those where there has been deterioration since Quarter 2. It should be noted that the plan is a single combined plan for both CCC and Peterborough City Council (PCC) and where there are items specific to one of the two councils as noted in the text.

**4.2** The key achievements for 2017/18 include:

- Development of a Care Act compliant Core 2 assessment tool and Care and Support tool
- Maintaining or improving performance against social care performance indicators and activity targets and integrating these into core CPFT business and performance reporting
- The new Associate Director and Social Work Practitioner roles agreed as part of the social work reorganization are well established
- The new Social Work management structure is well embedded with protocols in place for joint working with Health managers
- A review of the Allied Mental Health Professional (AMHP) services across PCC and CCC has been completed and recommendations put forward to enable a sustainable service for both going forward
- An interface agreement between OPMH and Older People's services in CCC is in place and working well
- A new Joint Commissioning Tool, together with a suite of supporting guidance and policies were developed and implemented jointly with CCG colleagues
- All of the high cost 100% social care funded Section 117 cases were reviewed and joint funding arrangements are now in place for all of these cases.

**4.3** Comments on CCC items rag rated red at year end:

- The work to ensure recording of SALT indicators was still in progress at the end of Q4. However work to date to achieve this has shown that this could be very onerous for little clinical gain. This is being addressed.
- The work to clear the CHC backlog of mental Health cases was not completed by the end of Q4 and will be carried over to 18/19. The delay was due to a strategic decision to prioritise the highest cost placements across CCC.
- Joint work with the CCG to ensure proper implementation of the new residency rules etc. will continue into 2018/19

**4.4** Comments where rag rating has declined between Q3 and Q4

- Work has progressed well on all other key targets in the Section 75 work plan with a significant number of areas noted as 'blue' (completed) or 'green' (on track). Where there are areas shown as 'amber' work is progressing to achieve 'green' in the next quarter

**5.0** **ACTIVITY 2017/18 (Appendix 2)**

**5.1** Appendix 2 to this report sets out the performance under the Section 75 Partnership Agreement for this year. This is based on the cycle of assessment, support planning and review. In line with the integrated nature of the locality mental health teams, both social workers and health workers (CPNs, OTs etc.) do all of these activities. It is challenging to record this activity and activity related to duty/intake functions of the team and the complexity of some of the casework that is allocated to social workers, especially cases involving wider family issues or legal challenge. This means that the data does not captured all activity. As reported previously, it is not possible to address this within MOSAIC or the CPFT information systems.

- 5.2** The work that has gone into successfully resolving some of the systems issues that were preventing collection of data about key performance indicators continues to be reflected in the overall improved position at Year end for most of the KPIs although there is a slight decrease in the recorded percentage in relation to CCC RV1: Proportion of planned service user re-assessments actioned by the due date (Statutory Reviews). However, the end position remains above target. The issues regarding the accuracy in the loading of the data remain, but it has been agreed that the effort to resolve the remaining issues is not justified at this point given the imminent move to the new MOSAIC system. We would hope to be able to report that these issues have been resolved by the end of Q3/4 of 18/19 when MOSAIC should have been fully operational.
- 5.3** The number of Delayed Discharges within Adult and Older Peoples Mental Health for 2017/18 shows 172 days lost (4 people) attributable to Local Authority and 70 days (4 people) to both Local Authority and Health. A total of 242 days were lost up to and including the end of March 2018 (8 people)<sup>1</sup>. The target is 0.
- 5.4** CCC. 1C Part 1 Local – Proportion of eligible social care users receiving Self Directed Support
- The target for this indicator is 93%. Since the introduction of a new descriptor in 2017/18 we seen a continual improvement against the target of 93%. Year end figures for 17/18 (87% - AMH and 100% OPMH) indicate an improvement on performance during 16/17 (74%). As AMH migrate to the automated payment system we would expect to see the % improve in 2018/19.
- 5.5** CCC. 1C part 2 Local – Proportion of eligible social care users receiving direct payment
- The target for this indicator is 24% target. Year end achievement was 7% (4% AMH and 19% OPMH). This is attributable in part to the nature of the contract for AMH Supported Living Services for which direct payments cannot be offered (housing and support are provided as a single package, removing the option of more individualised care package commissioning and provision). However, the supported living contract has just been re-specified with a new provider has been appointed. Work has started with the provider to look at how direct payments can be offered to service users in supported accommodation. As a result, we would expect to see an improvement in this indicator during 2018/19.
- 5.6** CCC 2A part 1 – Permanent admissions to nursing care homes/ residential care homes 65+
- Nursing care - This number has decreased from 35 at the end of Q4 2016/17 to 33 Q4 2017/18.
  - Residential care - This number has decreased from 34 at the end of Q6 2016/17 to 27 Q4 2017/18.
- 5.7** The number of carers assessments completed for CCC patients (item 13) has improved from 122 2016/17 to 208 2017/18.
- 6.0** **STAFFING**
- 6.1** On 31<sup>st</sup> March 2018 there were 12.5 whole time equivalent (wte) vacant social work posts across the CCC area. This is an improvement of 5 wte at 31<sup>st</sup> March 17. Discussions are

<sup>1</sup> The figure given at the writing of the last report was 291 days, attributable to 10 patients. Following some emailed correspondence it was identified that 2 patients should not be attributable to Mental Health and subsequently removed from the report.

also ongoing to find a more innovative way to utilise the vacant support worker posts. .

- 6.2** A review of administrative support is underway to ensure more effective use of the 2.0 fte staff.

	<b>Total vacanciesMarch 2018</b>	<b>Total vacancies 31st March 2017</b>
	WTE	WTE
<b>CCC</b>		
Mental Health social work manager	0.00	1.00
Senior social workers	2.0	4.73
Social workers	3.0	5.00
<b>Total</b>	<b>5.0</b>	<b>10.73</b>
<b>CPFT</b>		
Support worker	4.50	1.00
Discharge planning	0.00	2.85
Resource Worker	1.0	0.0
South Finance & Admin Support	1.0	1.90
North Finance & Admin Support	1.0	1.00
<b>Total</b>	<b>7.5</b>	<b>6.75</b>
<b>GRAND TOTAL</b>	<b>12.5</b>	<b>17.48</b>

- 6.3** The staff funded by the Council under the Section 75 agreement are either employed by CCC directly and seconded to the Trust, or are employed on CPFT contracts with the cost being recharged to the Council. The budget includes managers, social workers, AMHPS, support workers and administrative staff. The outturn figure for the budget was an underspend of £ 76,805. 2.4% of the total budget £3,153,796.
- 6.4** In addition to the posts above there is NHS funding for 1 AMHP post be based within the FRS (First Response Service). There were previously an additional 2NHS funded AMHP posts but this funding was reduced in 2017/18.
- 6.5** CCC and the Trust continue to be joint participants in the national Think Ahead Mental Health Social Work training programme which lasts two years. The programme gives newly qualified social workers extra support during their first year of employment to help them develop their skills, knowledge and professional confidence. There is no obligation to offer employment at the end of year two, but it is anticipated that there are likely to be vacancies within CPFT. Cohort 2 started in September 2017 and will again be offered 12 month contracts from September 2018. The Trust has agreed to places for Cohort 3 which starts in September 2018.

## **7.0 CARE PACKAGES BUDGETARY PERFORMANCE**

- 7.1** For 2017/18, CPFT were tasked with delivering a total savings requirement of £1.463m across Adult Mental Health (AMH) and Older People's Mental Health (OPMH). The total budget available for care packages 2017/18 was £9.639m.

**7.2** The final year-end position for Mental Health cost of care was an overspend of £354k. There are a number of areas that are being targeted to address the shortfall which was carried forward into 2018/19. These areas include income recovery from the CCG (Section 117 and CHC funding), reduction in nursing home/residential placements and step down from residential placements, where appropriate.

**7.3** The final year-end position for AMH was an underspend against budget of £492k:

AMH Activity	Budget	Apr	Q1	Q2	Q3	Feb	Final	Final Variance	Change from Feb
Residential	2,493	2,528	2,720	2,677	2,721	2,528	2,514	21	-14
Nursing	544	606	591	563	552	563	568	24	5
Dom Care	709	844	825	808	861	836	721	12	-115
Supported Accommodation	828	799	712	704	689	714	633	-195	-81
Daycare	15	37	37	37	36	35	35	20	0
Direct Payments	246	217	205	193	189	179	183	-63	4
Respite	0	0	0	35	16	24	17	17	-7
Other	75	71	72	75	75	74	76	1	2
	<b>4,909</b>	<b>5,102</b>	<b>5,162</b>	<b>5,093</b>	<b>5,141</b>	<b>4,953</b>	<b>4,747</b>	<b>-162</b>	<b>-206</b>
Health Contributions	-54	-43	-16	-19	-16	-113	-366	-312	-253
FNC	0	-57	-57	-55	-51	-51	-29	-29	22
Client Contributions	-314	-318	-319	-308	-296	-298	-303	11	-5
	<b>-368</b>	<b>-418</b>	<b>-392</b>	<b>-382</b>	<b>-363</b>	<b>-462</b>	<b>-698</b>	<b>-330</b>	<b>-236</b>
<b>Total</b>	<b>4,541</b>	<b>4,684</b>	<b>4,770</b>	<b>4,711</b>	<b>4,778</b>	<b>4,491</b>	<b>4,049</b>	<b>-492</b>	<b>-442</b>

**7.4** The final position includes health contributions in respect of S117 that were previously reported as finance adjustments to the overall forecast, shown in the above table as an improvement of £253k. Final year-end figures for S117 were £43k higher than forecast for AMH, and S41 / Community Treatment Order contributions were £63k higher than committed. This means there was a real improvement of £106k in respect of health contributions.

**7.5** Gross cost of dom care and supported accommodation reduced significantly from the February position. This was due to a year-end reconciliation of payments made vs commitment for variable hours packages, which incorporated recording a number of ended packages (see below).

**7.6** Changes in package numbers by care type for the year to date are shown in the table below:

Values	Residential	Nursing	Dom Care	Supp Acc	Direct Payments	Other Community	Grand Total
<b>Sum of April Total</b>	<b>66</b>	<b>16</b>	<b>200</b>	<b>136</b>	<b>19</b>	<b>24</b>	<b>461</b>
<b>Sum of May Total</b>	<b>71</b>	<b>17</b>	<b>183</b>	<b>129</b>	<b>17</b>	<b>27</b>	<b>444</b>
<b>Sum of June Total</b>	<b>75</b>	<b>16</b>	<b>183</b>	<b>126</b>	<b>16</b>	<b>15</b>	<b>431</b>
<b>Sum of July Total</b>	<b>74</b>	<b>16</b>	<b>181</b>	<b>133</b>	<b>15</b>	<b>16</b>	<b>435</b>
<b>Sum of Aug Total</b>	<b>76</b>	<b>16</b>	<b>178</b>	<b>130</b>	<b>14</b>	<b>17</b>	<b>431</b>
<b>Sum of Sep Total</b>	<b>74</b>	<b>16</b>	<b>174</b>	<b>129</b>	<b>14</b>	<b>16</b>	<b>423</b>
Sum of Oct In	3	0	5	0	0	0	8
Sum of Oct Out	-3	0	-1	-2	0	-1	-7
<b>Sum of Oct Total</b>	<b>74</b>	<b>16</b>	<b>178</b>	<b>127</b>	<b>14</b>	<b>15</b>	<b>424</b>
Sum of Nov In	3	0	5	1	1	4	14
Sum of Nov Out	-1	0	-6	0	-1	-2	-10
<b>Sum of Nov Total</b>	<b>76</b>	<b>16</b>	<b>177</b>	<b>128</b>	<b>14</b>	<b>17</b>	<b>428</b>
Sum of Dec In	1	1	11	103	1	1	118
Sum of Dec Out	-2	-1	-6	-115	-2	-4	-130
<b>Sum of Dec Total</b>	<b>75</b>	<b>16</b>	<b>182</b>	<b>116</b>	<b>13</b>	<b>14</b>	<b>416</b>
Sum of Jan In	0	0	5	5	0	0	10
Sum of Jan Out	-3	0	-2	-1	0	-1	-7
<b>Sum of Jan Total</b>	<b>72</b>	<b>16</b>	<b>185</b>	<b>120</b>	<b>13</b>	<b>13</b>	<b>419</b>
Sum of Feb In	0	0	2	17	0	7	26
Sum of Feb Out	-6	0	-8	-1	0	-2	-17
<b>Sum of Feb Total</b>	<b>66</b>	<b>16</b>	<b>179</b>	<b>136</b>	<b>13</b>	<b>18</b>	<b>428</b>
Sum of Mar in	2	0	5	4	0	3	14
Sum of Mar Out	-1	0	-18	-10	0	-3	-32
<b>Sum of Mar Total</b>	<b>67</b>	<b>16</b>	<b>165</b>	<b>130</b>	<b>13</b>	<b>17</b>	<b>408</b>

- 7.7**
- Total package numbers have reduced from the start of the year by a net 52 packages. The majority of the reductions have come in lower cost packages, and so have had limited impact on the overall position individually.
  - Residential package numbers increased by 1 from February, although total spend reduced by £14k due to reduction in commitments following application of joint funding on a number of S117 cases.
  - Dom care package numbers have been reducing since the start of the year, and there was a net decrease of 13 packages in in March. There was a corresponding £115k reduction in commitments, which also incorporated year-end reconciliation of payments made vs commitment for variable hours packages.
  - Similarly, there was a net decrease of 6 supported accommodation packages, and final spend decreased by £81k.

