

# ADULTS COMMITTEE



**Thursday, 10 October 2019**

**Democratic and Members' Services**

Fiona McMillan

Monitoring Officer

**14:00**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

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

## **AGENDA**

**Open to Public and Press**

### **CONSTITUTIONAL MATTERS**

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

*Guidance on declaring interests is available at*

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

- 2. Minutes - 12 September 2019**

**5 - 14**

**Adults Committee Actions - September 2019**

**15 - 16**

- 3. Petitions and Public Questions**

### **KEY DECISIONS**

- 4. Mental Health and Autism Accommodation Framework for  
Cambridgeshire and Peterborough**

**17 - 24**

- 5. Carers Recommissioning Update**

**25 - 32**

## DECISIONS

- |           |   |                  |
|-----------|---|------------------|
| <b>6.</b> | <b>Finance Monitoring Report – August 2019</b>  | <b>33 - 62</b>   |
| <b>7.</b> | <b>Service Committee Review of Draft Revenue &amp; Capital Business Planning Proposals for 2020-21 to 2024-25</b> | <b>63 - 92</b>   |
| <b>8.</b> | <b>Update on the Carers Workstream and Results of the Carers Survey</b>   | <b>93 - 124</b>  |
| <b>9.</b> | <b>Think Communities</b>  | <b>125 - 136</b> |

## INFORMATION AND MONITORING

- |            |  |                  |
|------------|--|------------------|
| <b>10.</b> | <b>Adults Committee Agenda Plan - October 2019.doc</b> | <b>137 - 140</b> |
|            | <b>Adults Committee Training Plan 2019-20</b>          | <b>141 - 144</b> |

### **11. Date of Next Meeting**

7 November 2019 - Kries Viersen Room, Shire Hall, Cambridge.

The Adults Committee comprises the following members:

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

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

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

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<https://tinyurl.com/CommitteeProcedure>

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**ADULTS COMMITTEE: MINUTES**

**Date:** Wednesday 12 September 2019

**Time:** 2.00 pm to 4.30 pm

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

**Apologies:** Councillors A Costello and G Wilson

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

Apologies received from Councillor Costello (Councillor Hunt substituted) And Councillor Wilson (Councillor Van de Ven substituted).

No declarations of interest were received.

**198. MINUTES AND ACTION LOG – 22 MAY 2019**

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

The Chairwoman clarified that action 194 should be determined as completed as the answer was contained in the comments section of the action log. Officers explained that this should have been sent round as a briefing note, and this was noted for future actions.

**199. PETITIONS AND PUBLIC QUESTIONS**

None received.

**200. FINANCE REPORT**

The Committee received the July 2019/20 Finance Monitoring report for the People and Communities Service.

Officers explained that the report had previously contained performance information but that it had been agreed at General Purposes Committee that the performance element of the report be reported to Committee in a separate report on a quarterly basis, with the finance report continuing to be reported on a monthly basis.

Officers clarified that at the end of July, the People and Communities Directorate was forecast to overspend by £3 million (1.2% of budget) within this Adults Services were forecast to overspend by £1.1 million (0.7%), with

budgets relating to care provision forecasting a £5.6 million overspend and mitigated by around £4.5 million of additional funding from grants, in line with their intended purpose and corporate funding. Officers explained that the pressures forecast at this stage were predominantly in Older People's Services along with Mental Health Services to a lesser extent.

In discussing the report Members;

- Queried the opening pressure identified within the Older People's budget and the use of corporate funds to mitigate the pressure. Officers explained that estimates had been made in September/October and there had been a number of cost increases after Christmas which had then resulted in an opening pressure on the budget by the end of the financial year. There had been specific corporate funds earmarked to cover this pressure.
- Congratulated officers for their continued work on managing the Adult Social Care budget and noted that the current overspend was under 1% of the budget.
- Noted that the savings tracker was on plan.

It was resolved unanimously to:

review and comment on the report.

## **201. PERFORMANCE REPORT**

The Committee considered a report outlining information on the status of performance indicators selected to monitor and understand performance of services the committee oversaw. The report covered the period of quarter one 2019/20, up to the end of June 2019.

Officers explained that the report was in a new format with a page per indicator and that the reporting was being developed over time. Officers highlighted that there was one indicator with a red RAG status, three with an amber status, two with a green status and four with a very green status. Officers explained that the indicator with a red status related to the proportion of service users with a primary support reason of learning disability support in paid employment (year to date). Members noted that performance of this indicator had started to improve recently, with a year-end figure for 2018-2019 exceeding that of the previous three years.

In discussing the report Members:

- Sought clarification regarding the colouring of the direction of travel arrows, particularly in relation to indicator 18, as the arrow seemed to show that performance was decreasing but the indicator had a RAG status of very green. **ACTION**

- Queried whether all of the indicator RAG statuses were in relation to performance over a quarter. In particular in relation to Delayed Transfers of Care (DTOCs). One member commented that as performance in DTOCs was a big risk to the council and a critical national issue, should the indicator not still be shown as red. Officers commented that DTOCs were never stable but that they kept a close eye on the overall trend. Performance was better than at the same time in the previous year but the amber status indicated the need for improvement.
- Welcomed the new format of the report overall and noted that the report was a work in progress and that the reporting of indicators would be reviewed over time, to ensure overall effectiveness and clarity.

It was resolved unanimously to:

note and comment on performance information and take remedial action as necessary.

## **202. BUSINESS PLANNING**

The Committee received a report that provided an update on the business planning process for Adults and Safeguarding. The Committee received a presentation from officers on the current pressures on the service. Officers highlighted the financial challenges the council was facing including demand pressures in relation to an aging population in Cambridgeshire and increasing costs of care. A Member questioned the uptake of attendance allowances as it would be to the Council's advantage if individuals claimed the allowances when eligible. A Member commented that Fenland District Council held a Golden Age Fair on a quarterly basis where residents over 60 could go for useful information and practical advice which included a benefits check. Officers explained that they had increased the benefits advice available through the Adult Early Help team and this was core to the Council's practice, but that some people were reluctant to claim benefits. Officers explained that they would review the website to ensure that this was highlighted. **ACTION.**

In discussing the report further Members:

- Queried the impact that the financial pressures on the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) would have on the Council. Officers explained that the CCG were under significant pressures and that both parties were working together to understand the challenges that both organisations faced and that this was built into business planning.
- Commented on the recent CCG presentation to Committee in relation to more joint commissioning. Officers explained that the council worked with the STP North and South Alliances and that

both organisations worked closely to ensure that where there would be benefit to the community, an integrated approach was taken and resources pooled. Officers gave an example of the current pooled budget for learning disability and integrated Learning Disability Partnership.

- Requested that the presentation be circulated in advance to the Committee in future as Members did not have the information to debate beforehand. Members also requested that the slides be made clearer. **ACTION**

The Chairwoman, in closing the debate, reiterated that the council faced a challenging budget situation and that officers had produced a positive report on a very challenging situation about what should be done over the next period in order to meet the challenges faced. The Chairwoman thanked officers for their positivity to ensure that the needs of individuals and their outcomes were being met.

It was resolved unanimously to:

consider and comment on the contents of the report.

### **203. ADULT SOCIAL CARE CHARGING POLICY REVIEW**

The Committee received a report that put forward a number of proposed changes to the Council's Adult Social Care charging policy in order to bring it in line with those of other local authorities following changes arising from the Care Act 2014.

The Chairwoman explained that most Members of the Committee had attended a briefing on the proposals for the charging policy that morning and that they had been given an opportunity to ask officers technical questions. She explained that changes to the policy had been brought to Committee two years ago and that, at that time the majority of the proposals had been rejected, other than agreement to introduce a direct debit system. She explained that the Council was looking at every opportunity to manage the financial challenges it faced and that other difficult decisions would need to be made if there was not agreement to consider an increase in the charges.

In presenting the report officers highlighted that the number of people affected by the changes was likely to be different from the numbers included in the paper. Identifying the accurate number was a work in progress and based on information available at a point in time. The Council was in the process of moving to a new system Mosaic which had resulted in better reporting of data and that the figures would be updated as the work progressed and set out in the consultation materials if members approved the proposal to consult. Officers explained that there were five proposed changes to the policy which included additional charging income arising from:

- Disability benefits review
- Respite care contributions
- Appointee charges
- Minimum Income Guarantee
- Care arrangement fees

There were also a number of protections and the council had the discretion to consider people's individual circumstances to ensure charges were affordable. The Council proposed that the options were publicly consulted on and that the results of the consultation would be brought back to committee in January for a decision. If the changes were implemented individuals would be assessed on a rolling basis when they came up to their annual assessment.

In discussing the report:

- A Member queried the cost to the Authority that the increase would potentially have in terms of means testing and debt collection. She queried whether an increase in council tax had been considered. Officers reiterated that means testing would be on a rolling basis and would be carried out by the existing financial assessment team when each individual came to their annual review, so would not be an additional function. Officers explained that debt collection was separate function and that they were not expecting the changes to increase cost in this area.
- A Member put forward her view that the Council should provide an estimate of the costs to implement the changes before the consultation took place. In her view nothing had changed since the decision was made not to increase the charges two years ago. She raised her concerns regarding the implications of individuals not feeling they could afford to have respite care. She understood that the increased charges would be hard to consult on as the Council would be consulting those directly impacted.
- A Member queried the communication strategy for the consultation and highlighted that there was very little information in the report in relation to how the consultation would take place. Officers clarified there was a communication strategy that had just been finalised and that it would be a wide reaching consultation and would be fed into other consultations that were happening in parallel, in relation to the Think Communities Programme and business planning as well as detailed conversations with service users and their representative bodies through the Partnership Boards.
- A Member questioned whether the Council was in a position from an administrative perspective to implement a new system as there had been a number of issues with double invoicing and she had dealt with some casework recently on this issue. Officers acknowledged

that there had been some issues recently with incorrect invoicing and that this was being monitored but that they did not see this as an ongoing issue. Officers clarified that they would include a proposed implementation process for the charges and the associated costs when the report came back to committee in January with the results of the consultation. **ACTION**

In closing the debate the Chairwoman highlighted that the Council was in a very different financial situation than it was two years ago and that, prior to the recent Comprehensive Spending Review announcement, £35 million of funding from grants was due to come to an end in March 2020. The Council had already made nearly £180 million in savings over the last five years, £15.3 million last year. The reality was that there would be ever increasing residential care costs and Cambridgeshire had the lowest spend per head on adult social care among its statistical neighbours. The Council had made a significant move towards shifting its resources into prevention and were proud of their workforce. She reiterated that responsibly the Committee had to look at increasing charges as the only areas where cuts could be made were unpalatable, such as prevention services and front line care packages. The review of charging had not been brought back to Committee lightly and it was a difficult decision to make. She thanked officers for their work on the review and their briefing of the Committee.

It was resolved by majority to:

consider the proposals to change the Council's care charging policy to bring it into line with those of other Local Authorities following changes arising from the Care Act 2014 and to consent to undertake a full public consultation on these proposals.

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

The Committee considered a report that gave an update on service and financial performance, activity and outcomes under the Mental Health Section 75 Partnership Agreement 2018-2019 with a significant focus on the review and renewal of the Partnership Agreement.

In introducing the report officers explained that clearer monitoring and a dedicated action plan had been put in place. Officers highlighted the continued pressures in relation to the small number of Approved Mental Health Professionals (AMHPs). Officers explained that some progress had been made in this area with four individuals being put forward for training. In terms of finance, there had been an underspend of £9,000. There had also been a reduction in the number of people remaining in and depending on the service.

In discussing the report Members:

- Discussed the reduction in the number of service users and noted that there had been an increase of two in relation to service users receiving nursing care. Officers explained that the service had been increasingly effective with preventative work with increased supported living, reducing the number of people that progressed through the care system.
- Noted that the number of AHMPs continued to be a local as well as a national pressure and the officers were constantly monitoring the situation.

In bringing the debate to a close the Chairwoman congratulated officers on a positive report.

It was resolved unanimously to:

- i) agree the report as a full account of service and financial performance, activity and outcomes under the Agreement 2018-19.
- ii) approve the revised Agreement 2019-20.

## **205. CUSTOMER CARE ANNUAL REPORT**

The Committee considered the Adult Social care Customer care Annual Report 2018-19 which provided information on complaints, compliments, representations and MP Enquires and the learning from the feedback and actions taken to improve services.

In presenting the report officers drew the Committees attention to a number of points in the report including:

- The total number of formal complaints received was 183 compared to 163 in the previous year which was an increase of 12%. This equated to 3% of the total population of Cambridgeshire who received Adult Social Care Services.
- There was a decrease in complaints in relation to Older People's long term services but an increase in relation to short term services for Older People.
- There had been a significant rise in complaints about financial issues and communications. This coincided with the introduction of a new financial system at the Council. The situation was being closely monitored.
- The largest category of complaints was in relation to support from social care teams in particular in relation to the type of support provided.

- In relation to our comparative neighbours we received a lower number of complaints

In discussing the report Members:

- Queried the amount of time it took to respond to complaints as 25 working days was a long period of time and 52% were not being responded to within this timescale. Officers explained that individuals were contacted in between times and updated on the progress of their complaints, but that there were complex issues that were being dealt with that took a long time to investigate thoroughly.

It was resolved unanimously to:

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

## **206. AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN**

It was resolved unanimously to:

note the Agenda Plan and the Training Plan.

## **207. EXCLUSION OF THE PRESS AND PUBLIC**

It was resolved unanimously:

that the press and public be excluded from the meeting on the grounds that the agenda contained information relating to the financial or business affairs of any particular person (including the authority holding that information) under paragraph 3 of Part 1 of Schedule 12A of the Local Government Act.

## **208. CARE HOME DEVELOPMENT**

The Committee considered a report that gave an update on work stream two of the Care Homes Development Programme and sought approval to convert a proportion of spot purchased care home beds to block contract arrangements via an amendment to the scope of the work stream.

It was resolved unanimously to:

seek approval from Committee to convert a proportion of spot purchased care home beds to block contract arrangements via amendment to the scope of Work Stream 2.



**209. DITCHBURN PLACE CONTRACT**

The Committee received a report that outlined options for the care contract at Ditchburn Place.

It was resolved by majority to:

directly award the care contract at Ditchburn Place to an independent provider for ten years.

**210. DATE OF NEXT MEETING**

Thursday 10 October 2019

**Chairwoman**



# ADULTS COMMITTEE

## Minutes Action Log



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

### Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **12 September 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 23 September 2019

### Meeting 12 September 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
201.	PERFORMANCE REPORT	Tina Hornsby	Seek clarification regarding the colouring of the direction of travel arrows, particularly in relation to indicator 18, as the arrow seemed to show that performance was decreasing but the indicator had a RAG status of very green.	In the case of indicator 18 the green arrow did show that the performance since last quarter had worsened – but that this was still good performance and therefore not a point for concern. Comments fed back to Business Intelligence for consideration of whether the arrows and colours could be clearer.	Complete	
202.	BUSINESS PLANNING	Charlotte Black	Officers to review the website to ensure that Attendance Allowances are highlighted.	Attendance Allowance on the CCC website. This was recently updated as part of a review of the Adults section of the website.	Complete	
		Tamar Oviatt-Ham	Circulate Business Planning presentation.	Presentation circulated	Complete	
203.	ADULT SOCIAL CARE CHARGING POLICY REVIEW	Charlotte Black	Officers to include a proposed implementation process for the charges and the associated costs when the report comes back to committee in January with the results of the consultation	This will be completed in January 2020	Ongoing	



**MENTAL HEALTH AND AUTISM ACCOMMODATION FRAMEWORK FOR  
CAMBRIDGESHIRE AND PETERBOROUGH**

*To:* **Adults Committee**

*Meeting Date:* **10 October 2019**

*From:* **Service Director: Commissioning**

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

*Forward Plan ref:* **2019/025** *Key decision:* **Yes**

*Purpose:* **To request approval for a Mental Health Accommodation Framework for Cambridgeshire**

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

- a) Approve the procurement exercise for a Countywide Mental Health Accommodation Framework.**
- b) Delegate the approval of the Award of Tender to the Executive Director, People and Communities Directorate following outcome of the procurement process.**

<b><i>Officer contact:</i></b>	<b><i>Member contacts:</i></b>
Name: Sarah Bye Post: Commissioning Manager – Mental Health Email: sarah.bye@cambridgeshire.gov.uk  Tel: 07468 718793	Names: Councillor Bailey Post: Chair Email: <a href="mailto:Anna.bailey@cambridgeshire.gov.uk">Anna.bailey@cambridgeshire.gov.uk</a>  Tel: 01223 706398

## **1. BACKGROUND**

- 1.1 This report outlines a proposed procurement approach to develop a Mental Health and Autism Accommodation Framework for Adults for Cambridgeshire and Peterborough which will address these issues and provide the opportunity to address gaps, contracting and quality oversight and the ability to effectively monitor and track financial expenditure.

The need for a Framework follows work completed to improve the provision of mental health accommodation undertaken during 2018/19. This identified the fact that current provision across Cambridgeshire and Peterborough is comprised of a mix of spot purchase and block contracted arrangement with inconsistencies around the contract terms and service provision being offered.

There is also a gap in provision for accommodation services for Adults with Autism. Current services do not explicitly make provision for this cohort which can lead to more costly out of county placements and operational teams and commissioners being unable to maximise the potential within Cambridgeshire, for Adults with Autism to be appropriately supported. The proposed framework aims to address this.