**7.8** The final year-end position for OPMH was an overspend against budget of £847k:

OPMH Activity	Budget	Apr	Q1	Q2	Q3	Feb	Final	Final Variance	Change from Feb
Residential	1,305	1,433	1,406	1,593	1,602	1,644	1,669	364	25
Nursing	4,136	5,206	5,021	5,019	5,162	5,192	5,006	870	-186
Dom Care	546	583	711	639	626	622	626	80	4
Supported Accommodation	38	36	36	36	38	33	39	1	6
Daycare	3	3	4	12	12	12	9	6	-3
Direct Payments	165	194	194	199	225	233	265	100	32
Respite	10	0	8	3	6	9	8	-2	-1
Other	0	0	10	5	12	10	10	10	0
	<b>6,204</b>	<b>7,455</b>	<b>7,389</b>	<b>7,506</b>	<b>7,682</b>	<b>7,755</b>	<b>7,632</b>	<b>1,428</b>	<b>-123</b>
Health Contributions	0	0	0	0	0	0	-394	-394	-394
FNC	0	0	0	0	0	0	-27	-27	-27
Client Contributions	-1,106	-1,152	-1,259	-1,281	-1,360	-1,301	-1,266	-160	35
	<b>-1,106</b>	<b>-1,152</b>	<b>-1,259</b>	<b>-1,281</b>	<b>-1,360</b>	<b>-1,301</b>	<b>-1,687</b>	<b>-581</b>	<b>-386</b>
<b>Total</b>	<b>5,098</b>	<b>6,303</b>	<b>6,131</b>	<b>6,225</b>	<b>6,322</b>	<b>6,454</b>	<b>5,945</b>	<b>847</b>	<b>-509</b>

## 7.9 Changes in package numbers by care type are shown in the table below:

Values	Day Care	Direct Payments	Dom Care	Nursing	Nursing Block*	Residential	Residential Block*	Other	Respite	Grand Total
Sum of April	4	16	55	127		46		2	3	253
Sum of May In	1	1	7	8	0	2	1	0	0	19
Sum of May Out	-3	0	-5	-8	0	-1	0	0	0	-17
Sum of May	2	17	57	127	0	47	1	2	3	255
Sum of June In	0	0	6	7	0	3	1	2	0	18
Sum of June Out	-1	-2	-4	-6	0	-5	0	0	-1	-19
Sum of June	1	15	59	128	0	45	2	4	2	254
Sum of July In	1	0	2	0	0	3	2	0	0	6
Sum of July Out	0	0	-2	-4	0	-3	0	-1	0	-10
Sum of July Total	2	15	59	124	0	45	4	3	2	250
Sum of Aug In	1	0	4	5	1	6	0	0	0	16
Sum of Aug Out	0	-2	-3	-3	0	-1	0	0	0	-9
Sum of Aug Total	3	13	60	126	1	50	4	3	2	257
Sum of Sep In	0	1	4	4	0	1	0	0	0	10
Sum of Sep Out	0	0	-6	-6	0	0	0	0	0	-12
Sum of Sep Total	3	14	58	124	1	51	4	3	2	255
Sum of Oct In	0	2	6	4	0	0	0	0	0	12
Sum of Oct Out	0	-2	-7	-1	0	0	0	0	0	-10
Sum of Oct Total	3	14	57	127	1	51	4	3	2	257
Sum of Nov In	0	3	6	5	0	1	1	0	1	16
Sum of Nov Out	0	-3	-7	-6	0	-5	0	0	0	-21
Sum of Nov Total	3	14	56	126	1	47	5	3	3	252
Sum of Dec In	0	0	1	3	0	2	0	0	0	6
Sum of Dec Out	0	-1	-2	0	0	-1	0	0	0	-4
Sum of Dec Total	3	13	55	129	1	48	5	3	3	254

\* Block bed packages only show placements made into block beds as these have avoided spot placements, and are excluded from total package numbers

## 7.10 Overall package numbers have decreased by 16 since the start of the year, resulting from 131 new packages and 147 ended packages.

- Nursing care costs reduced significantly from the February reported position (-



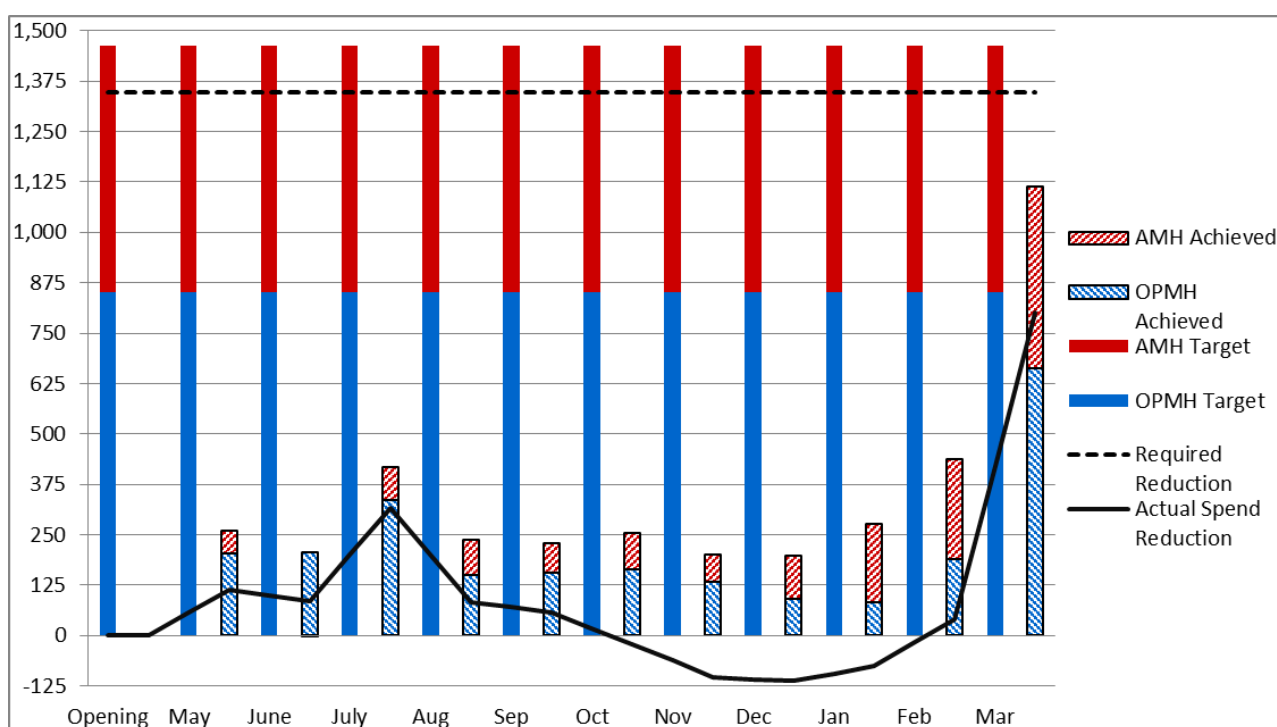
£187k). This reflects a real net reduction of 10 packages over this period.

- There was a net increase of 2 residential packages since February, and this was reflected in the £25k increase in spend by year-end.
- Although there was a net increase of 3 domiciliary care packages since February, there was only a small increase in spend. There was also a net increase of 1 direct payment package

**7.11** For 2017/18, there was an additional requirement to closely monitor performance against the specific savings targets in addition to overall performance against budget. This helped to highlight whether factors other than achievement of savings impacted on the budgetary position.

**7.12** The savings target for Mental Health was £1.463m. The net reduction in cost of care required to balance the budget was £1.348m. This is lower than the savings target as it allows for additional funding allocated in respect of inflationary pressures.

**7.13** Progress across the year is shown in the graph below. The bar element of the graph tracks achievement of savings against the £1.463m target. The line element tracks overall performance against budget by comparing the total net reduction in cost of care required to balance the budget (the dotted line) with cumulative actual reduction in spend (the solid line).



#### **7.14 Achieving the Savings Target 17/18**

The following actions were taken to support delivery of the efficiencies required during 2017/18:

- All requests for Social care funding continued to be made to the Quality & Assurance Panel which closely scrutinises all funding requests for value for money, outcomes and quality. The panel also reviews and agrees all joint funded applications under S117 (with a representative from the CCG). The panel monitors and tracks spend, savings and cost avoidance.

- The panel is chaired by the Associate Director Operations, Social work and Social Care and membership includes a CCG representative and operational managers from both Health and Social care in CPFT. As the Mental Health Commissioner owns the budget, Mental Health Commissioning are also represented at the panel.

## **8.0 POLICING AND CRIME ACT 2017 AND IMPACT ON THE APPROVED MENTAL HEALTH PROFESSIONAL (AMHP) SERVICE**

**8.1** The Policing and Crime Act 2017 (PCA) received Royal Assent on 31 January 2017. This legislation makes provision across a very broad range of areas affecting police and crime, and includes a number of provisions concerning the police interaction with mental health services. Guidance was delayed and finally published in December 2017.

**8.2** Key relevant areas to note are:

- New reduced time allowance limits the time that individuals can be detained under Section 136 –of the Mental Health Act. Section 136 allows the Police to take someone with a mental health problem to a place of safety if they believe that the person needs care or control.
- New definitions of a place of safety.
- Police stations must never be used as a place of safety for people under age 18 and only in exceptional circumstance for adults.

**8.3** The new reduced time allowance means that it is essential that the AMHP Service is sufficiently resourced and well organised / deployed to ensure that deadlines are complied with. It should be noted that the AMHP service is the legal responsibility of the Council and this responsibility cannot be delegated to the NHS although the NHS can oversee and manage the service on behalf of the Council.

**8.4** A review of the AMHP service was carried out in 2017/18 and a number of options were considered, including the combining of the PCC rota with the Huntingdonshire and Fenland rota in the North. However, there are barriers to the implementation of this proposal, including differences in terms and conditions of AMHPs in PCC compared to CCC. These are being worked through.

**8.5** There were no reported breaches to the new timelines as at the end of Q4 2017/18.

## **9.0 RISKS**

**9.1** The achievement of the £200k savings target that will be required from new initiatives e.g. will not be delivered as a result of the impact of the full-year effect of the savings made during 2017/18 and the £467,271 invested from central reserves at year end remains the biggest operational and financial risk. This is largely due to the increasing acuity of the service users for which funding is being requested. A significant amount of work has gone into reviewing funded packages of care/residential placements across both OPMH and AMH for potential step down/reduction and this is starting to deliver some savings, although, as would be expected, the majority of OPMH service users are appropriately placed and step down is not appropriate.

**9.2** A significant proportion of the savings target was achieved through income recovery in relation to S117. This was a one off opportunity in 2017/18 and all possible savings against this target were achieved. The full year effect is supporting delivery of part of the efficiencies required in 2018/19.

- 9.3** The lack of homecare providers to provide packages of care to support service users at home is a significant risk to both service users' wellbeing and the budget. The issue is being addressed by CCC commissioners.
- 9.4** The sustainability of the AMHP rota, especially in the South remains a risk due to the low numbers of AMHPs across Cambridge. This is being addressed, but puts funding to support other developments in Mental Health such as providing social care support to PRISM at risk.