## **2. MAIN ISSUES**

- 2.1 The current mental health accommodation services across Cambridgeshire and Peterborough is comprised of a range of providers with a mix of spot purchase and block contracted arrangements. The current situation is outlined below:

- Differing and inconsistent arrangements between providers
- Limited ways to contract with new providers to the market
- Historic arrangements with no common monitoring or performance oversight
- Difficult to track spend and forecast need
- No long term strategic approach to accommodation services and development of capacity and models
- Limited opportunity to link up Cambridgeshire County Council and Peterborough City Council contracting arrangements

In addition the current Learning Disability Accommodation Frameworks and associated service specifications do not include a provision for Mental Health or Autism placements even though providers under this contract arrangement are able to offer placements for these cohorts.

- 2.2 The following gaps have been identified across the current provision

- Lack of Supported Accommodation to meet the needs of complex, high-risk service users including those presenting with dual diagnosis, co-occurring mental health and substance misuse needs, histories of evictions from other settings, forensic histories, complex risk histories. The lack of identified provision to meet the needs of this cohort of Service Users can mean that people are accommodated in inappropriate, residential or out of county services and also may delay step-down out of in-patient settings whilst suitable accommodation is sourced.

- The current geographical spread of accommodation is mainly centred around Cambridge City and South Cambridgeshire. This does not provide adequate coverage across the rest of the county, with only one Supported Accommodation provision in Huntingdon (13 units) and no current provision within East Cambridgeshire or Fenland. This reduces choice for service users from less resourced parts of the county to remain near their families and local connections.
- There are service users currently being supported by Cambridgeshire County Council's Adults with Autism team (AAT) who have a diagnosis of Autism and/or are not currently engaged with mental health services but who have Care Act needs and are being supported by the AAT team. Although a small number of placements are provided through this team, the needs are often complex and placements are often sought out of county due to the lack of identified expertise within the current arrangements to support these individuals

2.3 In order to meet the development aims of this project Soft Market Testing (SMT) was carried out in February 2019. Nine organisations replied and included current local providers, organisations not currently delivering in the area and organisations currently providing Learning Disability Supported Living services.

The SMT provided information on the following areas:

- Considerations for specification development for Supported Living for people with complex needs
- Provider responses to adding an Autism lot to the proposed procurement. 75% (6/8) providers who responded to this question felt they were able to offer provision to this cohort and could do this alongside a Mental Health Framework.
- Ability of the market to deliver building and tenure arrangements alongside a support offer. All respondents were able to demonstrate the ability to bring both a buildings and support offer to the market through a number of arrangements including partnerships with RSL's and Housing Associations able to deliver both support and accommodation.
- Procurement approach including feedback on structure of lots, pricing and contract length

The SMT has supported the development of the proposed procurement approach and in addition a provider engagement event was held in July 2019. Representatives from 24 different organisations across both Mental Health and Learning Disability providers were present.

Both the SUN Network (Mental Health) and Speak Out Council (Autism) have carried out engagement with Service Users currently living in Supported Accommodation and Residential settings to establish Service User feedback regarding how to successfully deliver accommodation services for these cohorts, promoting positive mental well-being and improving resilience and independence.

2.4 As a result of the findings from the Soft Market Testing and the feedback from providers, service users, the aim of the procurement is defined as 'to meet the current and future needs of people with autism and/or mental health problems who require

supported accommodation or residential services'. In addition, the procurement will provide additional provision to the current offer for Adults with Autism and individuals with complex needs, increase geographic equity and improve Service User choice.

The scope of the procurement will be for Adults with Mental Health and Autism (18-65), comprising of Residential and Supported Accommodation services across Cambridgeshire and Peterborough.

Excluded from the scope of the project are:

- Nursing and care home - these are included under current contracting mechanisms and works streams across Cambridgeshire and Peterborough.
- Historic arrangements – this includes current placements and the Cambridgeshire Supported Accommodation contract which has been commissioned as a block contract. The current contract term ends on the 20 September 2020 with an option for one further year and will be reviewed for ability to move onto the Framework arrangement at this time.

- 2.5 A range of procurement options have been considered including individual contracts for required supported living or residential services. However these arrangements can lead to an inability for the market to respond to changing capacity and pricing requirements as well as inhibiting new providers entering the market.

The option proposed is a Framework for Mental Health and Autism Supported Accommodation and Residential Placements across Cambridgeshire and Peterborough. The Framework would be comprised of the following lots across both Mental Health and Autism:

- Supported Accommodation (Standard)
- Supported Accommodation (Complex Needs)
- Residential

The Framework would be opened at regular intervals to enable new providers to enter the market subject to the terms and conditions of the Framework and evaluation process, with a total contract term of five years plus the option to extend for two further extensions of one year.

The Framework will provide opportunity for Support Providers to enter the market, and as part of the support offer, providers will need to specify the accommodation they will be utilising and also the tenure arrangements for those people living in Supported Accommodation settings

The procurement would indicate where current need is throughout area and also where there are gaps in provision. Providers will have the opportunity to bid for both Mental Health and Autism cohorts at each of the support types and will be able to nominate where their provision is located across Cambridgeshire or Peterborough.

Providers will be able to bid to deliver either Mental Health or Autism services, or they may choose to bid for both service areas. Where service users are living within close proximity, the provider will ensure that they are assessing the compatibility of all



service users for whom they are delivering support within an accommodation setting. This will be undertaken as part of any referral and assessment process. In addition the service specifications have laid out the specific requirements for each of the client groups. Where services are offering an environment where they are supporting people with both mental health and autism diagnosis, compatibility within the accommodation setting and needs led assessments will be imperative and will be closely monitored by operational teams. It is envisaged that there will be limited services offering a mixed diagnosis environment but these will be identified throughout the procurement in order to ensure that there is a clear recognition of the individual and collective needs of the service user cohorts.

2.6 This procurement option would also support the following aims:

- Clearly define needs of Residential and Supported Accommodation for both standard and complex support
- Ability to add new providers to the local delivery pathway on a regular basis
- Enable regular development of the market
- Call off terms and conditions specified i.e. geography, cost, Service User preference
- Clarity of available provision which meets the Councils' requirements for quality and price

The following risks have been identified with this approach:

- less opportunity to influence the market where there are a small number of providers (Mitigation: engagement)
- ability to monitor effectively if there are a large number of providers (Mitigation: RAG rating)
- current providers of placements failing to bid (Mitigation: engagement)

Following the procurement, Commissioners will be able to map the provision available at each of the levels of support detailing quantity of units, client type and geographical area. The criteria for Complex Needs will be explicitly defined in order to ensure that there is clarity about what constitutes a higher value placement.

Current discussions related to accommodation have included the intention to commission services under a joint arrangement which would include:

- Cambridgeshire County Council
- Peterborough City Council
- Cambridgeshire and Peterborough CCG

2.7 Based on the current figures available, using the latest annual data available, the indicative spend for mental health and autism over a minimum term of 5 years would be:

- Cambridgeshire County Council (Mental Health) - £15,912,395
- Peterborough City Council (Mental Health) - £4,269,220
- Cambridgeshire County Council (Adults with Autism) - £1,750,000

Cambridgeshire and Peterborough CCG will also provide a financial contribution where individuals are subject to S117 joint funding responsibility. The amount of funding per placement will be dependent on the outcome of the Joint Commissioning Tool to determine the health and social care needs.

Pricing strategies would give opportunities for economies to be found in a more structured and transparent contracting mechanism with a clear call-off procedure and oversight of provider costs. Spend will be managed and monitored more effectively against a clear pricing structure enabling efficiencies and savings to be clearly identified.

The pricing strategy is being developed with Learning Disability colleagues and Finance. It is recognised that some providers may work across both Mental Health and Learning Disability markets and that large disparities in pricing could be at the detriment of one of the markets. Commissioners will ensure that there is parity wherever possible and clearly identified differences in the offer where parity cannot be achieved. Through the procurement development process the following pricing structure has been agreed:

- Supported Accommodation - Hourly Rate with price ceiling
- Supported Accommodation (Complex Needs) – Hourly Rate to reflect complex needs with price ceiling
- Residential –indicative weekly rates dependant on complexity of need

2.8 The following high level timeline has been developed to meet a contract start date of 1<sup>st</sup> June 2020.

<b>Timeline</b>	<b>Activity/Milestones</b>
September - October 2019	Approval for procurement from Joint Commissioning Board and Adults Committee
October - November 2019	Tender released
December – January 2020	Evaluation Period
February – March 2020	Governance and Contract Award Approval
April – May 2020	Due Diligence/Mobilisation
1 <sup>st</sup> June 2020	Contract Start Date

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

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

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

- The procurement should enable more choice for people to be appropriately supported in accommodation in their local area enabling them to maintain support networks and family connections.

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

There are no significant implications for this priority

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

There are no significant implications for this priority

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

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

- The Framework agreement will apply to all new placements offered following the commencement of the new contract arrangement.
- Whilst it is anticipated that all current providers will bid to be part of the new framework there is a risk that they do not meet the quality or financial thresholds which will be identified as part of the procurement. This is being mitigated through engagement and discussion with current providers about the upcoming changes.
- LGSS Law are currently reviewing the current contract arrangements and proposed procurement to provide advice on the TUPE implications in relation to any potential changes to the current contracting arrangements.

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

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

- The Mental Health and Autism Framework will provide the mechanism for commissioning of new placements. This will replace current contracts which are due to end within the timeframe of the procurement and current spot purchase arrangements. All placements commissioned under previous arrangements will be maintained.

### **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**

Public Health have been consulted and information regarding the health conditions of people with long term mental health problems has been included in the service

specifications, ensuring providers are able to work with people, or refer them to services, in order to improve their health and lifestyle choices.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus Da Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillian
<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 or No SENT ON 16 <sup>TH</sup> SEPT to Tess Campbell Name of Officer:

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

**CARERS RECOMMISSIONING UPDATE**

**To:** Adults Committee

**Meeting Date:** 10 October 2019

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

**Electoral division(s):** All

**Forward Plan ref:** 2019/063      Key decision: Yes

**Purpose:** To update the Committee about the procurement of carers services.

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

- a) Approve the revised timescale for the procurement of the new service.
- b) Approve the extension of two existing contracts to fit with the revised timescale.
- c) Delegate the award of the contract to the Executive Director, People and Communities.

<b><i>Officer contact:</i></b>	<b><i>Member contacts:</i></b>
Name: Lee McManus Post: Commissioner (Adults) Email: lee.mcmanus@cambridgeshire.gov.uk Tel: 07785721092	Names: Councillor Bailey Post: Chair Email: <a href="mailto:Anna.bailey@cambridgeshire.gov.uk">Anna.bailey@cambridgeshire.gov.uk</a> Tel: 01223 706398

## **1. BACKGROUND**

- 1.1 In October 2018 Adults Committee approved the strategy, tendering process and timescale for the procurement of family carer's services, with a proposed start date of 1st February 2020 for the new service. Committee also agreed the extension of two contracts (with Making Space and the Carers Trust) until 31st January 2020 to fit with this timescale. The strategy, which was agreed by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was for a jointly commissioned service including the Carers Prescription service which the CCG funds £350k annually. The prescription service is a referral route from GP's to the preventative support service where family carers can access information and advice; peer support and breaks from caring. The CCG decided to review their financial commitment as part of an overall review into the funding of community services. As the CCG contribution formed a significant element of the new service it was decided to pause the tendering process for 3 months until July 2019 to allow the review to take place.
- 1.2 The CCG has not been able to make a conclusive decision relating to the funding for Carers. The Council has been waiting for the CCG to make this decision, however the implications for waiting has resulted in our inability to deliver a new procurement in line with our intended timelines.
- 1.3 The purpose of jointly commissioning the Carers service with the CCG was to ensure a single provider was appointed to reduce the potential pas-off between providers, this will lead to improved outcomes for carers and with the preventative components of the service it will minimise the demand on statutory services.
- 1.4 The aim of the new Contract is:
  - To provide an integrated support service to carers in partnership with their families, their local communities and neighbours and other statutory, voluntary and commercial organisations across Cambridgeshire and Peterborough.
  - This service will fulfil the statutory requirement to identify carers needing support and proactively support adult and young carers in their caring role.
  - This support will take a preventative approach by providing information and effective preventative support services that reduce or prevent the likelihood of carer crisis and family breakdown, while improving the overall quality of carer's lives.
  - This contract will contribute to the sector wide approach by supporting carers to overcome the negative impacts of their caring roles while aspiring to the same future life opportunities as their peers.
- 1.5 The objectives of this Contract are:
  - To deliver a holistic and accessible carer service across Cambridgeshire and Peterborough that identifies carers and provides them with a range of support services which are influenced by the choices of carers and those they care for. These support services will enable the people being cared for to maintain their independence and stay living at home or within their family.
  - To apply the principles of: shared decision making with carers, the person they are caring for and their families; interagency working and effective collaborations with clear communications, referral processes and data sharing that informs practice and service delivery.

- To demonstrate the social and economic value of services provided through a mix of robust evaluation measures, accurate carer data and carer stories.
- To improve, innovate and evidence the impact and effectiveness of carer services throughout the life of this contract.

#### 1.6 The Evidence - The Impact of Caring on Carers is:

- The All Age Carers Strategy for Cambridgeshire and Peterborough states that caring can have a detrimental effect on carers own 'health; education; ability to remain employed; relationships and social life.
- A Carers UK survey found that 84% of carers surveyed said that caring has a negative impact on their health.
- In the Cambridgeshire 'Caring for Others Survey' 2014/15, 37% of carers self-reported that they felt that they were either neglecting themselves or not looking after themselves well enough in relation to factors such as getting enough sleep and eating appropriately.
- 51% of adult carers responding to Carers' UK's survey in 2015 had given up work to care, with a further 21% reporting they had reduced their working hours. 60% of working carers reported being worried about their ability to remain in work over the next year.
- Taking on a caring role can result in a steep drop in income, particularly if one has to give up work. In Cambridgeshire, 40% of adult carers are economically inactive and only 31% are in full-time employment (Carers JSNA, 2014)

#### 1.7 The Local Context, Current Position and Service Data:

- At just over 1,300 square miles Cambridgeshire and Peterborough's combined area is home to both urban populations and rural populations totalling 847,151 in 2017. There are two cities with a population exceeding 50,000 (Cambridge – 129,000 and Peterborough – 196,000).
- 60,176 people in Cambridgeshire and 17,690 in Peterborough identified themselves as carers in the 2011 census, which is approximately 10% of the general population. These are probably underestimates as many people performing a caring role do not recognise themselves as such. From 2011 to 2016 the general population in Cambridgeshire increased by 5% and in Peterborough by 6.75%. If this growth is reflected in the numbers of carers there would have been 63,184 carers in Cambridgeshire and 18,884 carers in Peterborough in 2016.
- Both Cambridgeshire and Peterborough are likely to experience a growth in the general population of over 16% between 2016 and 2026. The numbers of adult carers is likely to rise in line with the increase in the general population.
- Data from the SALT survey shows that there are more carers receiving support per 1,000 per ward in the north east of the county in Fenland and north-west of East Cambridgeshire.

#### 1.8 The Outcomes and Service Outline:

- We know that adult carer's mental and physical health; education; ability to remain employed; relationships and social life can be negatively impacted by their caring role.
- We also know that both carer and cared for want to remain with their families safely for as long as possible.

- In order for this to happen a preventative approach is required with early identification of the needs of both the Carer and the individual being cared for and aims to maximise the wellbeing and physical and mental health of both.
- The specification will recommend that an improved preventative offer to carers will enable the people being cared for to remain in the community for as long as possible.
- This will meet the aspirations of carers and the cared for person; comply with legal requirements and enable Cambridgeshire and Peterborough to meet the considerable financial challenges they are facing due to increasing demand for services and a declining grant income from central government.

#### 1.9 The Tender Process:

- Clearly the delivery of the carers workstream and competition to award the contract is time critical and without any further clarity on the CCGs intentions, it is important that we progress on our own.
- The undertaking to go to tender and award a contract will be done as efficiently as possible, in order to do so there is a requirement to extend two existing contracts to fit with the revised timescale. The timescales are set out in section 2 of this report.

## 2. MAIN POINTS

### 2.1 Revised Procurement Timeline

Mid-Late September 2019	Invitation to Tender (ITT) Issue
Beginning of November 2019	ITT Submissions due
November 2019-January 2020 (interviews beginning of December 2019)	ITT Evaluation
February 2020-Mid March 2020	Governance
Mid-March 2020	Outcome/Standstill period
End of March 2020	Award
May 2020-July 2020	Implementation/Mobilisation period
01 August 2020	Contract Start Date

### 2.2 Contract Extensions

In order to fit with the revised procurement timeline Committee is asked to approve the following contract extensions

**Table 1. Value of Cambridgeshire County Council contracts requiring extensions with provider name and annual contract value:**

Target Group	Provider Name	Annual Contract Value	Value of extension (1 <sup>st</sup> February to 31 <sup>st</sup> July 2020 – 6 months)
Carers of people with mental health conditions	Making Space	£114,350	£57,175



Adult Carers	Caring Together (formerly Carers Trust)	£730,000	£365,000
Total		£844,350	£422,175

### **Contract Award**

In order to expedite the tendering process and ensure the contract is awarded in a timely fashion so the new service can commence on 1<sup>st</sup> August 2020 Committee is requested to delegate the approval of contract award to the Executive Director, People and Communities

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

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

The carers support service will enhance the support available to family carers and ensure the cared for person lives with their family in the community for as long as possible

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

The report above sets out details of significant implications in paragraph 2.2

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

The report above sets out details of significant implications in paragraph 2.1-2.2

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

There are no significant implications for this priority.

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

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

- The proposals in this report aim to improve the quality of life for carers in Cambridgeshire and enable them to carry on their caring role for the people they care for, many of whom have significant support needs

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

There are no significant implications for this priority.

#### 4.6 Localism and Local Member Involvement

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

- The recommissioning of carers services aims to enable carers to maintain their caring role which enables the person being cared for to continue to be part of the local community

#### 4.7 Public Health Implications

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

- Improving the health and well-being of carers is a key need identified by the Carers Joint Strategic Needs Assessment (JSNA)
- Levels of psychological morbidity among family carers are higher than the general population. Overall, carers' general health is lower than the general population.
- Providers have a strong role to play in supporting carers' resilience through a range of simple interventions. Education should address carers' support needs and resilience. A range of consistent, robust and accessible preventative interventions needs to be in place to ensure all carers feel supported at all stages of the carer journey.
- Consistent assessment and support for carers to prevent breakdown in caregiving may produce cost savings in long term.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus de Silva
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Fiona McMillan

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

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



**FINANCE MONITORING REPORT – AUGUST 2019**

*To:* **Adults Committee**

*Meeting Date:* **10 October 2019**

*From:* **Chief Finance Officer**

**Executive Director: People and Communities**

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

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

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

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

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

<b><i>Officer contact:</i></b>	
Name:	Stephen Howarth
Post:	Strategic Finance Manager
Email:	<a href="mailto:stephen.howarth@cambridgeshire.gov.uk">stephen.howarth@cambridgeshire.gov.uk</a>
Tel:	01223 507126

## 1.0 BACKGROUND

- 1.1 The revised Finance Monitoring Report will be at all scheduled substantive Committee meetings (but not reserve dates) to provide the Committee with the opportunity to comment on the financial position of Adults Services.
- 1.2 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. The budget lines within the main report relevant to Adults Committee can be found in Appendix A, and the table below provides a summary of the position:

1.3

Forecast Variance Outturn (Previous)	Directorate	Budget 2019/20	Actual August 2019	Forecast Outturn Variance
£000		£000	£000	£000
5,629	Adults & Safeguarding	148,078	75,258	5,834
2	Adults Commissioning	14,269	-1,334	-1
<b>5,631</b>	<b>Total Expenditure</b>	<b>162,347</b>	<b>73,925</b>	<b>5,833</b>
0	Grant Funding (including Better Care Fund, Winter Pressures Grant etc.)	-15,163	-6,538	0
-4,539	Expected deployment of grant and other funding to meet pressures			-4,739
<b>1,092</b>	<b>Total</b>	<b>147,185</b>	<b>67,386</b>	<b>1,094</b>

## 1.4 Financial Context

- 1.4.1 As previously discussed at Adults Committee the major savings agenda continues with £75m of savings required across the Council between 2019 and 2024. People and Communities budgets are facing increasing pressures from rising demand and changes in legislation, with the directorate's budget increasing by around 3% in 2019/20.
- 1.4.2 Within Adults services, key demand areas are:
- In Older People's services where prices of residential and nursing care are increasing at above the rate of inflation, and where rising demand is being seen from the NHS as a result of improving performance in reducing delayed transfers of care.
  - In Learning Disability services and Mental Health services where the needs of relatively static groups of mostly working-age people are continuing to increase.
- 1.4.3 These pressure areas are similar to those seen in previous years. Central government has continued to recognise pressures in the social care system through the Adults Social Care Precept and a number of temporary grants given to local authorities. For 2019/20, these are principally the Improved Better Care Fund and the Winter Pressures Grant (both part of the Better Care fund and therefore requiring a joint spending plan with the NHS), as well as the Social Care Support Grant which is un-ringfenced but has been allocated by General Purposes Committee (GPC) to People & Communities. These grants have been confirmed by central government as continuing into 2020/21.

- 1.4.4 These grants are able to be used to offset pressures, make investments into social care to bolster the social care market or reduce demand on health and social care services. A substantial amount is spent in partnership with the NHS in reducing delayed transfers of care. Some of these grants were used in 2018/19 to directly mitigate increasing cost of and demand for care, and it is anticipated that the same will be the case in 2019/20, as well as continuing to spend in partnership with the NHS.
- 1.4.5 In addition, in July GPC allocated £1.35m from corporate funds to partially mitigate an opening pressure within the Older People's service resulting from price increases in the last half of 2018/19 being substantially higher than expected.

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

### **2.1 Revenue**

- 2.1.1 At the end of August, People and Communities is forecast to overspend by £3m (1.1% of budget).
- 2.1.2 Within that, Adults services are forecast to overspend by £1.1m (0.7%), with budgets relating to care provision forecasting a £5.7m overspend and mitigated by around £4.7m of additional funding from grants, in line with their intended purpose, and corporate funding referenced in 1.4.4 and 1.4.5 above. The pressures forecast at this stage are predominantly in Older People's services, along with Mental Health services to a lesser extent. The other key care budgets – Learning Disabilities and Physical Disabilities – are forecasting a balanced, or close to balanced, position.
- 2.1.3 The overall forecast position is essentially unchanged from July's FMR. Whilst the overall forecast is stable, there remains a risk of volatility in care cost projections due to the large volume of care being purchased each month, the continuing focus on reduced delayed discharges from the NHS, ongoing negotiations with providers around the rates paid for care, and the continuing implementation of Mosaic (the new social care recording and payments system).

### **2.2 Older People's Forecast Variance**

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

#### 2.2.4 Mitigations

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

#### 2.2.5 In addition:

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



### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

3.1.1 There are no significant implications for this priority.

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

3.2.1 There are no significant implications for this priority

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

3.3.1 There are no significant implications for this priority

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

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

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

4.2.1 There are no significant implications within this category.

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

4.3.1 There are no significant implications within this category.

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

4.4.1 There are no significant implications within this category.

#### **4.5 Engagement and Consultation Implications**

4.5.1 There are no significant implications within this category.

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

4.6.1 There are no significant implications within this category.

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

4.7.1 There are no significant implications within this category.

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

## **Appendix A**

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

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

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

#### **Learning Disability Partnership**

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

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

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

#### **Mental Health**

Mental Health Central  
Adult Mental Health Localities  
Older People Mental Health

#### **Commissioning Directorate**

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

#### **Adults Commissioning**

Central Commissioning - Adults  
Integrated Community Equipment Service  
Mental Health Commissioning

#### **Executive Director**

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

#### **Grant Funding**

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

From: Martin Wade and Stephen Howarth  
 Tel.: 01223 699733 / 714770  
 Date: 12<sup>th</sup> September 2019

## People & Communities (P&C) Service

### Finance Monitoring Report – August 2019

#### 1. SUMMARY

##### 1.1 Finance

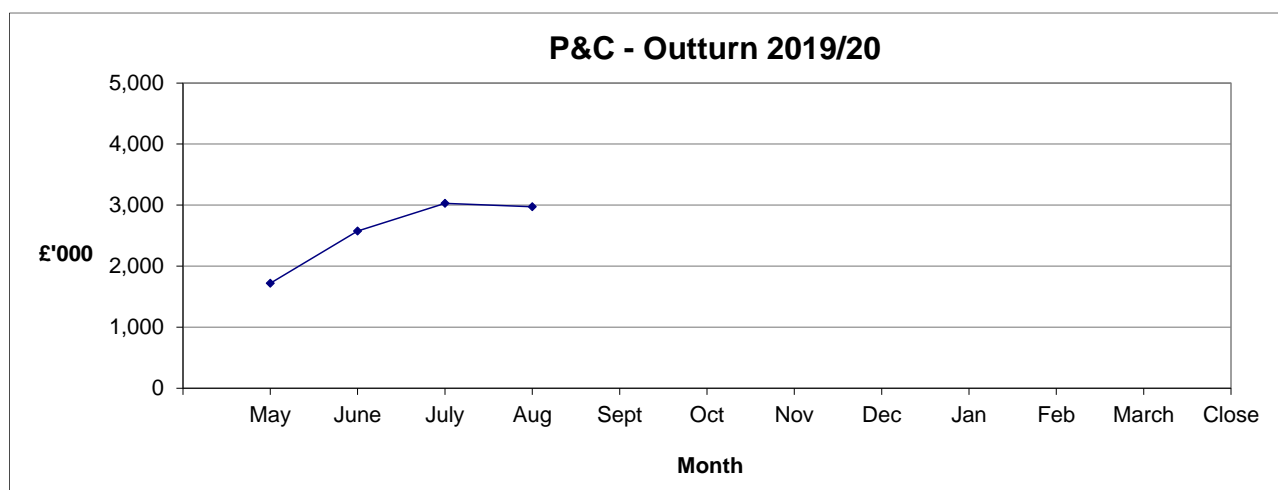
Previous Status	Category	Target	Current Status	Section Ref.
<b>Red</b>	Income and Expenditure	Balanced year end position	<b>Red</b>	2.1
<b>Green</b>	Capital Programme	Remain within overall resources	<b>Green</b>	3.2

#### 2. INCOME AND EXPENDITURE

##### 2.1 Overall Position

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual £000	Outturn Variance £000	Outturn Variance %
1,090	Adults & Safeguarding	148,078	74,871	1,095	0.7%
652	Commissioning	41,984	8,979	649	1.5%
235	Communities & Safety	12,805	4,783	178	1.4%
750	Children & Safeguarding	59,852	24,175	750	1.3%
7,300	Education	89,835	35,087	7,300	8.1%
0	Executive Director	1,543	310	0	0.0%
<b>10,027</b>	<b>Total Expenditure</b>	<b>354,097</b>	<b>148,205</b>	<b>9,972</b>	<b>2.8%</b>
-7,000	Grant Funding	-91,369	-36,719	-7,000	7.7%
<b>3,027</b>	<b>Total</b>	<b>262,728</b>	<b>111,487</b>	<b>2,972</b>	<b>1.1%</b>

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



## 2.2 Significant Issues

At the end of August 2019, the overall P&C position is an overspend of £2,972k.

Significant issues are detailed below:

### Adults

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

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

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

An overspend is also forecast in Mental Health Services (including *Mental Health Commissioning*) totalling £191k, where similar pressures are affecting the costs of elderly people in receipt of mental health care.

## Children's

*Children in Care* is anticipating a pressure of c£350k across Staying Put (£30k), Unaccompanied Asylum Seeking Children (Over 18) budgets (£200k) and Supervised Contact (£120k). These pressures are offset in part by a forecast underspend across Fostering and the Corporate Parenting Teams. The service is working to mitigate these pressures by reviewing all applicable arrangements in order to attempt to bring into line with the amount of government funding available.

*Children in Care Placements* is forecasting a year end overspend of £650k, following an additional budget allocation of £350k as approved by GPC and the application of £400k of additional social care grant. Recent activity in relation to gang related crime has resulted in additional high cost secure placements being required. In addition, despite a decrease in the numbers of children in care they still remain above budgeted levels. Significant work is underway to reduce high cost placements, however the placement market is saturated, with IFA providers having no vacancies which results in children going into higher cost residential placements. We are seeing a net increase in, in-house fostering placements which is contributing towards planned savings.

*Legal Proceedings* is forecasting a £400k overspend. This is directly linked to the number of care proceedings per month which increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. There are currently (end Aug) 167 live care proceedings, and whilst we saw reductions in live proceedings (183 end July) and 14 less new cases compared to July, legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget. The spike in proceedings is related to the new model of specialist teams, and greater scrutiny and management oversight. This has resulted in the identification of children for whom more urgent action was required. This is an illustration of the way in which the new model will improve services and outcomes in general. Following legal orders we are able to move to securing permanency for children.

## Education

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

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

*Dedicated Schools Grant (DSG)* – Initial in-year pressures have been forecast for a number of DSG funded High Needs Block budgets including funding for special schools and units, top-up funding for mainstream schools and Post-16 provision, and out of school tuition. As previously reported In 2018/19 we saw a total DSG overspend across SEND services of £8.7m which, combined with underspends on other DSG budgets, led to a deficit of £7.2m carried forward into 2019/20. Given the ongoing increase in numbers of pupils with EHCPs it is likely that a similar overspend will occur in 2019/20, however this will become clearer as we move towards the start of the new academic year and planned actions to deliver savings are implemented. Current estimates forecast an in-year pressure of approximately £7m. This is a ring-fenced grant and as such overspends do not currently affect the Council's bottom line but are carried forward as a deficit balance into the next year.

## 2.3 Additional Income and Grant Budgeted this Period

(De Minimis reporting limit = £160,000)

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

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

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

## 2.5 Key Activity Data

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

### 2.5.1 Key activity data to August 2019 for Children in Care Placements is shown below:

	BUDGET				ACTUAL (Aug)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Aug 19	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	3	£425k	52	2,980.70	3	2.94	£386k	2,672.29	-0.06	-£40k	-308.41
Residential - secure accommodation	1	£376k	52	5,872.95	4	3.81	£1,216k	5,678.52	2.81	£840k	-194.43
Residential schools	19	£2,836k	52	2,804.78	16	16.74	£1,813k	2,055.41	-2.70	-£1,023k	-749.37
Residential homes	33	£6,534k	52	3,704.67	40	35.57	£6,732k	3,900.78	2.57	£198k	196.11
Independent Fostering	240	£11,173k	52	798.42	304	301.67	£12,908k	836.08	61.79	£1,735k	37.66
Supported Accommodation	26	£1,594k	52	1,396.10	20	19.75	£1,382k	1,402.29	-6.53	-£212k	6.19
16+	7	£130k	52	351.26	12	7.01	£292k	525.67	-0.11	£162k	174.41
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Additional one off budget/actuals	-	£750k	-	-	-	-	-£144k	-	-	-£894k	-
Mitigations required	0	£k	0	0.00	0	0.00	-£765k	0.00	-	-£765k	0.00
<b>TOTAL</b>	<b>330</b>	<b>£23,819k</b>			<b>399</b>	<b>387.49</b>	<b>£23,819k</b>		<b>57.76</b>	<b>£K</b>	
In-house fostering - Basic	205	£2,125k	56	179.01	197	194.64	£1,998k	183.04	-10.36	-£126k	4.03
In-house fostering - Skills	205	£1,946k	52	182.56	209	206.17	£1,955k	191.22	1.17	£9k	8.66
Kinship - Basic	40	£425k	56	189.89	44	43.19	£459k	186.81	3.19	£34k	-3.08
Kinship - Skills	10	£35k	52	67.42	9	9.26	£33k	66.75	-0.74	-£2k	-0.67
<b>TOTAL</b>	<b>245</b>	<b>£4,531k</b>			<b>241</b>	<b>237.83</b>	<b>£4,445k</b>		<b>-7.17</b>	<b>-£86k</b>	
Adoption Allowances	107	£1,107k	52	198.98	107	105.75	£1,157k	200.76	-1.25	£50k	12.13
Special Guardianship Orders	307	£2,339k	52	142.30	268	265.00	£2,050k	141.48	-42	-£289k	-2.72
Child Arrangement Orders	88	£703k	52	153.66	89	89.00	£718k	155.12	1	£14k	1.46
Concurrent Adoption	5	£91k	52	350.00	0	0.27	£2k	140.00	-4.73	-£89k	-210.00
<b>TOTAL</b>	<b>507</b>	<b>£4,240k</b>			<b>464</b>	<b>461.89</b>	<b>£3,926k</b>		<b>-1.25</b>	<b>-£314k</b>	
<b>OVERALL TOTAL</b>	<b>1,082</b>	<b>£32,590k</b>			<b>1104</b>	<b>1,087.21</b>	<b>£32,190k</b>		<b>49.34</b>	<b>-£400k</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 August 2019 for **SEN Placements** is shown below:

BUDGET				ACTUAL (Aug 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No of placements Aug 19	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	102	£6,218k	£61k	94	96.62	£5,850k	£61k	-8	-5.38	£-367k	£k
Hearing Impairment (HI)	3	£117k	£39k	3	3.00	£120k	£40k	0	0.00	£3k	£1k
Moderate Learning Difficulty (MLD)	10	£200k	£20k	8	7.05	£313k	£44k	-2	-2.95	£113k	£24k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£-75k	£k
Physical Disability (PD)	5	£89k	£18k	5	4.94	£198k	£40k	0	-0.06	£109k	£22k
Profound and Multiple Learning Difficulty (PMLD)	1	£68k	£68k	1	1.00	£67k	£67k	0	0.00	£-1k	£-1k
Social Emotional and Mental Health (SEMH)	45	£2,013k	£45k	36	38.54	£2,124k	£55k	-9	-6.46	£111k	£10k
Speech, Language and Communication Needs (SLCN)	3	£138k	£46k	4	4.00	£247k	£62k	1	1.00	£109k	£16k
Severe Learning Difficulty (SLD)	5	£445k	£89k	5	5.34	£431k	£81k	0	0.34	£-14k	£-8k
Specific Learning Difficulty (SPLD)	4	£138k	£35k	5	3.64	£194k	£53k	1	-0.36	£56k	£19k
Visual Impairment (VI)	2	£73k	£36k	3	2.59	£96k	£37k	1	0.59	£23k	£1k
Growth	-	£k	-	-	-	£-66k	-	-	-	£-66k	-
Recoupment	-	-	-	0	0.00	£k	£k	-	-	£k	£k
<b>TOTAL</b>	<b>181</b>	<b>£9,573k</b>	<b>£53k</b>	<b>164</b>	<b>166.72</b>	<b>£9,573k</b>	<b>£58k</b>	<b>-17</b>	<b>-14.28</b>	<b>£k</b>	<b>£5k</b>