## **10. CHANGES IN MANAGEMENT OF THE MENTAL HEALTH SOCIAL WORK SERVICES**

- 10.1** As reported in the mid-year report, the functions of oversight in the Trust of the Section 75 are now undertaken in a different way by the creation of a single Associate Director Operations, Social Work and Social Care and Head of Profession in replacement of the Director of Service Integration. This post operates across both CCC and PCC and CPFT. The previous post of Service Director, Integration was deleted in March 2018.
- 10.2** The new Associate Director post reports to the Director of Operations in the Trust with a dotted line to the Director of Adult Social Care. This post is also a member of the Adult Social Care Directorate Management Team.

## **11. ALIGNMENT WITH CORPORATE PRIORITIES**

### **11.1 Developing the local economy for the benefit of all**

Progress towards improved performance of services and outcomes for people with mental health problems will contribute to the development of the local economy, benefiting everyone living and working in Cambridgeshire and Peterborough. Improved performance against the employment performance target (Appendix 2 Item 9a) is of particular importance. CPFT managers, clinicians and staff are working with commissioners to identify and implement actions and approaches that will support the attainment of employment outcomes for people with mental health problems. A bid will be made for national funding from the NHS to support for Individualised Personal Support (IPS), the best practice model for employment outcomes in mental health.

### **11.2 Helping people live healthy and independent lives**

This report relates to how the Council's duties to support people who are vulnerable due to their mental health needs are met. The service it accounts for comprises a key part of the overall strategy of ensuring people with mental health needs are supported to live healthy and independent lives.

### **11.3 Supporting and protecting vulnerable people**

The services covered by this report support and protect vulnerable people.

## **12. SIGNIFICANT IMPLICATIONS**

### **12.1 Resource Implications**

This report includes detail of the financial context and the expectations in terms of delivering savings as part of CCC Business Plan 2017/18 and the impact on the 2018/19

budget.

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

There are no significant implications within this category.

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

Many of the duties delegated to CPFT are statutory duties which also have financial implications. These duties have been delegated to CPFT. If they are not delivered effectively, the Council will ultimately be held responsible for any failures in practice and will be subject to any financial consequences. Therefore, priority is given to ensuring that there is a strong partnership between the Trust and Commissioners. This is supported by monthly operational meetings which are attended by Commissioners and quarterly Governance Board meetings with the Trust Chief Executive attends.

## **12.4 Equality and Diversity Implications**

There are no significant implications for equality and diversity. However, the services covered by this report help to improve the experience of people with mental health problems who often experience stigma and discrimination as a result of their condition.

## **12.5 Engagement and Consultation Implications**

There are no significant implications within this category

## **12.6 Localism and Local Member Involvement**

There are no significant implications within this category.

## **12.7 Public Health Implications**

The work delivered by CPFT under the Agreement contributes directly and indirectly to the achievement of Public Health Mental Health Outcomes, for example, in relation to wellbeing, mental health and work, and mental health and homelessness. .

<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 Finance?</b>	Yes Name of Financial Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes or No Name of Legal Officer: Duncan Dooley-Robinson
<b>Have the equality and diversity implications been cleared by your Service</b>	Yes Name of Officer: Oliver Hayward

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

<b>Source Documents</b>	<b>Location</b>
<b><i>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust (2014)</i></b>	Katrina.anderson@cpft.nhs.uk and <a href="mailto:Fiona.davies@cambridgeshire.gov.uk">Fiona.davies@cambridgeshire.gov.uk</a>
<b><i>Being mindful of Mental Health – Role of the Local Government</i></b>	<a href="https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing">https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing</a>

### MENTAL HEALTH SECTION 75 COMMITMENTS -: 2016 - 2017 PLAN of WORK

Item	Deliverable/Activity					
1.0	Care Act and Transforming Lives (CCC) /ASC Transformation Programme (PCC)	Actions	Lead Managers	Q2	Year End	Notes
a	All assessments completed to Care Act and CCC/PCC standards	To be tracked through monthly Social Care and Savings Board and quality <b>assessed</b> through periodic reports from the Panels and through audit using Council's QA too.	HOSW and SCLs (replaced by Team managers mid year)	G	G	<p>A number of attempts had been made to “bolt on” changes to key CPA documentation within the Trust to make the CPA process Care Act compliant. It became apparent that this was not possible. In addition in Spring 2016 the CCG commissioned the Trust to develop a Primary Care Mental Health service which meant that the Trust would be offering services to those not eligible for CPA. These two factors were the drivers for setting up the Social Work Reorganisation Programme which, following three months of consultation in the Trust, started in September 2016 with a new strengthened, social work specific management structure. This plan of work was constructed before the programme so it does not reflect the programme and the four work streams in the programme.</p> <p>The first work-stream is redesigning the customer journey to match the Transforming Care (CCC) / 3 tiers model (PCC). At the year end the operating model was agreed and a new Care Act compliant Core 2 assessment was being trialled in paper before updating Rio. This means ALL CPFT CPA assessments are Care Act compliant regardless of who is carrying them out.</p>

b	Prevention and signposting completed to Care Act and Council standards	A continuing programme of roadshows and workshop will be run across the forthcoming year building on the March 2016 in which the new QA tools introduced. The Roadshows will focus on the process for Social Workers initially. After 3 months the aim is to roll out to care co-ordinators with Team Managers involved.	HOSW and SCLs (replaced by Team managers mid year)		G	A great deal of preparatory work had been done by 31st March 2017 to build into the new operating model the interface with the Adults Early Help Team (CCC) and See and Solve (PCC). This work will continue in 17-18 within PRISM Phase 2. See below for Reablement
c	Support planning completed to Care Act and Council standards				G	Existing quality control processes in place to monitor support plans and reviews. However it is planned in the latter part of 2017 to move on to reviewing the actual support plans and reviews used for CPA against Care Act standards.
d	Reviews completed to Care Act and Council standards	Through initial audits and learning to establish a baseline - with All Social Work assessments being complaint - then move onto all care co-ordinators			G	Reviews - see 1c above CCC - The quality assurance process and the audits for SW cases with commissioned packages commenced in July 2016 and has been rolled out into PCC as well.
e	Eligibility evaluated against Care Act and Council standards	Initial audit process and learning			G	Eligibility addressed above as part of assessment and is built into new pathway.

f	Ongoing CPFT staff training plan and programme	Training plan to be developed	HOSW, SCLs and L&D	G	G	The Social work Forum now combines PCC and CCC social workers, and support staff and meets 5 times a year. This has been very well attended and the PSWs and Heads of Quality are invited to participate/use the forums to disseminate updates etc. One of the workstreams of the reorganisation is L&D. This is being worked up between CPFT and CCC and it is hoped 17-18 to engage PCC in a three way partnership.
g	Amendments to Rio to support recording of Care Act requirements	RIO team to enable the Tmodel to be uploaded onto RIO	RIO/Performance Manager	G	G	See 1a above.
h	Carers are supported	Audit of Carers assessments, support plans and reviews against standards	Associate Director Service Integration	G	R	Triangle of care has rolled out across the Mental Health directorate, and new trajectory set in trust quality standards. Carer record in situ to monitor carers in the Trust and the no. of carer assessments / support plans. Additional support on performance through Directorate meetings. This is has been slow to take up and the Trust Board have made this a top priority in acknowledgement that performance stats are poor.
i		Implementation of the Triangle of Care programme			G	Implemented fully across MH Services in the Trust



j	Review of social care pathway within CPFT including access, referral criteria within CPFT and links to community organisations	to implement the Building Resilience and Recovery Strategy: developing Recovery pathways. To implement the Compact to strengthen the partnership between the Trust and voluntary/community organisations to promote recovery and wellbeing	Heads of Social Work. And Recovery Manager	G	G	Building Resilience and Recovery Strategy: developing Recovery pathways has been implemented and action plan in progress and governed through recovery board.. Compact implemented to strengthen the partnership between the Trust and voluntary/community organisations and promote recovery and wellbeing
k	Embed mental health reablement approaches within the Trust	CCC: to reinvigorate the reablement pilots in Huntingdon and Fens PCC: to embed the newly established reablement team	Heads of Social work	A	A	PCC - This is progressed and reablement team has mobilised. Issues recruiting a team manager. Secondment of an internal manager within CPFT in place at the moment. CCC - reablement model is embedded within the teams using the support workers.
l		To agree and track outcome measures for users of the reablement services and report on these	PCC Head of Social Work & MH Commissioner CCC Head of Social work OPMH	A	A	PCC -this is now operational and a service spec and KPIs to be drafted CCC- In progress - through the Social Work reorganisation Programme Board

	To increase the take up of direct payments	To review what services exist including commissioning a personal assistants service for service users to use	Mental health commissioners	R	R	CCC very low take up because of issues in way Direct Payments are organised and support (issue across all of Adults)
				A	A	PCC performance is better than CCC.
<b>2.0</b>	<b>Workforce and Staff</b>					
a	Implementation of Think Ahead in CCC and review of whether and how this might be extended to PCC	Recruitment of first cohort of students in September 2016	L&D/MH Commissioners	G	G	Planning cohort 2 - original plan was that PCC to take half the students - not the case - CCC taking all students.
b	Review of L&D and the delivery of training	Inclusion of social workers in the Trust who are not under the section 75 into training and development for social work staff.	Heads of Service/General Managers	G	G	All social workers are invited to the MH social Work forums - for CPD. New Training and development plan open to all.
c		Programme of mental health social work forums be run in both CCC and PCC	DC, Heads of social work	A	G	The Social work Forum now combines PCC and CCC social workers, and support staff
d		Increase in number of professional staff other than social workers taking up AMHP training	COO / DC	A	A	For 17-18 there a number of non social workers who have expressed interest in the taster training but it is yet to be seen how many take up the training. Very actively promoted by new L&D manager. But not against national standards CPFT is stand out.

e		To review the use of local authority funding placed in the Trust for L&D services	Heads of Social Work/Head of SI/L&D Managers in the Councils	A	G	CCC Above superseded by the partnership now being put in place by the new Trust Head of L&D with the LA Heads of L&D. At time of writing discussions underway for CCC to use Trust L&D tracker system Tutara. Reciprocal arrangement regarding access to training in place – to consider linkage to Recovery College. To be included in s75 review below
f		To review the interface of the L&D service with the PCC Council service and work across with both Councils to try to align training for MH social work staff	Heads of Social Work/Head of SI/L&D Managers in the Councils	A	A	PCC As above but working behind CCC.
g	CCC: Ensure that the current structures are fit for purpose to deliver the Care Act and TL programmes and Savings requirements	To review the management arrangements and structures in Adult MH learning from the change in structure in OPMH during 15-16	DC/HoSW/AD Transformation	G	G	Completed. Working with the Social Work for Better Mental Health programme to evaluate the reorganisation - programme commissioned nationally by Lyn Romeo Lead social worker in DH.
h	CCC: Ensure best use of AMHP and social work resources is being made and is delivered as close to the team working with the client as possible.	CCC: Review of deployment of AMHPS within the teams and the mix of duties between mental health act work, care coordination, and care packages work.	Heads of Social Work/Head of SI	A	A	Part of the transformational work within the Social work transformation programme. To be revisited in light of Policing and Crime Act 2017 in 17-18

i		CCC: to review the supervision structures within the teams against Council standards (ratios of supervisors to supervisees etc)	Head of Social Work CCC	G	G	Audited in year.
j	PCC: work with the social work and PALT teams together and separately to strengthen seamlessness of service delivery for clients	PCC: commission programme of organisational development to bring the social work team and the PALT closer together.	Head of Social Work PCC and CPFT HR	G	A	Regular meetings are in progress, and process implemented. ongoing work to rethink MDT working and collaboration >Also to bring social work leadership to be more present in PALT As CCC and PCC move closer together to revisit. Major recruitment problems in PCC
k	PCC: To ensure Social Work Service in HMPP Peterborough and Peterborough Approved Premises is Care Act compliant	To review Standard Operating policy and update as necessary. To develop a service specification and formalise KPI's	PCC Head of Social Work	G		To be reported in separately. Big risk in that there is only one standalone worker so service would stop if anything happened to that one worker. Under consideration by Commissioners.
<b>3.0</b>	<b>Financial Management and Authorisation</b>					
a	Robust authorisation and financial monitoring systems agreed and implemented	Review of procedures incorporated into the Savings programme (CCC) Review of procedures carried out in 15-16 (PCC)	Head of Social Work (CCC)	G	G	Monthly met with Accountant and PCC 2-weekly saving project meeting and the same for CCC Savings and Performance Monthly Boards operational since April 2016.
b	Implementation of Savings Programme	To be tracked through separate processes		G	G	Achieved for 2016-17 for both Councils

c	Budgetary forecasting: agreed improvements in place and monitored	Forecasts to be updated each month for the relevant monitoring meeting. Any over/underspend in excess of 10% of budget to be reported asap to the relevant Council.	DC/Heads of Social Work	G	G	CCC - Re-establish a monthly operational finance meeting to monitor staffing and cost of care. 1st meeting due 31st August.
				G	A	PCC - flow of activity and finance information not consistent from the Council.
4.0	Performance and information reporting/systems					
a	Links to Council systems in place - work started in 15-16 to continue.	CCC: improvement to the links to the AIS system to be made thereby reducing the time lag in recording mental health activity on the council systems. To progress the use of the electronic automated system for Adult MH (already in use for OPMH). PCC: To keep under review admin capacity to ensure timely recording of care packages on FWI.	Social Care leads/Business & Performance Manager/CPFT Head of information	A	G	CCC - By year end major improvement in data quality due to moving data between systems etc.
				A	R	PCC - activity reports from FWI ceased in Nov 2016.
b	Improvement in performance reporting to the two Councils	To report monthly on the refreshed common KPI set across both councils	Heads of Social Work	A	A	In progress - actions needed by Business Intelligence team but great improvements already made in development

c		Using the new Trust data warehouse - social care KPIs reported on at QSG and also taken down to team manager level	Heads of Social Work	G	G	Now operational and monitored through supervision
d		Existing highlights reports to be developed and refined further and to be available for monthly monitoring meetings with the Councils.		G	G	Reported through Service Integration directorate
e	Agreed quality assurance framework implemented and reported on regularly.	See Care Act section above.				
<b>5.0</b>	<b>Section 117</b>					
a	Sign off of single Operational policy across PCC, CCC, CCG and CPFT ( This is NOT about the funding of Care packages )	Policy completed in March 2016 and in sign off stage	MH Legislation Manager	G	G	Decided that this was to be a CPFT policy only and that a separate policy for the funding of packages to be put in place between CCG and the two Councils. CPFT policy signed and training has been run for staff. Tracking of implementation to continue in 2017-18.

b	Implement the new Section 117 policy and procedures	Training and audit cycle to be established. To note the savings component of this work removed.	Head of SI and MH Legislation Manager	G	G	Training sessions (which covered legal framework, as well as introduction to the new procedures) were delivered in 3 localities during October 2016. Follow up training sessions with Doctors are scheduled for Dec 16/Jan 17. The E-learning module will go live by the end of Dec 2016. On-going data quality checks are carried out by the MHA Admin Team and Social Care Business Manager. A RiO s117 module is being developed with the aim of recording the information around s117 eligibility status, details of after care provided, review and discharge - as part of the Electronic Patient Information System and ensuring the accessibility of the register to the teams and the timely update of patients s117 status as part of their regular care planning reviews.
6.0	<b>Mental Capacity Act and DOLS</b>					
a	MCA Multi agency policy and practice	Review the policy in the light of challenges received in 2015	MH Commissioner, MH Legislation Manager and Council MCA leads	G	A	Policy review is lead by CCC and is in its final stages, with the aim of completing the review by the end of December 2016. CPFT developed an internal procedural guidance to staff on capacity and BI assessments. Marked Amber as this needs more consideration in context of the community (non MH) services run by CPFT.
b		Ensure regular updates on issues relating to applications to the Court of Protection are in place and on the joint management of legal challenges relating to MCA and DOLS	MH Legislation Manager and Council MCA leads	G	G	Cross Organisational MCA/DoLS meeting was re-established. Councils Leads and CPFT MH Legislation Manager are in regular contact and updates are being cascaded to staff in all organisations.

c		Training on DOLS /MCA and interface with the MHA (booked for 10th May 2016)	MH Legislation Manager and Council MCA leads	G	G	A MCA/DoLS/MHA interface cross organisational workshop was commissioned by CPFT and delivered by 39 Essex Chambers. Information was cascaded to staff and will form part of the multi agency policy review. CPFT is closely working with Council Leads and delivering joint training in key areas. Following a training session with the Integrated Care Team in Nov 2016 - more case-specific sessions have been held with both teams/services. Risk to the Trust re DOLS/MCA elevated via internal Clinical Governance processes.
d		Audit to be carried out	MH Legislation Manager and ADO (Operations) and Information Manager	A	A	-Internal Audit completed in Feb 2017 and there is a year to implement the recommendations. Carried forward to 17-18.
<b>7.0</b>	<b>Policies and Procedures</b>					
a	Update and review a range of policies that relate to social work/social care	Review the new Section 135, Section 136 policies	Heads of social work/Head of SI	G	A	Likely to need review in light of Policing and Crime Act 2017 when the guidance is published (expected now in Sept 2017). Task and Finish Group set up by the Crisis Concordat locally who will oversee this.
b		Review operation of the new AMHP approval and re-approval policy.		G	G	Completed. To be reviewed in 17-18
<b>8.0</b>	<b>OPMH</b>					



a	CCC Embed new arrangements in the integrated care directorate	Sign off of new operating policy	Heads of social work	G	G	within the Social Work Reorganisation
b		Policy regarding use of CPA and working with clients with identified mental health needs who are not on CPA		G	G	within the Social Work Reorganisation
c		Commissioning of a wider range of care options to reduce the use of care homes	MH commissioners	A	G	Work to understand and scope the issue under way led by Commissioning
d	PCC: placeholder for Vertical integration work			B	B	Work to progress this suspended.
<b>9.0</b>	<b>Section 75 Agreement 16/17</b>					
a	Agreements updated	Updates to the two s75s signed off via the MH Governance Boards and Trust Board	DC/MH Commissioners	A	B	Work has commenced to review and rewrite common s75 agreements across both Councils for 17-18. Target completion date is 31st March 2018
<b>10.0</b>	<b>Employment</b>					
a	To support service users in their recovery journey and to improve on employment ASCOF measures	To continue the work with ARU to develop a sustainable funding base for the Recovery College as a platform for expansion	Recovery Manager	R	R	Although a lot of work done over last 6 months this has not yielded new funding streams. New approach required. Trust recruited in April 2017 a Charity manager and some preliminary work at the y/e to scope out how local Commissioners can input. Each operational director in CPFT agreed to fund a post in May 2017 recurrently which has staved off the immediate funding crisis.

b		To continue to promote and expand the peer worker programme both within and externally to the Trust	Recovery Manager	R	A	Business plan to CCC to establish a peer-run befriending service. This scheme not viable within the CCC requirements for cash rates of return on investment. Other ideas under consideration but these are not quick to implement. Funding from CCG for 4 peer workers in Children's services. To rethink the approach in context of wider Employment pathways (below).
c		To develop an employment plan and clear pathway for service users to external employment	Head of MH Commissioning Heads of Service	A	G	CCC and PCC: Strategic development of employment pathways - on agenda of new Interim Head of Mental Health. Number of meetings have been held on back of the Green Paper on Employment and the MH Commissioner has put in place a relationship with local DWP to build on the Green Paper. Work to carry on into 2017-18 and beyond.
d		To implement the Trust's Volunteering Strategy working closely with the Volunteer Centres	Will be new Associate Director - Patient, Service User and Stakeholder Partnership with the Volunteer managers.	A	A	CPFT internal volunteering programme up and running and very successful. Next stage is to link volunteering (outside CPFT) into an employment and wellbeing strategies. Externally the Volunteer Centres closed in 16-17 so need to forge new links with the new arrangements.
11.0	To map need for Accommodation - CCC Commissioners					

a	To review the current accommodation offer for mental health and ensure that this is fit for purpose in relation to alternatives to Residential and Nursing Care.	Contract monitoring and performance - recommissioning of services and procurement and creating flexibility in the accommodation offer.	Commissioners CCC	A	A	PCC: work advanced on mapping and developing the current provision and identifying gaps. CCC: Review of Metropolitan Housing contract which is main provider of supported accommodation: to be reviewed and retendered with mobilisation on 01.09.16
b	To create a greater flow through in relation to Supported accommodation at Higher Level and lower level support arrangements and in line with the agreed pathway	To have an agreed pathway and time frame in place and to ensure that this is monitored and reviewed	Commissioner and Operations	A	A	
c	To ensure that robust reviews of service users in accommodation based services takes place on annual basis with a view to move on and alternatives to supported accommodation services.	Social work teams to be tasked to undertake this work along the required outcome of the accommodation pathway	Operations CPFT	G	G	Built into reviews and panel processes
d	Develop and appropriate bid to create alternatives options for accommodation and support services	CPFT/CCC joint bid for Invest to save for accommodation Review the possibility of using contract levers to flex the provider market	Commissioner and Operations	B	B	Not progressed

e

12.0	Social Care and Wellbeing Savings Programme	Tracked and monitored elsewhere				
13.0	Section 75 Agreements					
a	Agreements updated	Updates to the two s75s signed off via the MH Governance Boards and Trust Board	DC/MH Commissioners	A	A	- In progress for 17-18
b	Complaints processes	Bring together the Councils and CPFT complaints teams for at least 6 monthly review of joint working on joint/common complaints	Head of SI	G	G	The two teams meet quarterly.
c	Serious Incidents	To implement the recommendations of the review of 50 Sis (carried out for QSG) with respect to identification and investigation of social care and housing factors.	Head of SI	G	G	

d		Put in place close links to commissioners with respect to incidents and complaints relating to commissioned services.	G	G	G	
e	Review report signed off by Governance board (CCC)	Annual reports to be written for both Councils and taken through the appropriate committees/boards within the councils	DC/Heads of Social Work	G	G	Not requested by PCC

## Section 75 Report - Top Level Figures - CCC



**Cambridgeshire and  
Peterborough**  
NHS Foundation Trust

ID	Source	Indicator	Performance Measure	Frequency	Data Source	Target	1617 Yr End Figures	Jun-17	Sep-17	Nov-17	Total
1	CPFT	DTOC AS2C	Reduction in bed delays of transfers of care. This is the number of Adult and OPMH bed days lost, which are attributable to LA.	Monthly	RiO	County level target only	47	5	49	13	32
2	CCC	AS1	Number of assessments completed within 28 days of referral (From AIS)	Monthly	AIS	65.7%	92%	100%	100%	100%	100%
2a	CPFT	AS1 - Additional	Number of RiO Core2 Assessments completed per month by named, S75 funded social workers	Monthly	RiO	No target	662	96	64	60	603
4	CCC	1C Part 1 Local	Proportion of eligible social care users receiving self-directed support.	Monthly	AIS	93%	74%	86%	87%	87%	87%
5	CCC	1C Part 2 Local	Proportion of eligible social care users receiving direct payment.	Monthly	AIS	24%	9%	8%	7%	6%	7%
6	CCC	2A Part 1	Permanent admissions to residential care homes aged 18-64	Monthly	AIS	County level target only	1	5	10	13	52
6a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 18-64	Monthly	AIS	County level target only	0	2	6	7	27
7	CCC	2A Part 1	Permanent admissions to residential care homes aged 65+	Monthly	AIS	County level target only	20	8	14	17	81
7a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 65+	Monthly	AIS	County level target only	8	8	13	20	88
8	CCC	RV1	Proportion of planned service user re-assessments actioned by the due date – (Statutory Reviews)	Monthly	AIS	50.1%	92%	76%	100%	100%	85%
8a	CCC	RV2	Number of unplanned re-assessment events in the period	Monthly	AIS	No target	36	5	5	1	24
8b	CCC	RV3	No. of service users with no review date recorded	Monthly	AIS	0	448	514	506	472	497
9a	CPFT	1F	Proportion of Adults in contact with secondary mental health care services in paid employment - On CPA, Aged 18-69	Monthly	RiO	12.5%	12.1%	12.8%	12.9%	13.4%	12.9%
10a	CPFT	1H	Proportion of adults in contact with secondary mental health services living independently with or without support - On CPA, Aged 18-69	Monthly	RiO	75.0%	82.3%	81.1%	80.8%	82.6%	81.4%
11	CPFT	Complaints	Number of Complaints - social workers only	Quarterly	RiO	No target	6	1	0		2
12	CPFT	Workforce	Number of Vacancies (FTE) - social workers only	Quarterly	CPFT	No target	4.6	1.0	1.0		1.0
13	CPFT	Carers	No. of Carers assessments completed for carers of CCC patients	Monthly	RiO	No target	122	22	9	12	156
14	CPFT	Carers	No. of carer assessments eligible for a direct payment (in receipt of)	Monthly	TBC						
18a	CPFT	Unknown	Use of Care Plans with social care goals - created	Monthly	RiO		102	15	9	9	92
18b	CPFT	Unknown	Use of Care Plans with social care goals - updated	Monthly	RiO		108	14	11	13	107

**ADULTS POSITIVE CHALLENGE PROGRAMME: FAST FORWARD UPDATE**

*To:* **Adults Committee**

*Meeting Date:* **6<sup>th</sup> September 2018**

*From:* **Charlotte Black, Service Director: Adults and Safeguarding People and Community Services**

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

*Forward Plan ref:* **No** *Key decision:*

*Purpose:* **To update Committee on the Adult Social Care Fast Forward work.**

*Recommendation:* **Adults Committee is asked to note and comment on the update contained within the report.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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## **1. BACKGROUND**

- 1.1 This report provides an update on the Fast Forward work that has been delivered with iMPower to accelerate several of the demand management opportunities identified through the Outline Business Case (OBC) produced by the consortia of CapGemini and iMPower which was presented to Adults Committee in March 2018.
- 1.2 The scope of this report is to provide an update on the four Fast Forward workstreams for the period from May to August 2018.
- 1.3 The report will also set out how the content of the Fast Forward work will subsequently be taken forward as part of the Adult Positive Challenge Programme (APCP).