## 2.5.3 Adult Social Care

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

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

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

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

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

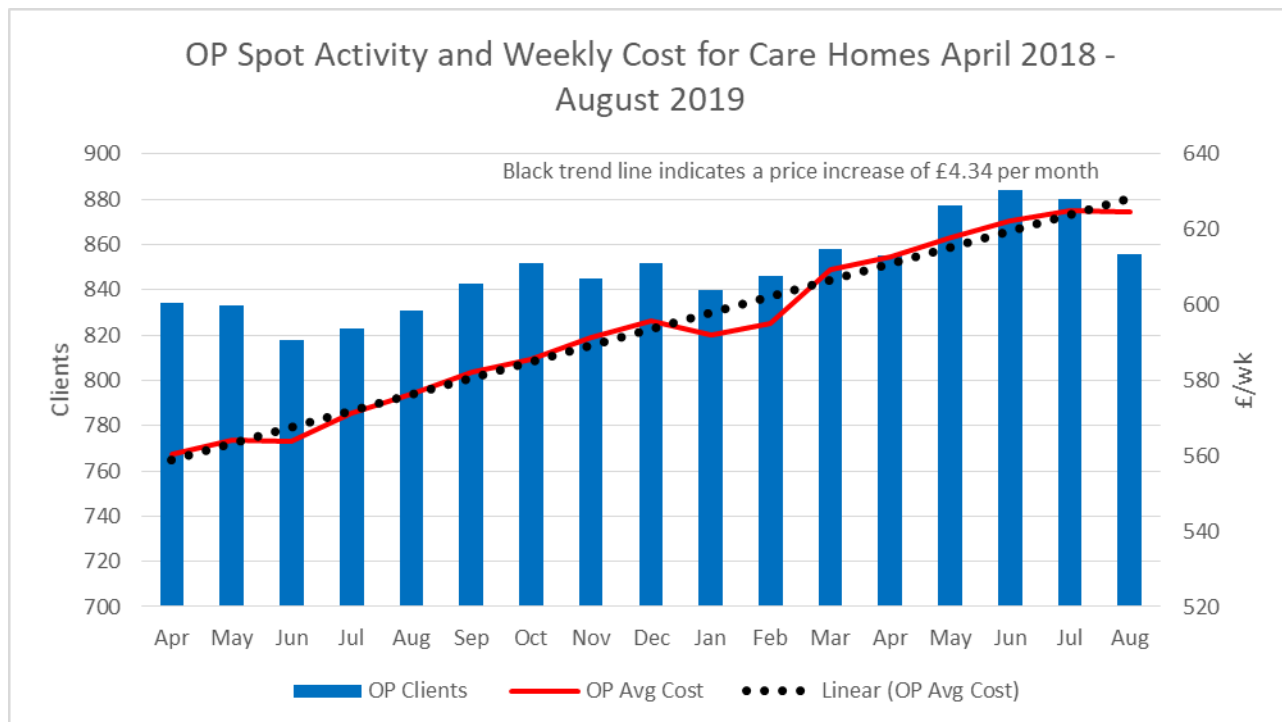
Learning Disability Partnership	BUDGET			ACTUAL (August 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages T	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	274	£1,510	£21,933k	264	↓	£1,603	↑	£22,565k	↓	£632k
~Residential Dementia										
~Nursing	7	£1,586	£430k	6	↑	£1,478	↓	£456k	↑	£26k
~Nursing Dementia										
~Respite			£429k					£409k		-£19k
Community based										
~Supported Living	411	£1,202	£26,546k	404	↓	£1,224	↑	£27,264k	↑	£718k
~Direct payments	415	£404	£9,343k	421	↑	£405	↑	£8,976k	↓	-£367k
~Live In Care	14	£1,953	£k	14	↔	£1,943	↔	£k		£k
~Day Care	469	£136	£3,473k	475	↑	£142	↑	£3,442k	↓	-£31k
~Other Care	175	£68	£759k	176	↑	£75	↓	£766k	↑	£6k
			£k					£k		
~Homecare	474		£10,445k	421				£9,948k	↓	-£496k
<b>Total In Year Expenditure</b>			<b>£73,358k</b>					<b>£73,827k</b>		<b>£470k</b>
Care Contributions			-£3,407k					-£3,385k	↓	£23k
Health Income										
<b>Total In Year Income</b>			<b>-£3,407k</b>					<b>-£3,385k</b>		<b>£23k</b>
Further savings included within forecast										-£182k
<b>Forecast total in year care costs</b>										<b>£310k</b>

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

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

Older People	BUDGET			ACTUAL (August 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages T	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	446	£551	£11,432k	426	↓	£557	↓	£13,048k	↑	£1,616k
~Residential Dementia	432	£586	£12,884k	387	↓	£597	↓	£12,700k	↑	-£184k
~Nursing	289	£643	£9,948k	275	↓	£639	↓	£9,799k	↓	-£148k
~Nursing Dementia	113	£753	£4,391k	113	↑	£797	↑	£5,018k	↑	£627k
~Respite			£1,733k					£1,596k	↓	-£137k
Community based										
~Supported Living	116		£4,632k	113	↑			£4,719k	↓	£87k
~Direct payments	208	£287	£3,185k	200	↑	£285	↑	£3,362k	↑	£177k
~Live In Care	27	£779	£933k	27	↓	£809	↑	£1,169k	↓	£236k
~Day Care	43	£82	£833k	25	↔	£106	↑	£841k	↑	£8k
~Other Care	6	£31	£57k	5	↑	£34	↑	£357k	↑	£300k
~Homecare	1,127	Per Hour £16.43	£11,295k	1,076	↓	Per Hour £16.36	↑	£11,424k	↑	£128k
<b>Total In Year Expenditure</b>			<b>£61,323k</b>					<b>£64,032k</b>		<b>£2,710k</b>
Care Contributions			-£17,857k					-£17,864k	↔	-£7k
Health Income			-£86k					-£86k	↔	£k
<b>Total In Year Income</b>			<b>-£17,943k</b>					<b>-£17,950k</b>		<b>-£7k</b>
Inflation and uplifts			£1,607k					£1,607k	↔	
<b>Forecast total in year care costs</b>			<b>£44,987k</b>					<b>£47,690k</b>		<b>£2,703k</b>





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

Physical Disabilities	BUDGET			ACTUAL (August 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D	Current Average Unit Cost (per week)	D	Forecast Actual	D	Variance
Accommodation based										
~ Residential	41	£786	£1,679k	35	↑	£1,062	↓	£1,830k	↑	£151k
~ Residential Dementia	1	£620	£32k	2	↑	£685	↑	£59k	↑	£27k
~ Nursing	31	£832	£1,350k	24	↔	£1,012	↑	£1,303k	↑	-£47k
~ Nursing Dementia	1	£792	£41k	1	↔	£792	↔	£41k	↔	£k
~ Respite			£220k					£175k	↔	-£45k
Community based										
~ Supported Living	7	£774	£258k	62	↑	£560	↓	£264k	↑	£6k
~ Direct payments	288	£357	£4,908k	270	↓	£359	↑	£4,602k	↑	-£306k
~ Live In Care	29	£808	£1,269k	27	↔	£846	↑	£1,225k	↑	-£45k
~ Day Care	48	£70	£177k	42	↓	£70	↑	£156k	↓	-£21k
~ Other Care	4	£39	£4k	3	↑	£49	↓	£16k	↑	£12k
~ Homecare	257	Per Hour £16.37	£2,659k	252	↓	Per Hour £16.34	↑	£2,688k	↑	£29k
<b>Total In Year Expenditure</b>			<b>£12,597k</b>					<b>£12,361k</b>		<b>-£237k</b>
Care Contributions			-£1,062k					-£1,062k	↔	£k
Health Income			-£561k					-£561k	↔	£k
<b>Total In Year Income</b>			<b>-£1,623k</b>					<b>-£1,623k</b>		<b>£k</b>
Inflation and Uplifts			£263k					£263k	↑	£k
<b>Forecast total in year care costs</b>			<b>£11,237k</b>					<b>£11,001k</b>		<b>-£237k</b>

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

Older People Mental Health	BUDGET			ACTUAL (August 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	25	£528	£691k	25	↑	£604	↓	£829k	↑	£138k
~Residential Dementia	23	£539	£648k	26	↑	£585	↑	£770k	↓	£122k
~Nursing	25	£638	£833k	22	↓	£700	↑	£830k	↓	£-3k
~Nursing Dementia	80	£736	£3,079k	74	↑	£795	↑	£3,071k	↑	£-8k
~Respite	1	£137	£7k	0	↔	£0	↔	£k	↔	£-7k
Community based										
~Supported Living	5	£212	£55k	4	↔	£489	↑	£102k	↑	£47k
~Direct payments	7	£434	£149k	8	↔	£327	↑	£147k	↓	£-2k
~Live In Care	2	£912	£95k	4	↑	£1,130	↓	£263k	↑	£168k
~Day Care	2	£37	£4k	2	↔	£48	↔	£4k	↔	£k
~Other Care	0	£0	£k	↔	↔	£0	↔	£k	↔	£k
~Homecare	42	Per Hour £16.49	£406k	41	↑	Per Hour £17.12	↑	£400k	↑	£-6k
Total In Year Expenditure			£5,967k					£6,416k		£449k
Care Contributions			-£851k					-£852k	↔	£-1k
Health Income			£k					£k	↔	£k
Total In Year Income			-£851k					-£852k		£-1k
Inflation Funding to be applied			£184k					£184k		£k
Forecast total in year care costs			£5,300k					£5,749k		£449k

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

Adult Mental Health	BUDGET			ACTUAL (August 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	58	£654	£1,984k	56	↓	£699	↑	£2,068k	↑	£84k
~Residential Dementia	5	£743	£194k	6	↑	£776	↑	£238k	↑	£44k
~Nursing	16	£612	£512k	14	↔	£632	↓	£442k	↓	£-70k
~Nursing Dementia	1	£624	£33k	1	↔	£629	↔	£33k	↔	£k
~Respite	0	£0	£k	0	↔	£0	↔	£k	↔	£k
Community based										
~Supported Living	123	£162	£1,041k	122	↑	£165	↓	£859k	↓	£-182k
~Direct payments	9	£355	£167k	11	↔	£321	↔	£224k	↔	£57k
~Live In Care	0	£0	£k	1	↔	£490	↓	£26k	↓	£26k
~Day Care	2	£77	£8k	3	↔	£47	↔	£9k	↔	£1k
~Other Care	1	£152	£8k	0	↔	£0	↔	£k	↔	£-8k
~Homecare	140	£80.00	£586k	139	↓	£101.03	↓	£577k	↓	£-9k
Total In Year Expenditure			£4,533k					£4,477k		£-56k
Care Contributions			-£396k					-£396k	↑	£k
Health Income			-£22k					£k		£22k
Total In Year Income			-£418k					-£396k		£22k
Inflation Funding to be applied			£k					£k		£k
Forecast total in year care costs			£4,249k					£4,214k		£-35k

### **3. BALANCE SHEET**

#### **3.1 Reserves**

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

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

##### 2019/20 In Year Pressures/Slippage

At the end of August 2019 the capital programme forecast underspend continues to be zero. The level of slippage and underspend in 2019/20 is currently anticipated to be £6.51m and as such has not yet exceeded the revised Capital Variation Budget of £13.4m. A forecast outturn will not be reported unless this happens.

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

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

Forecast Outturn Variance (July) £'000		Service	Budget 2019/20 £'000	Actual August 2019 £'000	Outturn Variance £'000   %	
Adults & Safeguarding Directorate						
-4,539	1	Strategic Management - Adults	-1,824	7,428	-4,697	-257%
11		Principal Social Worker, Practice and Safeguarding	1,592	718	0	0%
0	2	Autism and Adult Support	1,015	302	64	6%
0		Carers	416	60	0	0%
<u>Learning Disability Partnership</u>						
-0		Head of Service	5,781	2,195	0	0%
-0		LD - City, South and East Localities	35,304	14,736	0	0%
0		LD - Hunts & Fenland Localities	28,298	11,648	0	0%
0		LD - Young Adults	7,921	3,080	0	0%
-0		In House Provider Services	6,276	2,739	0	0%
-0		NHS Contribution to Pooled Budget	-19,109	-4,777	0	0%
-0		Learning Disability Partnership Total	64,471	29,621	0	0%
<u>Older People and Physical Disability Services</u>						
32		Physical Disabilities	11,932	5,907	32	0%
1,890	3	OP - City & South Locality	20,648	8,622	1,890	9%
1,093	3	OP - East Cambs Locality	6,456	2,992	1,093	17%
1,188	3	OP - Fenland Locality	7,977	3,727	1,188	15%
1,128	3	OP - Hunts Locality	10,736	5,193	1,128	11%
19	3	Neighbourhood Cares	748	306	19	3%
0		Discharge Planning Teams	1,868	919	0	0%
-0		Prevention & Early Intervention	8,837	4,191	73	1%
5,351		Older People's and Physical Disabilities Total	69,204	31,856	5,425	8%
<u>Mental Health</u>						
-165	4	Mental Health Central	1,973	356	-158	-8%
215	4	Adult Mental Health Localities	5,445	2,063	-15	0%
217	4	Older People Mental Health	5,788	2,466	477	8%
267		Mental Health Total	13,205	4,886	304	2%
1,090		Adult & Safeguarding Directorate Total	148,078	74,871	1,095	1%
Commissioning Directorate						
0		Strategic Management –Commissioning	11	371	0	0%
0		Access to Resource & Quality	1,795	625	0	0%
-6		Local Assistance Scheme	300	143	-6	-2%
<u>Adults Commissioning</u>						
118	5	Central Commissioning - Adults	11,095	-3,295	118	1%
0		Integrated Community Equipment Service	1,024	1,110	0	0%
-110	6	Mental Health Commissioning	3,696	1,438	-113	-3%
8		Adults Commissioning Total	15,814	-747	5	0%

Forecast Outturn Variance (July) £'000	Service	Budget 2019/20 £'000	Actual August 2019 £'000	Outturn Variance £'000   %	
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	<u>Childrens Commissioning</u>				
650	<sup>7</sup> Children in Care Placements	23,819	8,457	650	3%
-0	Commissioning Services	245	131	-0	0%
<b>650</b>	<b>Childrens Commissioning Total</b>	<b>24,064</b>	<b>8,588</b>	<b>650</b>	<b>3%</b>

<b>652</b>	<b>Commissioning Directorate Total</b>	<b>41,984</b>	<b>8,979</b>	<b>649</b>	<b>2%</b>
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#### Communities & Safety Directorate

0	Strategic Management - Communities & Safety	15	57	0	0%
0	Youth Offending Service	2,163	850	-0	0%
0	Central Integrated Youth Support Services	1,399	461	0	0%
0	Safer Communities Partnership	880	547	0	0%
0	Strengthening Communities	495	177	0	0%
0	Adult Learning & Skills	2,438	463	0	0%
0	Trading Standards	694	316	0	0%
<b>0</b>	<b>Community &amp; Safety Total</b>	<b>8,084</b>	<b>2,871</b>	<b>0</b>	<b>0%</b>

-0	Strategic Management - Cultural & Community Services	163	68	-0	0%
0	Public Library Services	3,409	1,403	0	0%
0	Cultural Services	107	-33	0	0%
0	Archives	440	174	0	0%
0	Registration & Citizenship Services	-516	-304	-57	-11%
235	<sup>8</sup> Coroners	1,117	604	235	21%
<b>235</b>	<b>Cultural &amp; Community Services Total</b>	<b>4,721</b>	<b>1,912</b>	<b>178</b>	<b>4%</b>

<b>235</b>	<b>Communities &amp; Safety Directorate Total</b>	<b>12,805</b>	<b>4,783</b>	<b>178</b>	<b>1%</b>
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#### Children & Safeguarding Directorate

0	Strategic Management – Children & Safeguarding	3,355	1,378	0	0%
-0	Partnerships and Quality Assurance	2,241	844	-0	0%
350	<sup>9</sup> Children in Care	15,760	6,532	350	2%
0	Integrated Front Door	1,974	946	0	0%
0	Children's Disability Service	6,590	3,366	-0	0%
0	Children's Centre Strategy	29	1	-0	0%
0	Support to Parents	1,749	583	0	0%
-0	Adoption Allowances	5,772	2,265	-0	0%
400	<sup>10</sup> Legal Proceedings	1,970	866	400	20%

#### District Delivery Service

0	Safeguarding Hunts and Fenland	3,710	1,550	0	0%
-0	Safeguarding East + South Cambs & Cambridge	6,742	1,855	-0	0%
0	Early Help District Delivery Service – North	5,345	1,887	0	0%
-0	Early Help District Delivery Service – South	4,616	2,103	-0	0%
<b>-0</b>	<b>District Delivery Service Total</b>	<b>20,412</b>	<b>7,395</b>	<b>-0</b>	<b>0%</b>