## **2. MAIN ISSUES**

- 2.1 Following the conclusion of the OBC work a number of demand management opportunities were identified to be taken forward with immediate effect, whilst the wider APCP was refined.
- 2.2 The purpose of this work was to maintain momentum, engage staff in coproducing behavioural science influenced solutions, make tangible demand management interventions, and demonstrate impact.
- 2.3 Multiple opportunities were identified, and following extensive discussions with senior stakeholders in the service, four workstreams were taken forward;
  - Promoting independence
  - Technology Enabled Care (TEC) innovation hubs
  - Neighbourhood cares pilot support
  - Web page redesign

### **2.4 Promoting Independence**

- 2.4.1 Promoting independence (PI) has been the principal fast forward workstream. This work is focused on working with front line staff, building on the Transforming Lives approach.
- 2.4.2 Through a series of workshops staff are supported to apply behavioural science tools to promote an independence and outcomes focused conversation with clients. The workshops are scenario based, tailored to each team, and facilitated to encourage peer challenge, supporting staff in holding asset based conversations.
- 2.4.3 On-going learning is supported by weekly peer discussion on active cases. Staff bring their cases to what is called the 'Huddle' to share insights and discuss challenges.



- 2.4.4 To date workshops have been delivered to five teams involving over 80 staff:
- Huntingdonshire and Fenland older adults teams
  - The Maximising independence Team ( the pilot review team covering Cambridge , South Cambs and East Cambs
  - Adults with, physical disabilities in Cambs and
  - The Peterborough Review Team
- 2.4.5 A series of measures are in place, and being established, to monitor the impact of this work. Analysis of the work to date has found;
- 50 staff feedback forms have been received following the workshops – these have been overwhelmingly positive about the workshop approach, with staff more confident in applying this approach in client conversations
  - Staff in Huntingdon and Fenland have been recording how they've been applying the promoting independence approach in conversations. 179 conversations have been recorded with several findings emerging;
    - 25% of conversations resulted in further opportunities to maximise independence or prevent/reduce/delay demand
    - Opportunities to maximise independence have been identified throughout the customer journey – but particularly at assessment, however staff found that in 17% of cases when a client just called to update or provide information that it was possible to explore independence opportunities
    - The financial impact is still being established, but of the contacts recorded, 146 have led to no change in care package provided , 1 has led to a reduction in the package, and 26 have led to an increase in package (although of these almost all were the result of a crisis or sudden change in circumstances)
- 2.4.6 The next steps for this work are to continue to apply and embed the approach throughout Cambridgeshire. This will include running sessions with the learning disabilities team and the area teams not included in this phase of work, alongside consolidating the huddle approach with all teams.
- 2.4.7 The trajectory management work that will form part of the APCP governance arrangement is commencing with a detailed cost and demand analysis of the period up to August 2018. This will enable a clear understanding of the cost and demand shifts delivered as part of the promoting independence work.

## **2.5 TEC Innovation Hubs**

- 2.5.1 The OBC work identified TEC as a key opportunity for delivering sustainable financial benefit. The TEC team led by Lucy Forrest is already doing an excellent job in raising the awareness of the TEC opportunity in Cambridgeshire, and the TEC innovation hubs were designed to complement and add to the work already underway.
- 2.5.2 A series of five innovation hub sessions were held during June and July. These were attended by managers and frontline staff from teams across the service, with the purpose of discussing how they currently engage with TEC, and then to identify opportunities that they own, to further embed TEC first thinking in their work.

- 2.5.3 The innovation hub sessions provoked a lot of rich discussion, but also highlighted the importance of supporting staff to maintain innovative TEC first thinking as the APCP evolves over the coming months.
- 2.5.4 The TEC innovation hubs identified two opportunities to take forward for trial, both of which were focused on helping practitioners to embed TEC considerations in client conversations.
- 2.5.5 An evaluation of web-based tools to support greater consideration of technology and equipment has identified a preferred option, which will be subject to a further trial to test its universal applicability for members of the public as well as staff.
- 2.5.6 A practitioner checklist for evaluating technology and equipment options was also trialled. Staff in Cambridgeshire found this to be helpful, but also suggested a series of refinements to ensure that it is as easy to use and doesn't duplicate question sets from other forms.
- 2.5.7 Year on year analysis of referrals to the TEC team has seen a significant increase for the July 2018 period, with a particularly positive rise (300%) from Reablement Teams, and a 47% increase from older adults teams. It is not possible or appropriate to allocate this increase to the TEC innovation hub work, particularly given the ongoing work from the TEC team.
- 2.5.8 However, the reflection of the TEC team is that the visibility of TEC through the innovation hubs, promoting independence work, and the broader development of TEC as an integral part of the APCP has had a tangible, positive impact in TEC being embedded as part of client conversations.

## **2.6 Neighbourhood Cares Pilots (NCP)**

- 2.6.1 Fast forward support to the neighbourhood cares pilots was a late addition to the scope of work, commencing from July 2018.
- 2.6.2 The aim was for iMPower to take a fresh look at the pilot to see if there were any areas that required 'barrier busting' to enable the pilot to fully explore the Buurtzorg Model and gain as much benefit and information from the pilot period as possible.
- 2.6.3 The pilot has well established systems for continual improvement and self-challenge, including keeping a record of any barriers they have encountered. Throughout the pilot period the teams have reviewed their approach against the Buurtzorg model and the pilot outcomes and questioned if they could do anything better or try something different.
- 2.6.4 The pilot has been underway for a year and many issues have been addressed through this process, however, there are some additional areas that have been identified. While some of these are not unique to the pilot, there is an opportunity to work differently which can minimise the impact or offer a previously unavailable solution. These opportunities broadly fit into three categories:

- Challenges in navigating the health and social care system – e.g. access to, and feedback from the JET and Health@home teams
- External provider market – increasing provider quality and availability, and the challenge of doing this through a localised neighbourhood model
- Process issues – countywide financial and decision making processes do not consistently support the flexibility and outcomes desired from a neighbourhoods approach

2.6.5 During the meetings with the pilot teams, a number of opportunities were identified to be taken forward. Following discussion, five opportunities have been prioritised;

Option	Status
1. Create a card that people can use to alert other professionals, like the hospital or paramedics, to NCP involvement, improving communication and outcomes for people.	Card has been designed and is with the NCP team to put their ribbon logo on this and arrange printing.
2. Exploring an alternative approach to approving changes to, or new, care and support plans, which provides adequate assurance and is auditable.	Agreement is being sought from departmental leads. Following this the alternative approach will be designed and trialled.
3. Working with the Commissioning Team to gain a better understanding of the Dynamic Purchasing System and how to make best use of this to improve outcomes for people requiring a homecare service.	A meeting between commissioning and the pilot teams will be arranged.
4. Working with the Commissioning Team to take a joined-up approach to contract management, to ensure there is feedback both ways, and that there is a consistent agreed approach that enables the council to get the best from providers.	A meeting between commissioning and the pilot teams will be arranged.

2.6.6 The next steps are to move forward with the development, implementation, monitoring and evaluation of these opportunities, whilst ensuring that the ongoing learning from the neighbourhood cares pilots is embedded in the APCP.

## 2.7 Web page redesign

2.7.1 This work was focused on working with CCC staff to identify and redesign key adult social care webpages on the CCC website, using behavioural science techniques to influence web behaviours. The aim of this work is to increase the level of self service from the public through the website, preventing, reducing and delaying contacts to the council. Concurrent to the web page work focus, was a series of workshops with key

stakeholders to introduce the MINDSPACE behavioural science framework (a series of affects that can influence behaviours – e.g. using the most impactful messenger), and to discuss how this could be applied on the CCC website.

2.7.2 At the time of this report four redesigned web pages have gone live;

- Adult social care home page
- Community support
- Help in a crisis
- Worried about a friend or relative

2.7.3 These pages were identified by stakeholders as being important pages to be prioritised as part of this work. Two additional pages – assessments, and end of life care are about to be launched.

2.7.4 To date only two weeks of analytic data has been available to understand the impact of the new pages, and it is anticipated that further data will be available to form a verbal update to the committee.

2.7.5 From the available data the key findings are;

- Of the 94 adult social care web pages, during the evaluation period, the home page was the most visited, worried about a relative 17<sup>th</sup>, community support 19<sup>th</sup> and help in a crisis 29<sup>th</sup> – this suggests that the content that staff perceive to be a priority does not necessarily align to the pages most valued by the public. This is leading to a focus in future work on the pages that are the most visited. – this isn't clear
- In the period reviewed there was a 20% increase in visits to the adult social care home page, with the average time spent on the page increasing from 26-40 seconds
- The other three pages are new pages, but all have average visit times in excess of 45 seconds, suggesting that visitors are reading some, if not all, of the page content
- Heatmap analysis of page behaviours is currently inconclusive due to the 'cookie' notification that obscures some of the options – a work around is being explored.

2.7.6 The next steps are::

- To revise the website structure to better support people to help themselves
- To prioritise the redevelopment of the most visited pages
- To continue to evaluate the impact of this work through web behaviours, and impact on the number of calls made to the Contact Centre entre and the Adult Early Help Team

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

#### **3.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### 3.2 **Helping people live healthy and independent lives**

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

- Promoting independence has been a key principal Fast Forward work. The Fast Forward PI workstream is using behavioural science tools to embed an independence and outcomes focus in conversations between practitioners and clients.
- The work of the Fast Forward will continue through the Adults Positive Challenge Programme. The Programme supports the need to shift social care practice away from long-term support towards more preventative support and advice, which will support people to live healthier and more independent lives.

### 3.3 **Supporting and protecting vulnerable people**

The following bullet point sets out details of implications identified by officers:

- The changes implemented through the webpage redesign workstream will better support people to help themselves.

## 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	

**ADULT SERVICES BUDGET PRESSURES**

*To:* **Adults Committee**

*Meeting Date:* **6 September 2018**

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

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

*Forward Plan ref:* **For key decisions**    *Key decision:* **No**

*Purpose:* **The report provides an update on current budget pressures within Adult Services**

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

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## **1. BACKGROUND**

- 1.1** The purpose of this report is to set out the cost pressures that Adults Services are facing through demand changes, legislation, inflation and savings delivery, as well as the plans in place to mitigate these in-year and address them in future years.