<b>750</b>	<b>Children &amp; Safeguarding Directorate Total</b>	<b>59,852</b>	<b>24,175</b>	<b>750</b>	<b>1%</b>
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Forecast Outturn Variance (July) £'000	Service		Budget 2019/20 £'000	Actual August 2019 £'000	Outturn Variance £'000   %	
Education Directorate						
0		Strategic Management - Education	3,763	-1,935	0	0%
0		Early Years' Service	1,338	587	0	0%
0		Schools Curriculum Service	166	17	0	0%
-0		Schools Intervention Service	969	537	0	0%
-0		Schools Partnership Service	537	720	-0	0%
0		Teachers' Pensions & Redundancy	2,910	839	0	0%
SEND Specialist Services (0-25 years)						
0		SEND Specialist Services	9,723	4,548	0	0%
3,000	11	Funding for Special Schools and Units	16,489	8,594	3,000	18%
2,500	11	High Needs Top Up Funding	17,094	7,454	2,500	15%
0		Special Educational Needs Placements	9,973	5,724	0	0%
1,500	11	Out of School Tuition	1,519	1,183	1,500	99%
7,000	SEND Specialist Services (0 - 25 years) Total		54,797	27,502	7,000	13%
Infrastructure						
0		0-19 Organisation & Planning	4,068	815	-0	0%
0		Early Years Policy, Funding & Operations	94	6	0	0%
0		Education Capital	178	-523	0	0%
300	12	Home to School Transport – Special	9,821	2,827	300	3%
0		Children in Care Transport	2,005	703	0	0%
0		Home to School/College Transport – Mainstream	9,189	2,990	0	0%
300	0-19 Place Planning & Organisation Service Total		25,355	6,818	300	1%
7,300	Education Directorate Total		89,835	35,087	7,300	8%
Executive Director						
0		Executive Director	1,452	294	0	0%
0		Central Financing	91	16	0	0%
0	Executive Director Total		1,543	310	0	0%
10,027	Total		354,097	148,205	9,972	3%
Grant Funding						
-7,000	13	Financing DSG	-60,969	-25,404	-7,000	-11%
0		Non Baselined Grants	-30,400	-11,315	0	0%
-7,000	Grant Funding Total		-91,369	-36,719	-7,000	8%
3,027	Net Total		262,728	111,487	2,972	1%

## 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 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management - Adults</b>	<b>-1,824</b>	<b>7,428</b>	<b>-4,697</b>	<b>-257%</b>
<p>Around £3m of grant funding has been applied to partially mitigate opening pressures in Older People's Services detailed in note 3 below, in line with one of the purposes of the grant funding, in addition to a number of other underspends in the services within this budget heading.</p> <p>A further £1.35m of in-year funding was agreed by GPC in July 2019 and applied to this line to provide further mitigation to cost pressures.</p>				
<b>2) Autism and Adult Support</b>	<b>1,015</b>	<b>302</b>	<b>64</b>	<b>6%</b>
<p>The Autism and Adult Support team is forecast to overspend by £64k, as a result of a very high cost care package put in place in August. This team works with a small number of people who often have high needs and are generally enabled to continue living in the community. Occasionally, however, a higher-cost placement is required as a result of changing need.</p>				
<b>3) Older People's Services</b>	<b>46,565</b>	<b>20,840</b>	<b>5,319</b>	<b>11%</b>
<p>An overspend of £5,319k continues to be forecast for Older People's Services. This reflects the full-year effect of the overspend in 2018/19 and additional pressures expected to emerge over the course of 2019/20. The full-year-effect of the pressures that emerged in 2018/19 is £2.8m.</p> <p>It was reported during 2018/19 that the cost of providing care was generally increasing, with the unit costs of most types of care increasing month-on-month and the number of people requiring residential care was also going up. The focus on discharging people from hospitals as quickly as possible to alleviate pressure on the broader health and social care system can result in more expensive care for people, at least in the shorter-term, and can result in the Council funding care placements that were appropriate for higher levels of need at point of discharge through the accelerated discharge process.</p> <p>Residential placements are typically £50 per week more than 12 months ago (8%), and nursing placements are typically around £100 per week more expensive (15%). Within this, there was a particularly stark increase particularly in nursing care in the last half of 2018/19 – around 75% of the increase seen in a nursing bed cost came between November and March, and so the full impact was not known when business planning was being undertaken by committees. The number of people in residential and nursing care increased over 2018/19 but around 30% more than anticipated, again concentrated in the second half of the year.</p> <p>This trend is continuing into 2019/20. We are including an estimate in the forecast of the additional pressure that will be seen by year end as a result of the upwards trend in price and service user numbers, particularly in residential and nursing care (£2.2m).</p> <p>The total savings expectation in this service for 2019/20 is £3.1m, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain independence.</p> <p>In addition to the work embodied in the Adults Positive Challenge Programme to intervene at an earlier stage so the need for care is reduced or avoided, work is ongoing within the Council to bolster the domiciliary care market, and the broader care market in general:</p> <ul style="list-style-type: none"> <li>• Further development of the Council's integrated brokerage team to source care packages;</li> <li>• Providers at risk of failure are provided with some intensive support to maximise the continuity of care that they provide;</li> <li>• The Reablement service has been greatly expanded and has a role as a provider of last resort for care in people's homes;</li> <li>• The Care Homes project is working with providers to identify opportunities to increase residential and nursing home capacity across the county, particularly through expanding block capacity</li> </ul>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>4) Mental Health Services</b>	<b>13,205</b>	<b>4,886</b>	<b>304</b>	<b>2%</b>
<p>Mental Health Services are forecasting an overspend of £304k on operational budgets, which is a small increase of £37k from the position reported last month. Rising placement numbers for elderly mental health bed-based care at increasing unit costs is creating a pressure on budgets over and above the level of demand funding allocated. The majority of the increase since July has been mitigated by a high cost supported living placement being ended in Adult Mental Health.</p> <p>Additional mitigation of £113k has been identified in Mental Health Commissioning.</p>				
<b>5) Central Commissioning - Adults</b>	<b>11,095</b>	<b>-3,295</b>	<b>118</b>	<b>1%</b>
<p>An overspend of £118k is forecast on Central Commissioning Adults.</p> <p>This is due to a delay in the realisation of savings on the Housing Related Support contracts; some contracts have been extended until the service is retendered. The full saving is still forecast to be delivered by 2021/22 and work is ongoing as to how best to deliver this service. The in-year pressure on housing related support is £274k, however, this has been mitigated in part, including a £48k saving from retendering the block cars contract for domiciliary care.</p>				
<b>6) Mental Health Commissioning</b>	<b>3,696</b>	<b>1,438</b>	<b>-113</b>	<b>-3%</b>
<p>Mental Health Commissioning is forecasting an underspend of £113k. There is an in-year windfall as a result of credits due from two external providers relating to prior year activity (£90k). Additionally, a number of efficiencies have been achieved against current year contracts. Whilst these only have a relatively immaterial impact on the 2019/20 financial position, any ongoing efficiencies will be factored in to Business Planning for 2020/21 onwards.</p>				
<b>7) Children in Care Placements</b>	<b>23,819</b>	<b>8,457</b>	<b>650</b>	<b>3%</b>
<p>The revised Children in Care Placements outturn forecast is a £650k overspend. This is following an additional budget allocation of £350k as approved by GPC and the application of £400k of additional social care grant. Actual commitments are currently in the region of £737K overspent as a result of:</p> <ul style="list-style-type: none"> <li>Recent activity in relation to gang related crime has resulted in additional costs and high cost secure placements being required [at an average weekly cost of £7000.00 per child].</li> <li>16 unaccompanied asylum seekers became Looked After in the last two months.</li> <li>An increase in the number of Children in Care in external placements [+20%] against a projected reduction. In real terms, as at 31 Aug 2019 we have a +6 number of children in external placements compared to 31 March 2019.</li> </ul>				
<b>External Placements Client Group</b>	<b>Budgeted Packages</b>	<b>31 July 2019 Packages</b>	<b>31 Aug 2019 Packages</b>	<b>Variance from Budget</b>
Residential Disability – Children	3	3	3	0
Child Homes – Secure Accommodation	1	4	4	+3
Child Homes – Educational	19	16	16	-3
Child Homes – General	33	39	40	+7
Independent Fostering	240	315	304	+64
Supported Accommodation	26	22	20	-6
Supported Living 16+	7	10	12	+5
<b>TOTAL</b>	<b>329</b>	<b>409</b>	<b>399</b>	<b>+70</b>



Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Children in Care Placements continued</b>				
<ul style="list-style-type: none"> <li>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.</li> </ul>				
Mitigating factors moving forward include:				
<ul style="list-style-type: none"> <li>Monthly Placement Mix and Care Numbers meeting chaired by the Service Director and attended by senior managers. This meeting focuses on activity aimed at reducing the numbers in care, length of care episodes and reduction in the need for externally commissioned provision.</li> <li>Reconstitution of panels to ensure greater scrutiny and supportive challenge.</li> <li>Introduction of twice weekly conference calls per Group Manager on placement activity followed by an Escalation Call each Thursday chaired by the Head of Service for Commissioning, and attended by each of the CSC Heads of Service as appropriate, Fostering Leads and Access to Resources.</li> <li>Authorisation processes in place for any escalation in resource requests.</li> <li>Assistant Director authorisation for any residential placement request.</li> <li>Monthly commissioning intentions (sufficiency strategy work-streams), budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting (in-house provider services and Access to Resources).</li> <li>Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.</li> <li>Provider meetings scheduled through the Children's Placement Service (Access to Resources) to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.</li> <li>Regular High Cost Placement Review meetings to ensure children in externally funded placements are actively managed in terms of the ability of the provider to meet set objectives/outcomes, de-escalate where appropriate [levels of support] and maximizing opportunities for discounts (length of stay/siblings/ volume) and recognising potential lower cost options in line with each child's care plan.</li> <li>Additional investment in the recruitment and retention of the in-house fostering service to significantly increase the net number of mainstream fostering households over a three year period, as of 2018.</li> <li>Access to the Staying Close, Staying Connected Department for Education (DfE) initiative being piloted by a local charity offering 16-18 year old Children in Care Placements the opportunity to step-down from residential provision, to supported community based provision in what will transfer to their own tenancy post 18.</li> <li>Greater focus on those Children in Care Placements for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care.</li> </ul>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>8) Coroners</b>	<b>1,117</b>	<b>604</b>	<b>235</b>	<b>21%</b>
Coroners is forecasting a pressure of £235k. This is due to the increasing complexity of cases being referred to the coroner that require inquest and take time to conclude, requiring more specialist reports and advice and the recruitment of additional staff to complete investigations and prevent backlogs of cases building up. The cost of essential contracts for body storage, pathology, histology and toxicology has also increased.				
<b>9) Children in Care</b>	<b>15,760</b>	<b>6,532</b>	<b>350</b>	<b>2%</b>
<p>The Children in Care budget is anticipating an over spend of c£350k.</p> <p>The UASC budget is forecasting a pressure of £200k. This is mainly in the over 18 budget due to the increased number of children turning 18 and acquiring care leaver status.</p> <p>The Staying Put budget is forecasting a pressure of £30k as a result of a number of staying put arrangements agreed for Cambridgeshire children in external placements.</p> <p>The costs associated with supporting both these groups of young people are not fully covered by the grants from the Home Office and DfE respectively.</p> <p>The Supervised Contact budget is forecasting a pressure of £120k. The over spend is due to the use of additional relief staff and external agencies required to cover the current 228 Supervised Contact Cases (251 end July) which equate to an average of 673 sessions or 1275 hours per month (678 end July) supervised contact sessions a month. 334 (373 end July) children are currently open to the service.</p> <p><b><u>Actions being taken:</u></b></p> <p>For UASC we are continuing to review placements and are moving young people as appropriate to provisions that are more financially viable in expectation of a status decision. We are also reviewing our young people who are appeal rights exhausted. These reviews are likely to see a drop in accommodation spending as CCC discharge their duty to these young people in line with our statutory responsibilities under the immigration act. We also continue review of all staying put costs for young people in external placements to ensure that financial packages of support are needs led and compliant with CCC policy. For Supervised Contact we are reviewing the demand criteria across the cohort of Young People the service supports to include the review all of the cases that have completed proceedings (200+), to consider whether contact needs to continue to be supervised, if it does, does it need to be this service.</p>				
<b>10) Legal Proceedings</b>	<b>1,970</b>	<b>866</b>	<b>400</b>	<b>20%</b>
<p>The Legal Proceedings budget is forecasting a £400k overspend.</p> <p>Numbers of care proceedings per month increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. The increase was mainly due to care applications made in March, April and May, particularly in the North where four connected families saw 16 children coming into our care with sexual abuse and neglect the main concerns.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Legal Proceedings continued</b> <p>There are currently (end Aug) 167 live care proceedings, and whilst we saw reductions in live proceedings (183 end July) and 14 less new cases compared to July, legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget.</p> <p><b><u>Actions being taken:</u></b>  Work is ongoing to manage our care proceedings and CP Plans and better track the cases through the system to avoid additional costs due to delay. However, due to the time lag in cases coming to court it will be a number of months before the increases seen earlier in the year work their way through the system.</p>				
<b>11) Funding to Special Schools &amp; Units, High Needs Top Up Funding and Out of School Tuition</b>	<b>35,101</b>	<b>17,231</b>	<b>7,000</b>	<b>20%</b>
<b>Funding to Special Schools and Units - £3.0m DSG overspend</b> <p>As the number of children and young people with an EHCP increase, along with the complexity of need, we see additional demand for places at Special Schools and High Needs Units. The extent of this is such that a significant number of spot places have been agreed and the majority of our Special Schools are now full.</p> <p><b>High Needs Top Up Funding - £2.5m DSG overspend</b>  As well as the overall increases in EHCP numbers creating a pressure on the Top-Up budget, the number of young people with EHCPs in Post-16 Further Education is continuing to increase significantly as a result of the provisions laid out in the 2014 Children and Families Act. This element of provision is causing the majority of the forecast overspend on the High Needs Top-Up budget.</p> <p><b>Out of School Tuition - £1.5m DSG overspend</b>  There has been a continuing increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement.</p> <p>Several key themes have emerged throughout the last year, which have had an impact on the need for children to receive a package of education, sometimes for prolonged periods of time:</p> <ul style="list-style-type: none"> <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> <li>• In some cases of extended periods of tuition, parental preference was for tuition rather than in-school admission.</li> </ul> <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><b><u>Mitigating Actions:</u></b>  A SEND Project Recovery team has been set-up to oversee and drive the delivery of the SEND recovery plan to address the current pressure on the High Needs Block.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>12) Home to School Transport – Special</b>	<b>9,821</b>	<b>2,827</b>	<b>300</b>	<b>3%</b>
<p>Home to School Transport – Special is forecasting an £300k overspend for 2019/20. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs. Between April 2018 and March 2019 there was an 11% increase in both pupils with EHCPs and pupils attending special schools, which is a higher level of growth than in previous years.</p> <p>Alongside this, we are seeing an increase in complexity of need resulting in assessments being made by the child/young person's Statutory Assessment Case Work Officer that they require individual transport, and, in many cases, a passenger assistant to accompany them</p> <p>While only statutory provision is provided in this area, and charging is in line with our statistical neighbours, if growth continues at the same rate as in 2018/19 then it is likely that the overspend will increase from what is currently reported. This will be clearer in September or October once routes have been finalised for the 19/20 academic year.</p> <p>A strengthened governance system around requests for costly exceptional transport requests introduced in 2018/19 is resulting in the avoidance of some of the highest cost transports as is the use of personal transport budgets offered in place of costly individual taxis. Further actions being taken to mitigate the position include:</p> <ul style="list-style-type: none"> <li>• An ongoing review of processes in the Social Education Transport and SEND teams with a view to reducing costs</li> <li>• An earlier than usual tender process for routes starting in September to try and ensure that best value for money is achieved</li> <li>• Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently.</li> </ul>				
<b>13) Financing DSG</b>	<b>-60,969</b>	<b>-25,404</b>	<b>-7,000</b>	<b>-11%</b>
<p>Within P&amp;C, spend of £61.0m is funded by the ring fenced Dedicated Schools Grant. Current pressures on Funding to Special Schools and Units (£3.0m), High Needs Top Up Funding (£2.5m) and Out of School Tuition (£1.5m) equate to £7m and as such will be charged to the DSG.</p> <p>The final DSG balance brought forward from 2018/19 was a deficit of £7,171k.</p>				

### APPENDIX 3 – Grant Income Analysis

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

Grant	Awarding Body	Expected Amount £'000
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	293
Improved Better Care Fund	Ministry of Housing and Local Government	12,401
Social Care in Prisons Grant	DCLG	318
Winter Funding Grant	Ministry of Housing and Local Government	2,324
Unaccompanied Asylum Seekers	Home Office	2,875
Staying Put	DfE	174
Youth Offending Good Practice Grant	Youth Justice Board	526
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,694
Opportunity Area	DfE	3,400
Opportunity Area - Essential Life Skills	DfE	1,013
Adult Skills Grant	Skills Funding Agency	2,252
Early Intervention Youth Fund		384
Non-material grants (+/- £160k)	Various	125
<b>Total Non Baselined Grants 2019/20</b>		<b>30,400</b>

Financing DSG	Education Funding Agency	60,969
<b>Total Grant Funding 2019/20</b>		<b>91,369</b>

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

Directorate	Grant Total £'000
Adults & Safeguarding	15,163
Children & Safeguarding	7,407
Education	3,422
Community & Safety	4,408
<b>TOTAL</b>	<b>30,400</b>

## APPENDIX 4 – Virements and Budget Reconciliation

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

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

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 1 April 2019	2019/20		Year End Forecast 2019/20	Notes
		Movements in 2019/20	Balance at August 2019		
	£'000	£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
P&C carry-forward	-4,756	4,756	0	-2,972	Overspend £2,972k applied against General Fund.
<b>subtotal</b>	<b>-4,756</b>	<b>4,756</b>	<b>0</b>	<b>-2,972</b>	
<b><u>Equipment Reserves</u></b>					
IT for Children in Care Placements	8	0	8	8	Replacement reserve for IT for Children in Care Placements (2 years remaining at current rate of spend)
<b>subtotal</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>8</b>	
<b><u>Other Earmarked Reserves</u></b>					
<b>Adults &amp; Safeguarding</b>					
Hunts Mental Health	200	0	200	200	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
<b>Commissioning</b>					
Mindful / Resilient Together	0	0	0	0	Programme of community mental health resilience work (spend over 3 years)
Home to School Transport Equalisation reserve	116	0	116	116	Equalisation reserve to adjust for the varying number of school days in different financial years
Disabled Facilities	7	0	7	7	Funding for grants for disabled children for adaptations to family homes.
<b>Community &amp; Safety</b>					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	10	0	10	10	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
<b>Education</b>					
Cambridgeshire Culture/Art Collection	153	0	153	153	Providing cultural experiences for children and young people in Cambs
<b>Cross Service</b>					
Other Reserves (<£50k)	0	0	0	0	Other small scale reserves.
<b>subtotal</b>	<b>486</b>	<b>0</b>	<b>486</b>	<b>486</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>-4,262</b>	<b>4,756</b>	<b>494</b>	<b>-2,478</b>	

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

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.



## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2019/20						TOTAL SCHEME	
Original 2019/20 Budget as per BP £'000	Scheme	Revised Budget for 2019/20 £'000	Actual Spend (Aug) £'000	Forecast Spend – Outturn (Aug) £'000	Forecast Variance – Outturn (Aug) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
51,085	Basic Need – Primary	34,294	7,261	33,737	-557	273,607	-2,066
64,327	Basic Need – Secondary	51,096	25,755	45,043	-6,052	320,279	-52
100	Basic Need - Early Years	2,173	637	2,173	0	5,718	0
7,357	Adaptations	1,119	798	1,119	0	13,428	0
6,370	Specialist Provision	4,073	544	4,020	-53	23,128	-53
2,500	Condition & Maintenance	3,623	522	3,623	0	27,123	0
1,005	Schools Managed Capital	2,796	0	2,796	0	9,858	0
150	Site Acquisition and Development	150	71	150	0	600	0
1,500	Temporary Accommodation	1,500	149	1,500	0	12,500	0
275	Children Support Services	275	0	275	0	2,575	0
5,565	Adult Social Care	5,565	4,189	5,565	0	30,095	0
3,117	Cultural and Community Services	5,157	1,259	4,931	-226	10,630	0
-16,828	Capital Variation	-13,399	0	-6,511	6,888	-61,000	0
2,744	Capitalised Interest	2,744	0	2,744	0	8,798	0
<b>129,267</b>	<b>Total P&amp;C Capital Spending</b>	<b>101,166</b>	<b>41,185</b>	<b>101,166</b>	<b>0</b>	<b>677,339</b>	<b>-2,171</b>

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

Revised Budget for 2019/20	Forecast Spend - Outturn (August)	Forecast Spend - Outturn Variance (August)	Variance Last Month (July)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
Basic Need - Primary						
Histon Additional Places						
400	3,000	2,600	0	2,600	0	2,600
Although delays were initially anticipated on this project as it involves building a replacement for the current Histon & Impington Infant School on a site in the Green Belt, the Buxhall Farm scheme has accelerated and construction will now take place in year. While the replacement school will not be required until 2021, commencing work at this point will result in lower construction costs than if the project were delayed.						
Chatteris New School						
4,600	3,000	-1,600	0	-1,600	0	-1,600
£1.6m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This is a combined project with Cromwell Community College.						
Bassingbourn Primary School						
2,666	2,400	-266	-266	0	-266	0
Savings made on completion of scheme						
Godmanchester Bridge (Bearscroft Development)						
355	93	-262	-262	0	-262	0
Savings made on completion of scheme						
Gamlingay Primary School						
406	156	-250	-250	0	-100	-150
Savings made on completion of scheme						
Basic Need - Secondary						
Fenland Secondary						
5,000	600	-4,400	-4,400	0	0	-4,400
None of the applications submitted to the Department for Education (DfE) to establish the new secondary as free school were approved. Discussions are on-going over the extent and scale of highways investment necessary to improve access to and from the site. Until these are resolved, the final specification and associated cost of the project cannot be determined						

Revised Budget for 2019/20	Forecast Spend - Outturn (August)	Forecast Spend - Outturn Variance (August)	Variance Last Month (July)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Cromwell Community College</b>						
5,500	4,000	-1,500	0	-1,500	0	-1,500
£1.5m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This is a combined project with Chatteris New School						
<b>Other changes across all schemes (&lt;250k)</b>						
-	-	-910	-883	-27	-889	-21
Other changes below £250k make up the remainder of the scheme variances.						
<b>Total P&amp;C variances:</b>		<b>-6,888</b>	<b>-2,061</b>	<b>-4,827</b>	<b>-1,517</b>	<b>-5,371</b>

## P&C Capital Variation

The Capital Programme Board recommended that services include a variation budgets to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been calculated as below, updated for the transfer of Cultural and Community Services. Slippage and underspends expected in 2019/20 are currently resulting in £6.51m of the capital variations budget being utilised.

2019/20					
Service	Capital Programme Variations Budget	Forecast Outturn Variance (Aug 2019)	Capital Programme Variations Budget Used	Capital Programme Variations Budget Used	Revised Outturn Variance (Aug 2019)
	£000	£000	£000	%	£000
P&C	-13,399	-6,511	6,511	48.6%	0
<b>Total Spending</b>	<b>-13,399</b>	<b>-6,511</b>	<b>6,511</b>	<b>48.6%</b>	<b>0</b>

## 6.2 Capital Funding

2019/20				
Original 2019/20 Funding Allocation as per BP	Source of Funding	Revised Funding for 2019/20	Funding Outturn (Aug 19)	Funding Variance - Outturn (Aug 19)
£'000		£'000	£'000	£'000
6,905	Basic Need	6,905	6,905	0
4,126	Capital maintenance	3,547	3,547	0
1,005	Devolved Formula Capital	2,796	2,796	0
4,115	Adult specific Grants	4,146	4,146	0
14,976	S106 contributions	6,555	6,555	0
2,052	Other Specific Grants	2,576	2,576	0
0	Capital Receipts	131	131	0
10,100	Other Revenue Contributions	10,100	10,100	0
74,390	Prudential Borrowing	48,269	48,269	0
11,598	Prudential Borrowing (Repayable)	16,141	16,141	0
<b>129,267</b>	<b>Total Funding</b>	<b>101,166</b>	<b>101,166</b>	<b>0</b>

**SERVICE COMMITTEE REVIEW OF DRAFT REVENUE & CAPITAL BUSINESS  
PLANNING PROPOSALS FOR 2020-21 TO 2024-25**

*To:* **Adults Committee**

*Meeting Date:* 10 October 2019

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

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

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

*Purpose:* **This report provides the Committee with an overview of the draft Business Plan Revenue and Capital Proposals for services that are within the remit of the Adults Committee.**

*Recommendation:*

- a) That the Committee note the overview and context provided for the 2020-21 to 2024-25 Business Plan revenue proposals for the Service.**
- b) That the Committee comment on the draft revenue proposals that are within the remit of the Adults Committee for 2020-21 to 2024-25.**
- c) That the Committee comment on the draft capital proposals that are within the remit of the Adults Committee for 2020-21 to 2029-30, set out in section 6.2.**

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## 1. OVERVIEW

- 1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the priority outcomes we want for people.

Priority Outcomes for Cambridgeshire Citizens		
A good quality of life for everyone	Thriving places for people to live	The best start for Cambridgeshire's children
<ul style="list-style-type: none"> <li>Keeping vulnerable people safe in a way that draws on their own strengths and those of their communities.</li> <li>Nurturing healthily communities that have access to resources that enable them to support themselves, connect with others and become sustainable.</li> <li>Improving social and economic equality so that life expectancy, opportunity and social mobility are not determined by wealth or background.</li> <li>Encouraging and supporting people to choose healthy lifestyles to prevent problems in later life - focusing our help on those communities most at risk of poor health outcomes.</li> <li>Using our public assets wisely and raising money in a fair and businesslike way to generate social return for all citizens of Cambridgeshire.</li> </ul>	<ul style="list-style-type: none"> <li>Growing financial and social capital place-by-place by stewarding local resources including public, private and voluntary contribution.</li> <li>Continuing to invest in the environment, infrastructure and services that are a vital part of everyday life for everyone in the county and for a thriving local economy.</li> <li>Putting more choice and more independence directly into the hands of individuals and communities.</li> <li>Working with District and Parish Councils, Public Sector Partners and other community organisations to provide local services which build supportive, resilient communities and great places to live.</li> </ul>	<ul style="list-style-type: none"> <li>Focusing on what happens to children in their earliest years as the key to influencing positive outcomes in adult life.</li> <li>Working with children, their families and carers to develop positive attitudes to learning and health and wellbeing.</li> <li>Joining services across health, education and social care to address social inequalities in our most deprived communities.</li> <li>Intervening early and effectively to support and safeguard vulnerable children, young people and their families.</li> <li>Increasing stability in placements for children in care.</li> <li>Providing ongoing support for care leavers to help achieve positive educational outcomes and access to quality work opportunities.</li> </ul>

- 1.2 To ensure we deliver our agenda, the focus will continue to be on getting the maximum possible value for residents from every pound of public money we spend, and doing things differently to respond to changing needs and new opportunities. The Business Plan therefore sets out how we aim to provide good public services and achieve better outcomes for communities, whilst also responding to the challenge of reducing resources.
- 1.3 Like many Councils across the country, we are facing a major financial challenge. Demand is increasing and funding is reducing at a time when the cost of providing services continues to rise significantly due to inflationary and demographic pressures. Through our FairDeal4Cambs campaign we are currently linking with the 36 Shire County areas who make up membership of the County Councils Network and who are raising the issue of historic underfunding of Shire Counties with our MPs and through them with Government. As one of the fastest growing Counties in the country, this financial challenge is greater in Cambridgeshire than elsewhere. We have already delivered £178m of savings over the last five years and have a strong track record of value for money improvements which protect front line services to the greatest possible extent. However, we know that there will be diminishing returns from existing improvement schemes and that the substantial pressure on public finances remains. It is therefore clear that we need to continue to work alongside local communities to build independence and co-produce solutions at pace.
- 1.4 We recognise the scale of change needed and propose a significant programme of change across our services, with our partners and, crucially, with our communities. To support this we have a dedicated transformation

fund as part of the Business Plan, providing the resource needed in the short term to drive the change we need for the future.

- 1.5 As the scope for traditional efficiencies diminishes, our plan is increasingly focused on a range of more fundamental changes to the way we work. Some of the key themes driving our thinking are;
- Income and Commercialisation - identifying opportunities to bring in new sources of income which can fund crucial public services without raising taxes significantly and to take a more business-like approach to the way we do things in the council.
  - Strategic Partnerships – acting as ‘one public service’ with our partner organisations in the public sector and forming new and deeper partnerships with communities, the voluntary sector and businesses. The aim being to cut out duplication and make sure every contact with people in Cambridgeshire delivers what they need now and might need in the future.
  - Demand Management – this is fundamentally about supporting people to remain as healthy and as independent as possible, for as long as possible. It is about working with people to help them help themselves or the person they care for e.g. access to advice and information about local support and access to assistive technology. Where public services are needed, it is about ensuring support is made available early so that people’s needs don’t escalate to the point where they need to rely heavily on public sector support in the long term.
  - Commissioning – ensuring all services that are commissioned to deliver the outcomes people want at the best possible price – getting value for money in every instance.
  - Modernisation – ensuring the organisation is as efficient as possible and as much of the Council’s budget as possible is spent on front line services and not back office functions, taking advantage of the latest technologies and most creative and dynamic ways of working to deliver the most value for the least cost.
- 1.6 The Council continues to undertake financial planning of its revenue budget over a five year period which creates links with its longer term financial modelling and planning for growth. This paper presents an overview of the proposals being put forward as part of the Council’s draft revenue budget, with a focus on those which are relevant to this Committee. Increasingly the emerging proposals reflect joint proposals between different directorate areas and more creative joined up thinking that recognise children live in families and families live in communities, so some proposals will go before multiple Committees to ensure appropriate oversight from all perspectives.
- 1.7 Funding projections have been updated based on the latest available information to provide a current picture of the total resource available to the Council. At this stage in the year, however, projections remain fluid and will be reviewed as more accurate data becomes available.
- 1.8 Equally, as our proposals become more ambitious and innovative, in many instances they become less certain. Some proposals will deliver more or less

than anticipated, equally some may encounter issues and delays and others might be accelerated if early results are promising. We have adapted our approach to business planning in order to manage these risks, specifically;

- Through the development of proposals which exceed the total savings/income requirement – so that where some schemes fall short they can be mitigated by others and we can manage the whole programme against a bottom-line position
- By establishing a continual flow of new proposals into the change programme – moving away from a fixed cycle to a more dynamic view of new thinking coming in and existing schemes and estimates being refined
- Taking a managed approach to risk – with clarity for members about which proposals have high confidence and certainty and which represent a more uncertain impact

1.9 The Committee is asked to comment on these initial proposals for consideration as part of the Council's development of the Business Plan for the next five years. Draft proposals across all Committees will continue to be developed over the next few months to ensure a robust plan and to allow as much mitigation as possible against the impact of these savings. Therefore these proposals may change as they are developed or alternatives found.

1.10 Committees will receive an update to the revenue business planning proposals in December at which point they will be asked to endorse the proposals to GPC as part of the consideration for the Council's overall Business Plan.

## **2. BUILDING THE REVENUE BUDGET**

2.1 Changes to the previous year's budget are put forward as individual proposals for consideration by committees, General Purposes Committee and ultimately Full Council. Proposals are classified according to their type, as outlined in the attached Table 3, accounting for the forecasts of inflation, demand pressures and service pressures, such as new legislative requirements that have resource implications, as well as savings and investments.

2.2 The process of building the budget begins by identifying the cost of providing a similar level of service to the previous year. The previous year's budget is adjusted for the Council's best forecasts of the cost of inflation, the cost of changes in the number and level of need of service users (demand) and proposed investments. Should services have pressures, these are expected to be managed within that service where possible, if necessary being met through the achievement of additional savings or income. If this is not possible, particularly if the pressure is caused by legislative change, pressures are considered corporately. It should be noted, however, that there are no additional resources and therefore this results in an increase in the level of savings that are required to be found across all Council Services. The total expenditure level is compared to the available funding and, where this is insufficient to cover expenditure, the difference is the savings or income requirement to be met through transformational change and/or savings projects in order to achieve a set of balanced proposals.

- 2.3 The budget proposals being put forward include revised forecasts of the expected cost of inflation following a detailed review of inflation across all services at an individual budget line level. Inflation indices have been updated using the latest available forecasts and applied to the appropriate budget lines. Inflation can be broadly split into pay, which accounts for inflationary costs applied to employee salary budgets, and non-pay, which covers a range of budgets, such as energy, waste, etc. as well as a standard level of inflation based on government Consumer Price Index (CPI) forecasts. All inflationary uplifts require robust justification and as such general inflation is assumed to be 0%. Key inflation indices applied to budgets are outlined in the following table:

Inflation Range	2020-21	2021-22	2022-23	2023-24	2024-25
Non-pay inflation (average of multiple rates) where applicable	3.6%	2.7%	2.8%	2.7%	2.7%
Pay (admin band)	2%	2%	1%	1%	1%
Pay (management band)	2%	2%	1%	1%	1%

- 2.4 Forecast inflation, based on the above indices, is as follows:

Service Block	2020-21	2021-22	2022-23	2023-24	2024-25
People and Communities (P&C)	5,665	5,748	4,475	4,171	4,251
Place and Economy (P&E)	1,961	2,053	2,222	2,259	2,361
Commercial and Investments (C&I)	238	147	138	141	143
Public Health	51	51	24	24	24
Corporate and Managed Services	-275*	174	103	104	104
LGSS Operational	277	277	139	139	139
<b>Total</b>	<b>7,917</b>	<b>8,450</b>	<b>7,101</b>	<b>6,838</b>	<b>7,022</b>

\*Includes reduction of additional pension contribution in relation to vacancies to be apportioned between Service Blocks

- 2.5 A review of demand pressures facing the Council has been undertaken. The term demand is used to describe all anticipated demand changes arising from increased numbers (e.g. as a result of an ageing population, or due to increased road kilometres) and increased complexity (e.g. more intensive packages of care as clients age). The demand pressures calculated are:

Service Block	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000
People and Communities (P&C)	10,771	11,252	12,811	13,295	13,008
Place & Economy (P&E)	199	225	179	192	202
<b>Total</b>	<b>10,970</b>	<b>11,477</b>	<b>12,990</b>	<b>13,487</b>	<b>13,210</b>

- 2.6 The Council is facing some cost pressures that cannot be absorbed within the base funding of services. Some of the pressures relate to costs that are

associated with the introduction of new legislation and others as a direct result of contractual commitments. These costs are included within the revenue tables considered by service committees alongside other savings proposals and priorities:

<b>Service Block / Description</b>	<b>2020-21 £'000</b>	<b>2021-22 £'000</b>	<b>2022-23 £'000</b>	<b>2023-24 £'000</b>	<b>2024-25 £'000</b>
<b>New Pressures Arising in 20-21</b>					
P&C: Increase in Older People's placement costs	4,458				
P&C: Home to School Transport - Special	800				
P&C: SEND Specialist Services – loss of grant	300				
P&C: SEND Specialist Service – underlying pressures	201				
C&I: East Barnwell Community Centre		100			
<b>Existing Pressures Brought Forward</b>					
P&C: Impact of National Living Wage on Contracts	3,367	3,091	3,015	3,015	3,015
P&C: Potential Impact of Changing Schools Funding Formula	1,579	1,500			
P&C: Libraries to serve new developments		49			
P&C: Supervised contact (numbers of children)	-35				
P&C: Independent reviewing officers (numbers of children)		-85			
P&E: Minerals and Waste Local Plan	-54	-54			
P&E: Guided Busway Defects	-1,300				
C&I: Renewable energy – Soham	4	5	40		
C&I: LGSS Law dividend expectation		-96			
Impact of Local Government Pay offer on CCC Employee Costs (combined)	174	174			
<b>Total</b>	<b>9,494</b>	<b>4,684</b>	<b>3,055</b>	<b>3,015</b>	<b>3,015</b>



### 3. SUMMARY OF THE DRAFT REVENUE BUDGET

- 3.1 In order to balance the budget in light of the cost increases set out in the previous section and reduced Government funding, savings or additional income of £24.6m are required for 2020-21, and a total of £74m across the full five years of the Business Plan. The following table shows the total level of savings necessary for each of the next five years, the amount of savings attributed from identified savings and the residual gap for which saving or income has still to be found:

Service Block	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000
Total Saving Requirement	24,561	14,916	12,280	12,697	9,050
Identified Savings	-10,711	-2,256	920	206	558
Identified additional Income Generation	-1,285	-2,225	-3,542	-365	133
<b>Residual Savings to be identified</b>	<b>12,565</b>	<b>10,435</b>	<b>9,658</b>	<b>12,538</b>	<b>9,741</b>

- 3.2 As the table above shows, there is still a significant level of savings or income to be found in order to produce a balanced budget for 2020-21. While actions are being taken to close the funding gap, as detailed below, it must be acknowledged that the proposals already identified are those with the lower risk and impact profiles and the further options being considered are those considered less certain, or with greater impact.

- 3.3 The actions currently being undertaken to close the gap are:

- Reviewing all the existing proposals to identify any which could be pushed further – in particular where additional investment could unlock additional savings
- Identifying whether any longer-term savings can be brought forward
- Reviewing the full list of in-year and 2020-21 pressures – developing mitigation plans wherever possible to reduce the impact of pressures on the savings requirement
- Bringing more ideas into the Transformation Pipeline – this work will continue to be led across service areas with support from the Transformation team – recognising that it is the responsibility of all areas of the Council to keep generating new proposals which help meet this challenge.

- 3.4 There are also a number of additional risks and assumptions with potential impacts on the numbers above and accompanying tables. These will be monitored closely and updated as the Business Plan is developed to ensure that any financial impacts are accurately reflected in Council budgets:

- The Business Plan includes a 2% inflationary uplift for administrative and management band staff pay. The National Joint Council pay scales have not been confirmed for 2020-21 onwards and it is possible that an uplift of greater than 2% will be agreed. A number of other groups of public sector workers including teachers, armed forces and police officers are expected to receive pay increases in excess of 2% in 2020-21.

- The result of schools funding reforms, in particular the control of the Dedicated Schools Grant shifting further toward individual schools, potential additional funding to be announced by government, and the local situation with a deficit held within the high needs block is still under discussion and the significant current pressure will be updated as the outcome of this discussion becomes clear.
  - Movement in current year pressures – Work is ongoing to manage our in-year pressures downwards however any change to the out-turn position of the Council will impact the savings requirement in 2020-21. This is particularly relevant to demand led budgets such as children in care or adult social care provision.
  - The inflationary cost increases set out in section 2.4 assume that inflation on the cost of bed-based care within Adults & Older People's Services will continue to be higher than general inflation in 2020-21. Additionally, the pressures within Older People's services included in section 2.6 assume that the local NHS continues to contribute funding to joint health and social care initiatives at current levels in 2020-21.
  - The Government has confirmed that the introduction of 75% business rates retention and the review of relative needs and resources (fair funding review) will be delayed until 2021 to coincide with the next multi-year spending review. There is therefore a significant level of uncertainty around the accuracy of our funding assumptions from 2021/22 onwards.
  - The Council has worked closely with local MPs in campaigning for a fairer funding deal for Cambridgeshire. The Chancellor announced the Government's spending plans for 2020-21 on 4th September, which included an additional £1bn of grant funding for social care. The financial implications for the Council are still as yet unclear as individual local authority allocations are yet to be announced. Notwithstanding any additional funding the Council may receive, it is expected that significant savings are required to balance the budget for 2020-21 and services continue to develop plans at pace.
  - The Government has confirmed that The Winter Pressures and Social Care Support Grants, announced for the first time in 2019-20, will continue in 2020-21. These grants now support £4.4m of permanent spending across Adults and Children's Services as well as contributing £1.9m to the 2020-21 budget gap. We have assumed, in line with other Shire Counties, that these grants continue at their current levels throughout the period of the current Medium Term Financial Strategy (2020-21 – 2024-25). However, the Council will continue to develop options for further savings which will allow the authority to operate on a sustainable basis should this funding not be forthcoming in future years.
- 3.5 In some cases, services have planned to increase income to prevent a reduction in service delivery. For the purpose of balancing the budget these two approaches have the same effect and are treated in the same way.
- 3.6 This report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue and

capital proposals in line with new savings targets. New proposals are developed across Council to meet any additional savings requirement and all existing schemes are reviewed and updated before being presented to service committees for further review during December.

- 3.7 The level of savings required is based on a 2% increase in the Adults Social Care precept and a 0% increase in Council tax. The Government has confirmed that Local Authorities will be granted the continued flexibility to levy the ASC precept in 2020-21, however the Government has not yet announced the Council tax referendum limit for 2020-21. Local Authorities were permitted to increase general Council tax by a maximum of 2.99% in 2018-19 and 2019-20 without the requirement for approval from residents through a positive vote in a local referendum. It is likely, although not confirmed, that the Council will be presented with the option to increase Council tax by up to a further 2.99% in 2020-21. It is estimated that the cost of holding a referendum for increases deemed to be excessive would be around £100k, rising to as much as £500k should the public reject the proposed tax increase (as new bills would need to be issued).
- 3.9 Following October and December service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

#### **4. BUSINESS PLANNING CONTEXT FOR ADULTS COMMITTEE**

- 4.1 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. In addition, there is a reliance nationally on government funding that is in many cases unconfirmed beyond the current financial year.

##### Adult Social Care Budget

- 4.2 The Council has a lower budget compared to statistical neighbours, as shown in the table below. Despite this however, recent analysis has found that the quality of outcomes for service users in Cambridgeshire was in line with national averages despite a lower than average level of expenditure.

Table 1: Total budget per adult resident (whole population) vs statistical neighbours in 2018/19.

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	380.20
West Berkshire	374.38
Hampshire	366.16
Central Bedfordshire	363.58
North Yorkshire	355.73
Buckinghamshire	341.25
West Sussex	338.06
Somerset	335.67
Warwickshire	325.60
Gloucestershire	312.36
Worcestershire	299.66
Leicestershire	295.90
Cambridgeshire	286.43

### Cost of Care

- 4.3 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, the rurality of parts of Cambridgeshire, and demand for care placements from other sources such as private individuals and the NHS. 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.
- 4.4 A pressure of £3,367k is included in the business plan to mitigate the pressure on care budgets as a result of the projected increase in the minimum wage to £8.63. We also budget for inflation at the current level that is experienced for care, which adds a further budget requirement, though work is ongoing to bring this down over the medium term.
- 4.5 The cost of residential and nursing care for older people rose sharply over the second half of 2018/19 and into 2019/20, above the level budgeted for. An amount is therefore included as pressure funding to offset this historic pressure in care budgets.

### Demand

- 4.6 Cambridgeshire was the fastest growing county authority between 2001 and 2011 and is expected to continue to grow. The estimated population in 2016 was 652,110, with 18.3% of the population (119,070 people) aged 65 and

over. The population of Cambridgeshire is forecast to grow by 23% between 2016 and 2036, an additional 151,090 people.<sup>1</sup>

- 4.7 The Adults Positive Challenge Programme has been put in place to respond to these challenges and the evidence is that this is having a positive impact. However the rate of increase in levels of demand is such that it cannot be completely absorbed within services and so it needs to be met by additional investment, as well as changing the way we do things. A number of demand funding allocations are therefore proposed across services within the remit of the Adults Committee as part of business planning to ensure we continue to be able to support eligible adults who need help from services. An overview of the additional funding is provided below.
- 4.8 These demand pressures are budgeted on the basis of trends up to the start of 2020/21 continuing – as noted above, the Adults Positive Challenge Programme is expected to mitigate much of this increase in demand, and is included separately as a saving.

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<sup>1</sup> Source: Cambridgeshire County Council Research Group, available here  
<https://cambridgeshireinsight.org.uk/population/population-forecasts/?geographyId=3f57b11095784e27969369a52f7854ef&featureId=E05002702>

<b>Demand Area</b>	<b>Description</b>	<b>Amount £000 2020/21</b>
Older People	Additional funding to ensure we meet the increased demand for care amongst older people, providing care at home as well as residential and nursing placements. Population growth in Cambridgeshire and the fact that people are living longer results in steeply increasing numbers of older people requiring care. We estimate that numbers will increase by around 2.7% each year and the current pattern of activity and expenditure is modelled forward to estimate the additional budget requirement for each age group and type of care. Account is then taken of increasing complexity of cases coming through the service.	3,475
Learning Disability Partnership (LDP)	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities. We need to invest an additional £900k in 2020/21 to provide care for a projected 60 new service users (primarily young people) who outnumber the number of people leaving services. We also need to invest £942k in the increasing needs of existing service users and the higher complexity we are seeing in adults over age 25.  The NHS, as a partner in the pooled LDP budget, is expected to proportionately invest in this demand pressure.	1,843
Physical Disabilities	The needs of people with physical disabilities are increasing and so care packages are becoming more complex. In particular, more hours of domiciliary care are being provided per person, and there is expected to be a rise in the number of residential placements in the short-term.	514
Older People Mental Health	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements. The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. Some account is then taken of increasing complexity of cases coming through the service.	260
Autism and Adult Support	This is a small service with particularly complex service users. This additional funding assumes a further 10 service users joining the service as they become adults, as well as an amount to factor in increasing needs.	75
Adult Mental Health	Additional funding for a net increase of 5 care packages for 2019/20, in line with increasing prevalence of mental health needs in available statistical information and having some regard to district councils' housing plans.	70

## **5. OVERVIEW OF ADULTS COMMITTEE'S DRAFT REVENUE PROGRAMME - SAVINGS**

- 5.1 The list below provides the draft 2020/21 business planning savings proposals within the remit of the Adults Committee. In each case the reference to the business planning table is included along with the anticipated level of financial saving or additional income. It is important for the Committee to note that the proposals and figures are draft at this stage and that work on the business cases is ongoing. Updated proposals will be presented to Committee again in December, at which point business cases and the associated impact assessments will be final for the Committee to endorse.
- 5.2 Additional investment is required to deliver transformation at this scale and the programme of savings described below will need to be supported by resource agreed through the Council's Transformation fund process. On 20 September 2018, the General Purposes Committee approved an investment of £3m to deliver the Adults Positive Challenge Programme (APC) over the next two years. This funding will be drawn down in tranches triggered by full business cases signed off by the Section 151 Officer in consultation with the Chairs of Adults and GPC committees.

**List of proposals – business cases can be seen in Appendix 1:**

5.3 **A/R.6.176 – Adults Positive Challenge Programme (-3,800k)**

## **6. OVERVIEW OF ADULTS COMMITTEE'S DRAFT CAPITAL PROGRAMME**

- 6.1 The Adults capital programme is small, consisting of just two schemes:
- Disabled Facilities Grant – this is a capital grant received from central government that forms part of the Better Care Fund. We are mandated to pass on this grant in defined amounts to the District Councils as housing authorities, unless it is agreed mutually for CCC to retain some. For the past two years we have been permitted to retain a small portion of the grant to part fund the community equipment service.
  - Community Equipment Service – £1.3m of the community equipment service has typically been capitalised, funded by prudential borrowing. This has enabled the service to pay for a number of more expensive special pieces of equipment that will likely have quite a long lifespan. This service is a crucial preventative service, and is currently part of a pooled budget arrangement with the NHS
- 6.2 Both of these schemes are projected to continue through the full ten years of the capital programme.

## **7. LONGER TERM TRANSFORMATION TO CREATE A SUSTAINABLE SERVICE MODEL**

- 7.1 This programme of work includes innovative approaches that will improve outcomes whilst continuing to deliver a further level of efficiency and significant savings.
- 7.2 A Transformation resource was established in 2016 to enable investment in longer term initiatives, identifying opportunities where better outcomes can be delivered at reduced cost and demand for services can be reduced. To date, savings of £23.8m have been released as a result of services using this resource.

## **8. NEXT STEPS**

- 8.1 The high level timeline for business planning is shown in the table below.

December	Updated business cases and any additional business cases to be considered by committee
January	General Purposes Committee will review the whole draft Business Plan for recommendation to Full Council
February	Full Council will consider the draft Business Plan

## **9. ALIGNMENT WITH CORPORATE PRIORITIES**

- 9.1 **A good quality of life for everyone**  
There are no significant implications for this priority.
- 9.2 **Thriving places for people to live**  
The impact of these proposals is summarised in the community impact assessments, included within the business cases attached in Appendix 1.
- 9.3 **The best start for Cambridgeshire's children**  
The impact of these proposals is summarised in the community impact assessments, included within the business cases attached in Appendix 1.

## **10. SIGNIFICANT IMPLICATIONS**

- 10.1 **Resource Implications**  
The proposals set out the response to the financial context described in section 4 and the need to change our service offer and model to maintain a sustainable budget. The full detail of the financial proposals and impact on budget is described in the financial tables of the business plan, attached to this paper as Appendix 2. The proposals seek to ensure that we make the most effective use of available resources across the health and social care system and are delivering the best possible services given the reduced funding. This set of business planning proposals is subject to financial risk. In particular, the proposals for reduced spending on statutory care budgets represent ambitious targets for budgets which are 'demand-led' and therefore not fully controllable. We will always need to meet statutory needs and so we are reliant on our early help and preventative activity being successful in



reducing demand. If this is not successful then further savings will have to be found elsewhere.

**10.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no procurement or contractual procedure implications.

**10.3 Statutory, Legal and Risk implications**

The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget. Adults Services will continue to meet the range of statutory duties for supporting older people, people with disabilities and people with mental health needs and other vulnerable groups, but as stated within the impact sections of this paper the model of help provided to people with statutory needs will change.

**10.4 Equality and Diversity Implications**

The Equality Impact Assessments describe the impact of each proposal, in particular any disproportionate impact on vulnerable, minority and protected groups.

**10.5 Engagement and Consultation Implications**

Our Business Planning proposals are informed by the CCC public consultation on the Business Plan and will be discussed with a wide range of partners throughout the process (some of which has begun already). The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to the Adults Committee.

Draft Equality Impact Assessments (EIAs) for the savings proposals are attached to this paper for consideration by the Committee, and where applicable these will be developed based on consultation with service users and stakeholders.

**10.6 Localism and Local Member Involvement**

As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents, the voluntary sector and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

**10.7 Public Health Implications**

We are working closely with Public Health colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned. In particular the work being led within Public Health around falls prevention will be important to our objective to reduce the need for care for older people and the public health focus on preventative mental health support will be part of the model to reduce the reliance on social care for people with mental health needs.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Monitoring Officer: Fiona McMillan, LGSS Law
Are there any Equality and Diversity implications?	Covered in business case impact assessment Julia Turner
Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Julia Turner
Have any Public Health implications been cleared by Public Health	Yes Laurence Gibson

Source Documents	Location
Strategic Framework	<a href="https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/council/finance-and-budget/Section%201%20-%20Strategic%20Framework%20-%2019-20.pdf?inline=true">https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/council/finance-and-budget/Section%201%20-%20Strategic%20Framework%20-%2019-20.pdf?inline=true</a>

**APPENDIX 1: Draft Business Cases for business planning proposals within the remit of Adults Committee**

**APPENDIX 2: Financial summary – Table 3**

## Appendix 1: Adults Draft business cases

## Business Case

### A/R.6.176 Adults Positive Challenge Programme

#### Project Overview

<b>Project Title</b>	A/R.6.176 Demand management savings in adult services (Adults Positive Challenge Programme)		
<b>Project Code</b>	TR001396	<b>Business Planning Reference</b>	A/R.6.176
<b>Business Planning Brief Description</b>	This document sets out the business case for the second year of the Adults Positive Challenge Programme (APCP). Driven by the vision that better outcomes cost less, APCP is using a demand management approach to deliver the win-win of improved independence for people, and financial sustainability in adult social care. The programme supports both the delivery of the CCC corporate strategy and maximizing the potential of the Care Act. The programme is entering its second year having delivered significant financial benefits during 2019/20. The vision driving the programme is that by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods.		
<b>Senior Responsible Officer</b>	Charlotte Black		

#### Project Approach

##### Background

##### Why do we need to undertake this project?

Through investment from the Council's Transformation Fund, in Autumn 2017 a consortium of Capgemini and iMPOWER was appointed to support an opportunity assessment and business case for a financial sustainable adult social care service. This work included a baseline analysis, development of a new vision and identification of opportunities for improvement, efficiency and further transformation.