## **2. MAIN ISSUES**

### **Key Messages**

### **2.1 Executive Summary**

- 2.1.1** Nationally, Adult Social Care is facing unprecedented financial pressures resulting from reducing budgets, increasing costs of care, and greater complexity of needs due to an expanding ageing population. The Council is currently forecasting a balanced budget position for 2018/19 for Adults Services. This is as a result of flexibility to utilise one-off Improved Better Care Fund (IBCF) grant funding, which is offsetting identified pressures across Learning Disabilities, Older People's and Physical Disability Services. The in-year mitigation of pressures through IBCF is not a permanent solution, as this funding is non-recurrent. Whilst it has been in place for two years and will continue into 2019/20, no plans for an extension beyond this have been announced by central government. If pressures are not addressed in a sustainable way, then delivery of a balanced position in future years will be challenging.

- 2.1.2** Adults Services delivered £9.9m of savings in 2017/18 against a target of £12.5. In 2018/19 a further £16.6m of savings need to be delivered, with a current forecast delivery of £15.4m. Shortfalls are mitigated where possible in-year by other savings and in many cases, shortfalls are due to phasing with savings being realised in future years.

### **2.2 Demand**

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

### **2.3 Cost of Care**

- 2.3.1** The cost of care is increasing, which is a symptom of a market where demand outstrips supply and where providers face cost pressures that they seek to pass onto the Council. The supply of market capacity is a result of a number of factors linked to attracting and retaining staff, the complex nature of care requiring double up packages



and the rurality of parts of Cambridgeshire. Although the Council is working hard to mitigate pressures, additional provider pressures have resulted from legislative changes such as automatic enrolment into pension schemes, national living wage increases and inflation.

- 2.3.2** To ensure we have financial sustainability for the future, we are developing community capacity and capability to meet the needs of local communities in the most cost effective way, supporting people to maintain their independence and wellbeing. In turn, preventing the unnecessary escalation of needs and the provision of more expensive services (e.g. domiciliary care, residential and nursing care). The Council continues to invest in direct payments/individual service funds, assistive technology, reablement and other services to support people to remain independent in their own homes for longer. There are also opportunities system wide approaches, including joint commissioning and integrated brokerage across health and social care. In addition, the proposals in the Adults Positive Challenge Programme is focused on mitigating elements of future demand pressure over the medium-term.

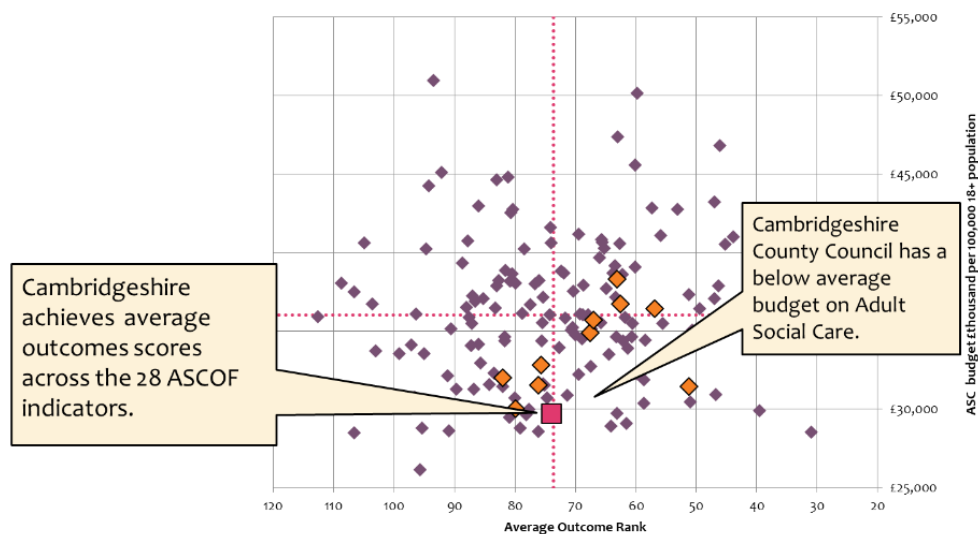
## 2.4 Overview of Adult Social Care Budget

- 2.4.1** The Council has a lower budget compared to statistical neighbours, as shown in the table below.

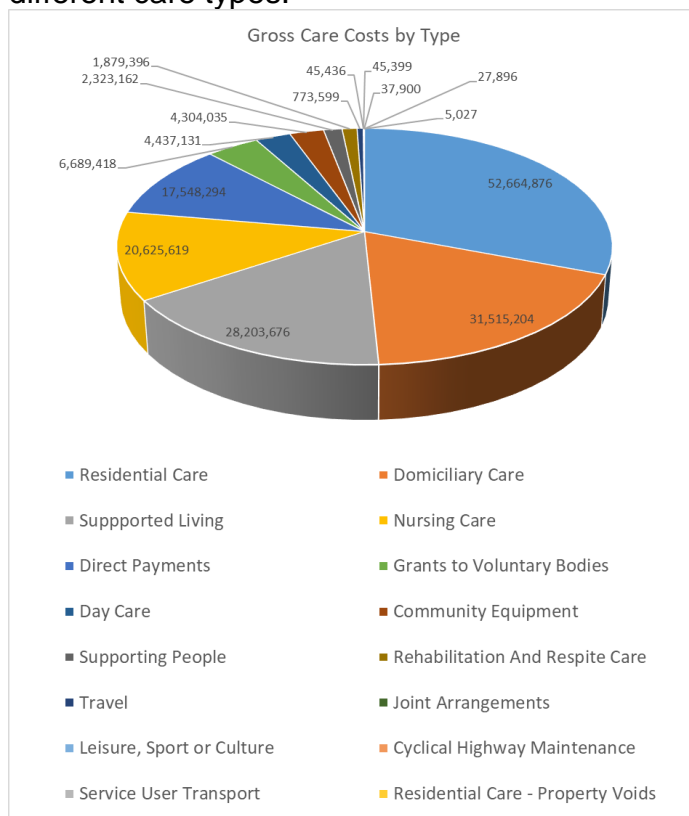
Table 1: Total budget (including corporate overheads) vs statistical neighbours.

Local Authority	Adult Social Care
Surrey	439.69
South Gloucestershire	435.89
Bath and North East Somerset	401.12
Essex	400.45
Suffolk	394.11
Dorset	389.55
Hertfordshire	388.67
Wiltshire	381.14
Oxfordshire	380.2
West Berkshire	374.38
Hampshire	366.16
Central Bedfordshire	363.58
North Yorkshire	355.73
Peterborough	347.91
Buckinghamshire	341.25
West Sussex	338.06
Somerset	335.67
Warwickshire	325.6
Gloucestershire	312.36
Cambridgeshire 2017/18	302.47
Worcestershire	299.66
Leicestershire	295.9
Cambridgeshire 2018/19	286.43

**2.4.2** Despite this below average budget, the below graph highlights that the Council continues to deliver good outcomes across the 28 ASCOF indicators.



**2.4.3** 79% of the Adult Social Care budget relates to the direct cost of providing care and the below pie chart provides an overview of the breakdown of costs associated with different care types.

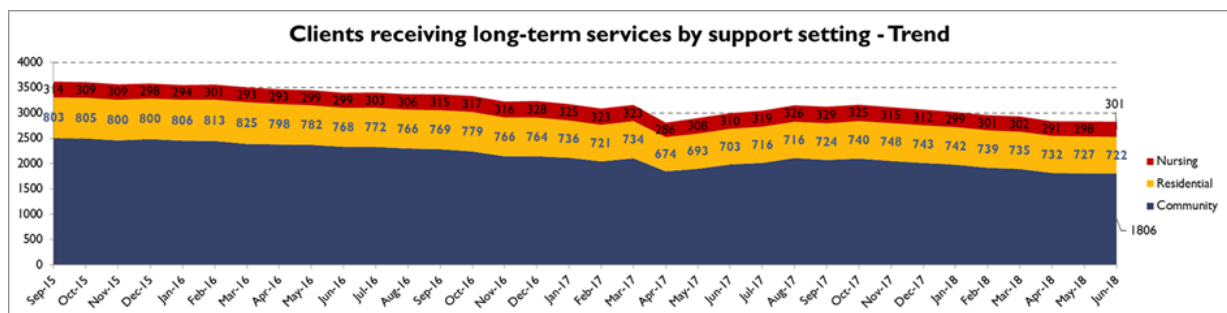


## Overview of Financial Pressures

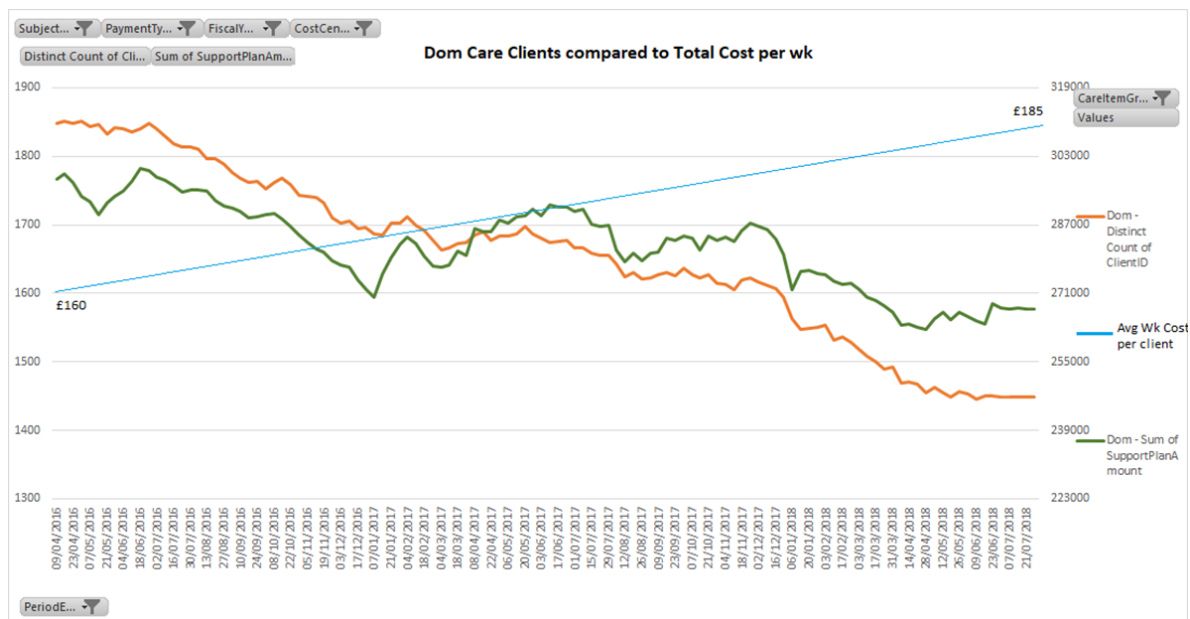
### 2.5 Older People Pressures

**2.5.1** As at the end of July, a balanced position is reported for Older People's services, but behind this there are known pressures, as well as potential pressures from currently unmet need.

**2.5.2** Of the total number of older people requiring support, the below graph shows a breakdown of the numbers receiving community domiciliary care, residential and nursing care.



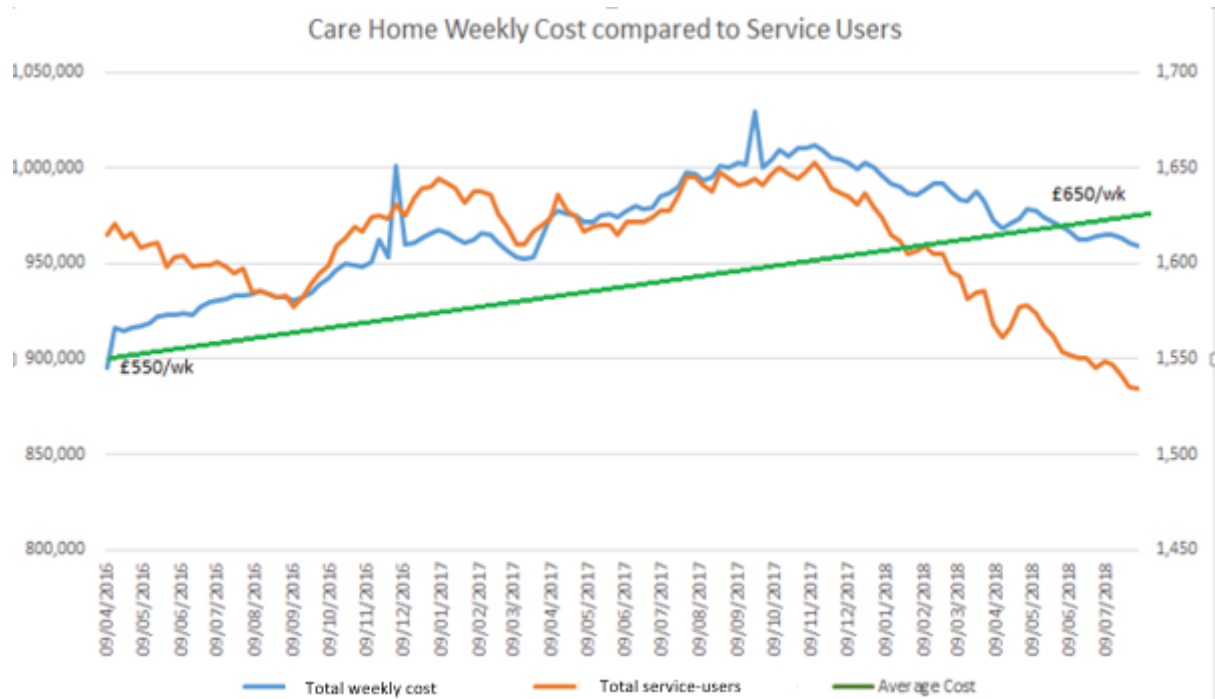
### 2.6 Domiciliary Care



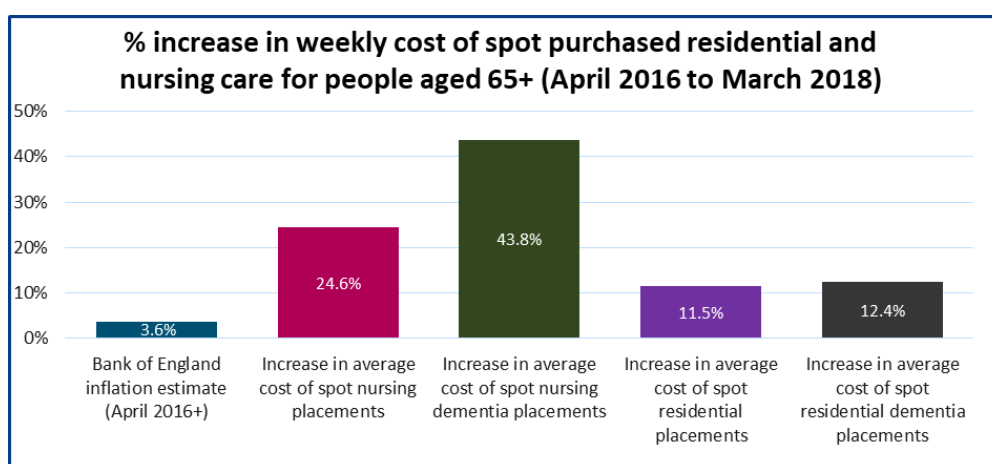
**2.6.1** Domiciliary care is currently forecasting an underspend, with commitment reducing regularly over the last eighteen months. The graph above shows reducing client numbers along with a reducing total weekly cost, however the average weekly cost per service user is steadily increasing. The average hourly rate being paid has remained consistent, only increasing in line with annual inflationary uplifts.

**2.6.2** The figures suggest that the reduction in domiciliary care client numbers is being offset by increased needs, causing bigger average packages for the remaining eligible clients. Potentially indicating that our workstreams around prevention are working well.

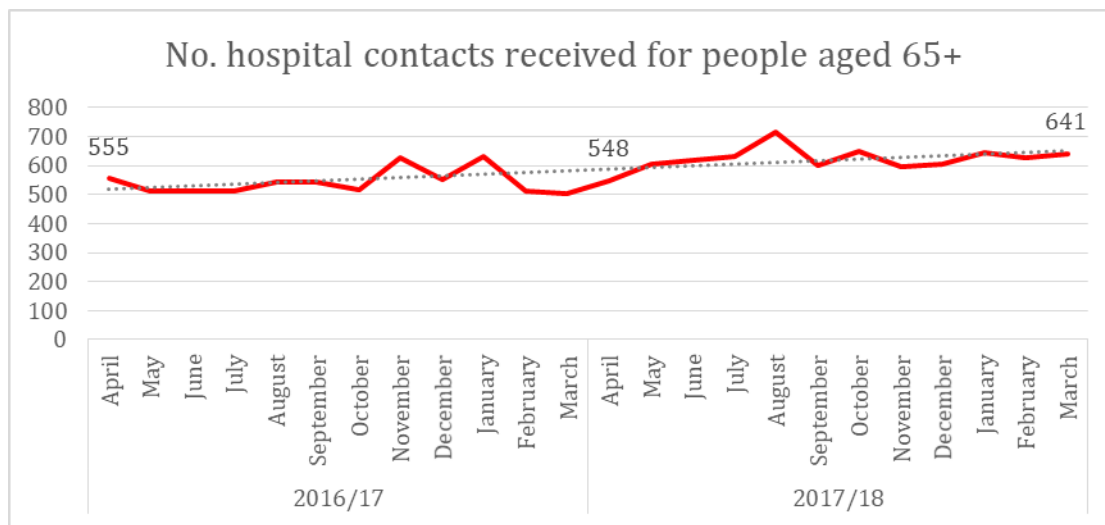
## 2.7 Residential and Nursing Homes



**2.7.1** The numbers of people accessing nursing and residential care remain fairly steady, but the average weekly cost of care is increasing, partly due to insufficient supply of care (e.g. Dementia Placements). This is resulting in rising unit prices, as outlined in the below graph.



## 2.8 Hospital Discharges



**2.8.1** More older people than ever are being discharged from hospital, which has led to a pressure to find care places much quicker than in the past. This is combined with a greater complexity of care needs. As hospitals respond to their pressures, the average length of time older people are in hospital has reduced from 8.1 days in April to 5.6 days in October – older people are leaving hospital in higher numbers, more quickly and in a more fragile state.

## 2.9 Price of Care

**2.9.1** Price pressures for care vary across Cambridgeshire and largely driven by supply and demand. We are working to build capacity in these regions as detailed below:

<b>Cambridge City and South</b> <ul style="list-style-type: none"> <li>• Building homecare capacity</li> <li>• Building capacity of Residential Dementia, Nursing and Nursing Dementia provision.</li> <li>• Mitigating pressure of care workforce recruitment</li> <li>• Developing greater capacity of Personal Assistants</li> </ul>	<b>Huntingdonshire</b> <ul style="list-style-type: none"> <li>• Building homecare capacity</li> <li>• Building capacity for Nursing and Nursing Dementia placements.</li> <li>• Developing current and future supply of extra care accommodation</li> <li>• Developing greater capacity of Personal Assistants</li> </ul>
<b>East Cambs</b> <ul style="list-style-type: none"> <li>• Building capacity of Nursing and Nursing Dementia placements.</li> <li>• Building homecare capacity</li> <li>• Developing greater capacity of Personal Assistants</li> </ul>	<b>Fenland</b> <ul style="list-style-type: none"> <li>• Developing current and future supply of extra care accommodation</li> <li>• Developing greater capacity of Personal Assistants</li> </ul>
<b>Peterborough</b> <ul style="list-style-type: none"> <li>• Building homecare capacity in rural areas</li> <li>• Strengthening provision of appropriate care facilities for younger adults with complex care needs</li> <li>• Enhancing recruitment of good quality nursing staff</li> </ul>	



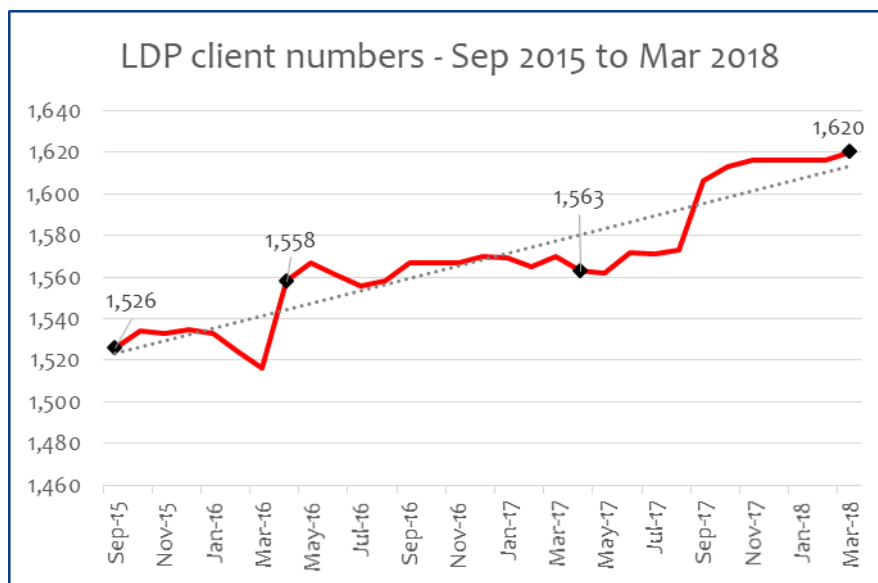
- 2.9.2** The effect of this is quite noticeable on the residential and nursing home market. Over the last two years, there has been a consistent increase in the prices paid for spot placements in residential and nursing homes.
- 2.9.3** We continue to see pressures in the cost of providing residential and nursing care. This is the result of continuing high demand for beds in a care home market with few voids, and is further exacerbated by the market also accommodating high numbers of self-funders where fee levels are further inflated.
- 2.9.4** We are working to mitigate this through the use of block contracts, which are being increased as part of the care home strategy, and the use of further domiciliary care packages for extra care.
- 2.10** Unmet Need
- 2.10.1** There are a large number of cases awaiting assessment and review within the long term care team. In July, the team had a caseload of 959 cases, with a waiting list of 138, a result of insufficient capacity to respond to the demand of referrals into the team (circa. 50-60 new referrals per month). There is a high vacancy rate (25%) within the team currently and a reliance on the use of locums. These outstanding assessments and reviews present an additional financial pressure to the Council. This represents a potential pressure of c. £1.1m to the Council.

**2.10.2** A dedicated review team has been set up in Cambridge and South Cambridgeshire, where the bulk of the backlog is sitting. This team was established in July 2018 and will be dedicated to addressing the case backlog over the next 6 months.

## **2.11** Learning Disabilities

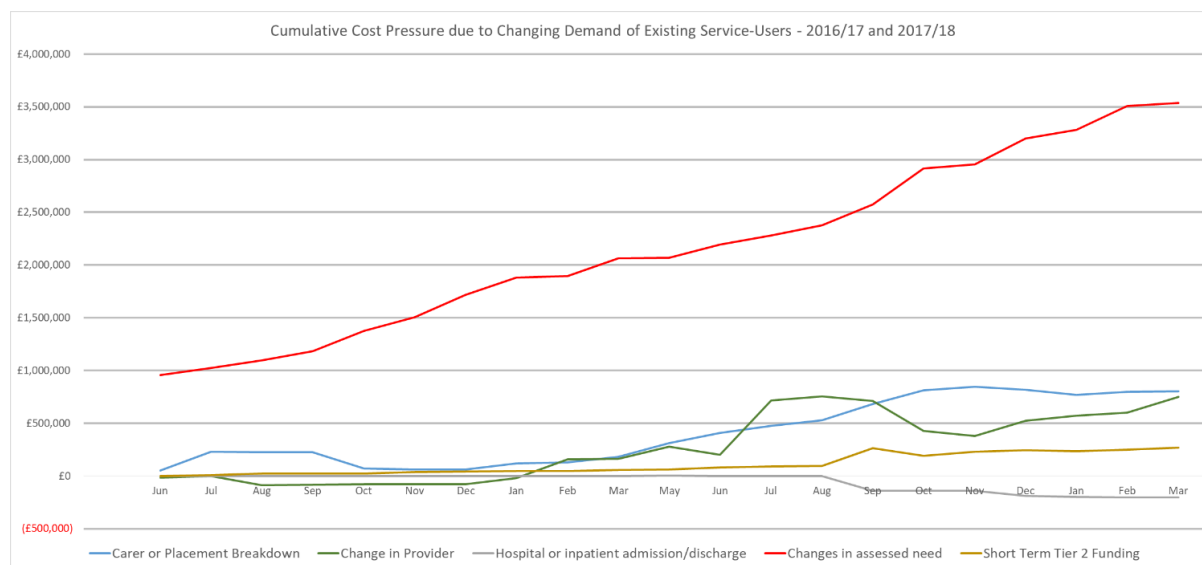
**2.11.1** The Learning Disability Partnership (LDP) is a pooled budget with the NHS, with a 78:22 split of funding between the two organisations.

## **2.12** Client Numbers



**2.12.1** There is an underlying trend upwards of around 50 people per year in the LDP. This is due to young people turning 18 and transitioning from Children's services. Medical advances in recent years mean that more people with disabilities are surviving into adult life, and living longer. The cohort of people is relatively static and there is very little movement in LD service-users. This makes reducing costs very challenging as care packages become embedded and there are few opportunities make cost reductions once needs have been reviewed.

## 2.13 Complexity of Need



**2.13.1** Overall, there have been around £5m of pressures over the last two years relating to changing needs of existing service-users. As noted above, service-users are living for longer and living with more complex needs, which means that care packages become, on average, more expensive over time.

## 2.14 Savings

**2.14.1** In 2016/17 the LDP began a process of reassessing the care needs of most of its service-users, to ensure that the most appropriate care was being provided. Along with several other workstreams, this formed the basis of a programme of work to deliver more appropriate and tailored care over the next three financial years (including 2018/19).

**2.14.2** £6.2m of cashed savings were delivered in 2016/17 and 2017/18 against a target of £10m.

**2.14.3** During 2016/17 and 2017/18, c. 1,500 people were reassessed, with a further c. 200 reassessments forecast for 2018/19. This has ensured that packages of care are appropriate and delivering the right care based on individual needs. However, due to the relatively stable cohort of LD service users, once all reassessments are undertaken, there will be diminishing opportunities for further packages to be reassessed.

## 2.15 ASC Strategy and Action Plan to Mitigate Pressures

**2.15.1** Balancing the needs of the people of Cambridgeshire and the Council's resources, the Council's ASC strategy and emphasis is on building community capacity and capability. This approach aims to:

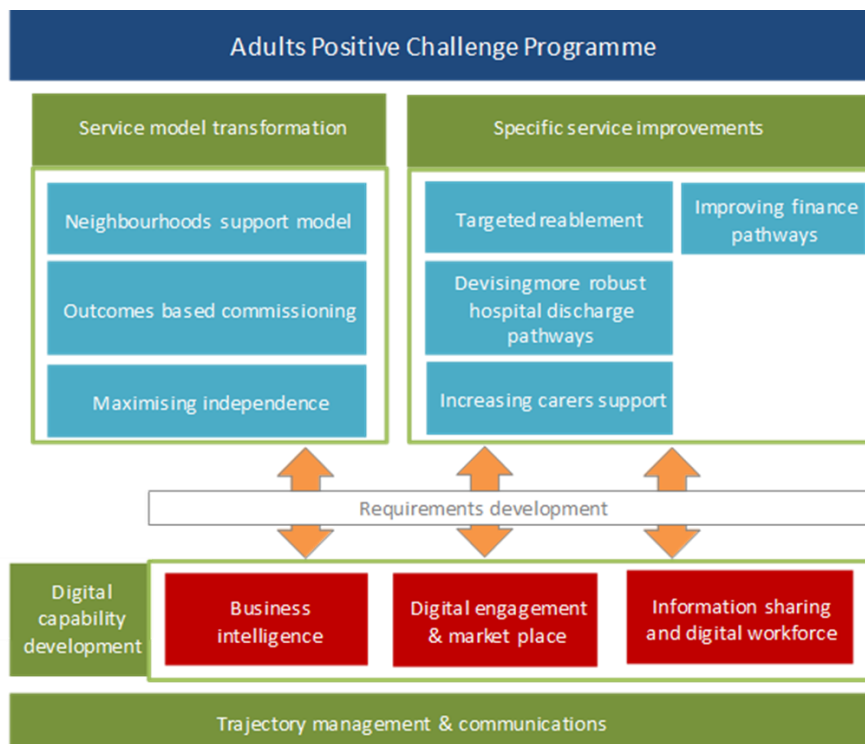


- Reduce the demand on traditional high cost specialist social care services
- Increase community capacity to deliver support closer to home in a personalised manner that is focussed on improving outcomes and promoting independence
- Develop solutions that recognise and build upon local resources and networks and are flexible and respond to changing needs
- Join up a number of inter-related systems of support in Health and Social Care to deliver a whole systems approach to social care
- Develop a local multidisciplinary approach to identifying people whose needs may escalate and intervening early in collaboration with primary care, District Councils voluntary sector and other partners
- To develop the workforce within the Council and independent and voluntary sector and ensure a consistent focus on supporting people to live independently in their communities and homes

## 2.16 Actions

### 2.16.1 Implement the recommendations of the iMPower Positive Challenge Programme to support the delivery of saving across all adults client groups

- Implement new demand management and service delivery methods
- Co-design new approaches to service delivery models - ensure preventative services and opportunities are being fully exploited
- Work closely with all Council services including libraries, Communities and the Commissioning Team to deliver the Demand Management programme to deliver savings
- Align strategic direction and thinking across Cambridgeshire and Peterborough
- Define and exploit potential further saving opportunities and benchmark against best practice



A programme of activity for the next 2 years has been developed that will focus on designing and implementing a number of changes and transformation projects to enable us to manage increased demand and avoid cost by intervening earlier, drawing on assets at a neighbourhood level and supporting people to maximise their independence.

The 'Fast Forward' phase of work, targeting more immediate demand shifts has been completed and the broader programme is now refocusing, with work streams targeting interventions throughout the customer journey.

Currently eight delivery work streams have been identified, which are set out below:

- 'Changing the conversation' we have with people in order to maximise independence at every interaction
- Improving support to carers so they receive the right support at the right time
- Expanding and embedding Technology Enabled Care (TEC) so people are more able to look after themselves
- Targeting reablement towards people who would benefit from relearning daily living skills
- Outcome based commissioning and new models of care (care suites & stimulating micro-enterprises)
- Developing an enablement approach in Learning Disability by working with people in a strength-based way as young adults
- Redesigning mental health interface and reablement to achieve the most effective outcomes
- Further development of the neighbourhood based approach and hybrid with primary care

Delivery of the ambitions and opportunities outlined in the APCP will be reliant on a range of enablers across the Council. The key enablers include Commissioning, Business Intelligence, Digital and web based solutions and Communication.

**2.16.2** Strategic Commissioning:- develop the themes and actions within the Adults Positive Challenge Programme to promote independence and support people in their own homes rather than place in institutional care. Including a collaborative commissioning and procurement approach that is targeted at improving value.

**2.16.3** Provide a cross Council/agency/voluntary sector approach to supporting Self Funders to stay in their own homes longer.

**2.16.4** Deliver a service and approach that -

- prioritises the ability of a person to live independently and safely in their community;
- maximises their input to decision-making about how and in what ways they want to have their needs met;
- makes the customer journey feel more straightforward and easy to understand; and
- provides a resolution of their needs as early as possible.

**2.16.5** Develop savings solutions with Peterborough City Council through smarter Commissioning and Contracting- delivering greater efficiencies through economies of scale

**2.16.6** The Social Worker Team will support service users to remain independent for longer.

- A person-centered strengths-based approach positively frames conversations with service users and focuses on what they are able to do, rather than their limitations.
- When an early point in a conversation is what a person can do themselves, or with the support of their social network, social workers are better able to determine what exactly is required from Adult Social Care in order for service users to reach their potential.

**2.16.7** Increased use of Reablement Service and a reablement approach to reduce long term care costs

- Maximising the benefits of recent investment to expand the team's capacity
- Ensure that the Reablement Service is operating at maximum effectiveness and efficiency and increasing direct contact with service users through more effective remote working and other methods
- Develop the reablement and enablement approach within both mental health services and Learning Disability Services

**2.16.8** Expand the Technology Enabled Care offer, which will

- Increase levels of independence and drive up positive outcomes
- Reduce the dependency on costly institutional care home and nursing placements
- Reduce the dependency on high cost placements
- Reduce the cost of homecare

- 2.16.9** Develop a different approach to the way in which the Council supports the families of children with disabilities promoting use of technology and an enablement approach where appropriate and preparing for the transition to adulthood.
- 2.16.10** Increase capacity and resilience within the long-term care team to respond to referrals and reduce the levels of unmet need:
- Review of processes and service specification within the Adult Early Help Team to minimise hand offs and reduce unnecessary referrals to the long term care team.
  - Review of waiting list management approach and process to ensure consistent and best practice model in operation.
  - Staff engagement to identify key factors that affect recruitment and retention.
  - Development of a recruitment and retention plan to reduce vacancy rate; including locum loyalty bonus, recruit a friend scheme, apprenticeship and progression opportunities
  - Review prioritisation of case load in Physical Disabilities and ensure maximised use of resources across the long term care team
- 2.16.11** Focus on service model transformation and specific service improvements:

Service Model Transformation	Specific service improvements
<ul style="list-style-type: none"> <li>• Outcomes based commissioning</li> <li>• Transforming Lives Strategy – continued review of care solutions and development of care plans which maximise independence.</li> <li>• Strength based approach and planning in preparing for adulthood</li> <li>• Programme of recommissioning and brokerage – continued focus on reshaping the provider market and securing care at the lowest cost</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing support for people to gain employment</li> <li>• Increasing support for carers</li> <li>• Increasing resilience of providers to support people whose behaviours may challenge</li> <li>• Joint work with health partners to ensure the health share of needs and costs are appropriately funded</li> </ul>

### 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 Developing the local economy for the benefit of all

None.

#### 3.2 Helping people live healthy and independent lives

Managing the provision of services to support people to access the right care in the right place, including enhancing prevention and early intervention services to support people to remain independent for as long as possible.

### 3.3 **Supporting and protecting vulnerable people**

None.

## 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>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/Council Contract Procedure Rules implications been cleared by Finance?</b>	Yes Name of Financial Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Duncan Dooley-Robinson
<b>Have the equality and diversity</b>	Yes

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

<b>Source Documents</b>	<b>Location</b>
ONS Population Data	<b>Data sources</b>  <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesScotlandandnorthernireland">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesScotlandandnorthernireland</a> <a href="https://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#directory">https://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#directory</a>

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st August 2018



Cambridgeshire  
County Council

**Agenda item No: 9**

## **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>18/10/18</b>	Business Planning – including Adults Positive Change Programme & Business Case	W Ogle-Welbourn	Not applicable	05/10/18	09/10/18
	Annual report from the Adults Safeguarding Board	H Duncan	Not applicable		
	Recommissioning of Carers Services	L McManus	2018/058		
	Adult Social Care Market Position Statement	Adam Thorp	Not applicable		
	Learning Disability Partnership Section 75 and pooled budget arrangements	W Patten	Not applicable		
	Deep dive: Learning Disability employment opportunities	M Darbar	Not applicable		

<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>
	People and Communities – Risk Register	D Revens	Not applicable		
	Care Homes Development – maximising existing contracts and tender opportunity to expand existing care home provision	S Torrance	2018/034		
<b>15/11/18</b>	Business Planning	W Ogle-Welbourn	Not applicable	02/11/18	06/11/18
	Joint working with health – key priorities	W Patten	Not applicable		
	Deep dive: Continuing Health Care	Jackie Galwey	Not applicable		
	Neighbourhood Cares Pilot – interim findings of York Consulting's review	L Tranham	Not applicable		
	Annual Survey of Adults Social Care Users	C Black	Not applicable		
<b>13/12/18</b>	Business Planning	W Ogle-Welbourn	Not applicable	30/11/18	04/12/18
<b>10/01/19</b>	Adults Self-Assessment	C Black	Not applicable	21/12/18	31/12/18
	Delayed Transfers of Care – progress report	C Black / W Patten	Not applicable		
	CPFT –Six monthly report	F Davies / O Hayward	Not applicable		
<i>14/02/19 Provisional meeting</i>				<i>01/02/19</i>	<i>05/02/19</i>
<b>21/03/19</b>				08/03/19	12/03/19
<i>18/04/19 Provisional meeting</i>				<i>05/04/19</i>	<i>09/04/19</i>



<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>16/05/19</b>	Full Evaluation of Neighbourhood Cares (May 2019)	L Tranham / C Black	Not applicable	02/05/19	07/05/19

To be programmed:

- Care Quality Commission Findings report
- 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)
- Review progress of the action plan arising from the Adult Social Care Service User and Carers 2017 Survey
- Adult Early Help / Prevention / Early Intervention (J Galwey)