This work evidenced that the Cambridgeshire adult social care system is already broadly efficient and effective. The quality of outcomes for service users in Cambridgeshire was found to be in line with the national average, despite a lower than average level of expenditure. The analysis also found that the Transforming Lives Programme had made progress in encouraging a proactive, preventative and personalised approach to care and highlighted that a larger proportion of service users in Cambridgeshire are supported to live independently at home, rather than in residential or 24 hour care settings.

There are however, several key challenges that are driving the need for a new approach – specifically:

- a substantial supply capacity challenge in the current care workforce;

- continuing increases in demand from a growing and ageing population;
- a combination of demand growth and inflationary pressure leading to a substantial budget deficit in the coming years;
- limited digital tools and inadequate use of data causing productivity losses in staff time and impacting on the frequency and quality of case reviews

In response, Cambridgeshire County Council (CCC) has started to design and create financially sustainable services that continue to enable residents to live fulfilled lives, to build on people's strengths, and to support people in a way that works for them. If left unchecked, financial pressure could lead to a budget deficit of £27m for CCC Adult Services by 2023.

There is evidence that over 30% of social care cases include people whose needs could have been prevented, delayed or reduced. CCC must make use of technology; change working practices and adopt a more community-centered approach to improve better outcomes for residents and to reduce costs. This has been clearly evidenced through the Neighbourhood Cares pilots that have been running in Soham and St Ives.

The APCP was designed with a focus on delivering the demand management opportunities identified through the work set out above. Launched with a Fast Forward project that rapidly delivered proof of concept for demand management, and tangible demand impact, the comprehensive APCP was formed in August 2018, with an investment case for the initial phase of the programme developed through the 2019/20 business planning cycle.

The first year of the APCP has been a success, with £807k of financial benefit delivered during the first quarter of the 2019/20 financial year. This benefit is built on positive system change changes in demand, outcomes and independence. Cambridgeshire residents have been supported to maximise their independence through changed conversations and using the latest assistive technology, flexible support planning, better carers support and high quality outcomes from reablement.

The first phase of the programme gives confidence that the APCP will continue to deliver throughout the remainder of 2019/20 and 2020/21.

### What would happen if we did not complete this project?

This project is already underway and is delivering improved outcomes and financial benefits.

If the project were stopped, it is likely that the benefits of the programme so far would not be sustained, regressing to previous ways of working. This risks a slowdown and reduction in programme financial benefits, which risks an adult social care a budget deficit of £27m by 2023. This would in turn put at risk the council's ability to undertake its statutory requirements.

### Approach

#### Aims / Objectives

The fundamental principle of the strategic change is an adult social care model which is based on *putting choice and independence directly into the hands of individuals and communities*. The new model is driven by the neighbourhood or place based approach, and success will mean that citizens have greater independence and better outcomes with reduced state intervention by:

- addressing citizens' needs early on to prevent them from escalating - working in partnership with communities and health partners to share information, act as one care workforce and be proactive;

- empowering individuals to do more for themselves - providing them with the resources, tools and local support network to make it a reality; and
- building self-sufficient and resilient communities - devolving more preventative care and support resources at a neighbourhood level and enabling individuals to spend their long term care budget within their community.

By 2023 local people will drive the delivery of care, health and well-being in their neighbourhoods.

### **Project Overview - What are we doing**

The work undertaken in the first year of the programme indicates that demand management led change is sustainable, and could result in savings to the Council of approximately £17m over the next five years.

The APCP is focused on taking forward the service demand management opportunities identified through the Outline Business Case (OBC) and subsequent work, and aims to deliver £3.8m in 2019/20 and £3.8m in 2020/21.

The APCP currently has eight key work streams to achieve the council's future vision for Adult Social Care:

- 1) Changing the conversation – outcome and independence focused conversations at every step of the customer journey
- 2) Expanding the use of Technology Enabled Care (TEC)
- 3) Commissioning for outcomes
- 4) Preparing for adulthood (Previously known as Learning disability enablement) – maximising independence for young people moving into adult services
- 5) Neighbourhood based operating model
- 6) Increasing access to Carers support
- 7) Targeted Reablement
- 8) Panels

The programme is in the process of developing delivery plans for 2020/21. It is anticipated that whilst some key workstreams (Changing the Conversation, Carers, TEC, reablement) will continue into the next financial year, others (Neighbourhoods, Commissioning for outcomes) will be delivered outside the programme either as business as usual or under separate governance arrangements. Panels will be restructured and this will be completed in 2019/20. Work to address market pressures is outside the scope of the programme but work will be taken forward with social care providers with the Changing the Conversation workstream.

A range of new opportunities are currently being scoped into the delivery plan for 2020/21, these will be incorporated in the programme within current or new workstreams. These opportunities include:

- A focus on the Tier 1 and Tier 2 offer to ensure we are enabling people to help themselves and access short-term help when they need it

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- Extending and continuing the work in existing workstreams to ensure full benefits being realised through investment in TEC and Reablement
- Preparing for Adulthood delivery- promoting independence prior to transition from children's to adults services
- Broadening the remit of Changing the Conversation beyond the internal ASC teams
- Focusing TEC on specific client groups and horizon scanning for new TEC opportunities
- Extending the carers workstream to prevent carer breakdown and support carer health
- Building in work being led by Public Health on falls prevention
- A detailed focus on opportunities within mental health
- Transport costs and promoting independent travel
- Developing stronger links with Housing and earlier intervention on housing issues or with housing providers
- Working with the Place Based Boards that will be set up under Think Communities to take forward the Neighbourhood Cares approach and principles across all public services

### What assumptions have you made?

- There will not be any changes in legislation with regards to adult social care.
- Projections of population growth in Cambridgeshire over the next five years are accurate, particularly with regards to the 65-85 age group.
- Needs can be prevented, delayed or reduced sufficiently across the adult social care cohort to achieve the demand management savings set out in this business case.
- The demand management savings take account of where multiple work streams are working together to reduce demands for the same cohort. The financial savings are not counted multiple times.

### What constraints does the project face?

- Adult Social Care services must continue to meet the requirements of the Care Act.
- There are financial constraints that the programme must work within.
- During 2018/19 and 2019/20 CCC experienced significant cost pressures from the ASC provider market. Addressing these is not currently in the programme scope but their impact may mask programme benefit.

## Delivery Options

Has an options and feasibility study been undertaken?

## Scope / Interdependencies

### Scope

#### What is within scope?

Demand management savings resulting from APCP interventions  
Cashable benefits resulting from APCP interventions

#### What is outside of scope?

## Project Dependencies

Title
Support from Enablers

Cost and Savings
See accompanying financial information in Table 3

Non Financial Benefits
<p><b>Non Financial Benefits Summary</b></p> <p>The overarching benefits for the programme include:</p> <ul style="list-style-type: none"> <li>• Addressing needs early on to prevent them escalating</li> <li>• People receive the right package of care and support which targets what they want to achieve</li> <li>• Peoples' quality of life, mental and physical health and well-being, is improved</li> <li>• Maximising independence by empowering individuals to do more for themselves</li> <li>• Building self-sufficient and resilient communities</li> <li>• Staff have the appropriate knowledge, skills and tools</li> </ul>
Title

Risks
Title

Project Impact
<p><b>Equality Impact Assessment</b></p> <p><b>Who will be affected by this proposal?</b></p> <p><b>The Adults Positive Challenge (APC) Programme is across Cambridgeshire and Peterborough, but also includes service users who may be placed out of county.</b></p> <p>The APC Programme affects adults in Cambridgeshire and Peterborough with care and support needs primarily, but work will also link with teams working with young adults, embedding the approach as service users transition to Adult Services. There will also be implications for the staff supporting these service users. The implications will be varied and it is hope that although there will be a reduction in cost there will also be an improvement in outcomes as independence and sense of choice and control is increased as a result of this programme</p> <p>Service users including:</p> <ul style="list-style-type: none"> <li>• People with learning disabilities with eligible social care needs receiving a funded care package</li> <li>• Informal Carers</li> <li>• People with care and support needs not eligible for Council funded support, including self-funders</li> <li>• Providers (existing and future)</li> <li>• Voluntary and Community Sector</li> </ul>

- Members
- Partners (existing and future)
- Staff directly or indirectly employed

As a result, there is evidence that has been and will be a disproportionate impact on the following protected groups:

**Age:** The majority of recipients of social care services, and people with care and support needs are older people, in particular those over the age of 65. As a result this group will be disproportionately impacted by the proposals.

**Disability:** Adult Social Care services are delivered for individuals with disabilities and therefore this protected group will be disproportionately affected by the changes.

**Sex:** The majority of social care staff are female and therefore this group will be disproportionately affected by the proposals.

**Rural Isolation:** Some workstreams will have a positive impact on reducing rural isolation, such as through providing opportunities for using technology to enhance social networks, and introducing social care micro-enterprises (organisations that have local people (staff or volunteers) delivering support for other local people).

**Deprivation:** People from deprived communities are more likely to develop care and support needs earlier in life and are more likely to be users of statutory care and support. They are therefore likely to be disproportionately impacted by proposals.

### What positive impacts are anticipated from this proposal?

The Adults Positive Challenge Programme is supporting 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.

#### Service Users

An overall positive impact for people with care and support needs has been demonstrated as a result of preventing escalation of need and opportunities to keep people independent and in their own homes. On a programme level, the following positive impacts are starting to materialise:

- The support people receive will build on their current strengths
- People are supported in the community, by the community
- People receive the right package of care and support which targets what they want to achieve and maximises their independence
- People are not waiting to receive care and support
- Better evidenced decision making, with local people consistently informing commissioning decisions
- Carers experience stability, are able to look after themselves, get the right support and have good well-being
- People are supported with the correct information, advice and guidance.

#### Staff

The programme is starting to see an overall positive impact for staff in their confidence to support clients in a strengths-based way:



- Staff feel empowered and supported in their role
- Increase in staff satisfaction and retention, and decrease in sickness absences
- More stable social care workforce

### What negative impacts are anticipated from this proposal?

At this point in time, there is no evidence of negative impacts anticipated from the APC Programme. However, individual workstreams will continue to assess the equality impact of particular activity within individual workstreams where appropriate.

### Are there other impacts which are more neutral?

The programme supports a shift away from long-term support and statutory services towards more preventative support in the community. Therefore the needs of citizens will continue to be met, but in different ways to how they have been met in the past.

## Disproportionate impacts on specific groups with protected characteristics

### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

This document captures at a programme level, specific groups with protected characteristics that are likely to be disproportionately impacted by the Adults Positive Challenge Programme. Due to the breadth of activities within the programme, it is not possible to produce a comprehensive impact assessment of all programme activities at this stage. Where applicable, detailed impact assessments will be produced at a workstream level at appropriate times during the programme and will be reported to the Adults Committee.

It is understood that there has been and will continue to be a disproportionate impact on the following groups with protected characteristics: Age, Disability, Sex, Rural Isolation and Deprivation. Evidence suggests that the impacts on these groups will be predominantly positive and therefore mitigations will not be required.

**Age:** The majority of the recipients of Adult Social Care services are older people and as a result, the impact on this group will be disproportionate. The impacts are anticipated to be positive and neutral as a number of the workstreams are looking to support individuals to stay in their own homes and to be more independent. A number of the changes planned for services might mean that an individual's needs are met in a different way but it is anticipated that the impact will be neutral, if not positive.

**Disability:** A significant proportion of recipients of Adult Social Care services have a disability and as a result, the impact of the programme on individuals with a disability will be disproportionate. The impacts of the programme are anticipated to be positive and neutral as a number of the workstreams are looking to support individuals to stay in their own homes and to be more independent. A number of the changes planned for services might mean that an individual's needs are met in a different way but it is anticipated that the impact will be neutral, if not positive.

**Sex:** A majority of Cambridgeshire County Council's care workforce are female and as a result, the impact of the Adults Positive Challenge Programme on the workforce will be disproportionate to this group. It is considered that the impacts on this group will be positive or neutral.

**Rural Isolation:** A number of the workstreams will have a positive impact on reducing rural isolation, such as through providing opportunities for using technology to enhance social networks, and introducing social care micro-enterprises (organisations that have local people (staff or volunteers) delivering support for other local people).

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Deprivation – The likelihood of developing care support needs earlier in life is greater in deprived communities and the ability to self-fund care is limited for those experiencing deprivation. As a result, the impact on this group will be disproportionate. The impacts are anticipated to be positive and neutral as a number of the workstreams are looking to support individuals to stay in their own homes and to be more independent. A number of the changes planned for services might mean that an individual's needs are met in a different way but it is anticipated that the impact will be neutral, if not positive.

## Section 3 - A: People and Communities

**Table 3: Revenue - Overview**

Budget Period: 2020-21 to 2024-25

		Detailed Plans		Outline Plans			Description	Committee
Ref	Title	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000		
<b>1</b>	<b>OPENING GROSS EXPENDITURE</b>	<b>415,630</b>	<b>455,110</b>	<b>474,080</b>	<b>494,833</b>	<b>515,597</b>		
A/R.1.001	Increase in expenditure funded from external sources	9,844	-72	-	-	-	Increase in expenditure budgets (compared to published 2019-20 Business Plan) as advised during the budget preparation period and permanent in-year changes made during 2019-20.	C&P, C&YP, Adults
A/R.1.002	Cultural & Community Services transferred from P&E	8,762	-	-	-	-	- Transfer of Cultural & Community Services from P&E to Communities & Safety within P&C.	C&P
A/R.1.003	Base Adjustment - High Needs Block DSG	4,402	-	-	-	-	- Revised High Needs Block DSG baseline following increases in funding and transfers from Schools Block in 2019/20.	C&YP
A/R.1.004	Transferred Function - Independent Living Fund (ILF)	-36	-34	-	-	-	- The ILF, a central government funded scheme supporting care needs, closed in 2015. Since then the local authority has been responsible for meeting eligible social care needs for former ILF clients. The government has told us that their grant will be based on a 5% reduction in the number of users accessing the service each year, with none remaining past 2021/22.	Adults
A/R.1.005	Improved Better Care Fund (IBCF)	-975	-	-	-	-	- The Improved Better Care Fund is a grant from Central Government for adult social care, to mitigate pressures in the health and social care market. This base adjustment represents an additional contribution from this grant to fund legislative and demand pressures within adult social care.	Adults
A/R.1.006	Social Care Support and Winter Pressures Grants	-1,650	-	-	-	-	- Reduction in base budget for 2020/21 funded by the Social Care Support Grant	C&P, C&YP, Adults
A/R.1.007	Better Care Fund (BCF)	659	-	-	-	-	- Increase in budget available to social care resulting from the expected nationally set uplift to the Better Care Fund.	Adults
<b>1.999</b>	<b>REVISED OPENING GROSS EXPENDITURE</b>	<b>436,636</b>	<b>455,004</b>	<b>474,080</b>	<b>494,833</b>	<b>515,597</b>		
<b>2</b>	<b>INFLATION</b>							
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	2,006	2,006	1,003	1,003	1,003	Forecast pressure from inflation relating to pay and employment costs. 2% pay inflation has been budgeted for years 1 and 2, with 1% for years 3-5.	Adults, C&YP
A/R.2.002	Centrally funded inflation - Care Providers	2,565	2,528	2,241	1,908	1,957	Forecast pressure from general inflation relating to care providers, particularly on residential and nursing care for older people which has seen around 7% of inflation through 2018/19 and 2019/20. Further pressure funding is provided below to enable the rising cost of the minimum wage to be factored into rates paid to providers.	Adults, C&YP
A/R.2.003	Centrally funded inflation - Children in Care placements	591	626	639	651	664	Inflation is currently forecast at 1.8%.	Adults, C&YP
A/R.2.004	Centrally funded inflation - Transport	669	419	427	436	445	Forecast pressure for inflation relating to transport. This is estimated at 3.3%.	Adults, C&YP
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	216	557	543	556	570	Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 0.2% increase.	Adults, C&YP
<b>2.999</b>	<b>Subtotal Inflation</b>	<b>6,047</b>	<b>6,136</b>	<b>4,853</b>	<b>4,554</b>	<b>4,639</b>		

## Section 3 - A: People and Communities

**Table 3: Revenue - Overview**

Budget Period: 2020-21 to 2024-25

		Detailed Plans		Outline Plans				
Ref	Title	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	Description	Committee
<b>3</b>	<b>DEMOGRAPHY AND DEMAND</b>							
A/R.3.002	Funding for additional Physical Disabilities demand	514	254	290	208	252	The needs of people with physical disabilities are increasing and so care packages are becoming more complex. In particular, more hours of domiciliary care are being provided per person, and there is expected to be a rise in the number of residential placements in the short-term.	Adults
A/R.3.003	Additional funding for Autism and Adult Support demand	75	77	78	80	81	Additional funding to ensure we meet the rising level of needs amongst people with autism and other vulnerable people. It is expected that 10 people will enter this service in 20/21 and so, based on a the anticipated average cost, we are investing an additional £51k to ensure we give them the help they need. We are also investing an additional £24k to meet the increasing complexity in the needs of the people already cared for by the service. This brings the total demographic ask to £75k for 20/21.	Adults
A/R.3.004	Additional funding for Learning Disability Partnership (LDP) demand	1,843	1,868	1,895	1,924	1,954	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities - We need to invest an additional £910k in 2020/21 to provide care for a projected 60 new service users (primarily young people) who outnumber the number of people leaving services. We also need to invest £933k in the increasing needs of existing service users and the higher complexity we are seeing in adults over age 25. The total additional resource we are allocating is therefore £1,843k to ensure we provide the right care for people with learning disabilities.	Adults
A/R.3.005	Funding for Adult Mental Health Demand	70	70	51	51	51	Additional funding for a net increase of 5 care packages for 2019/20, in line with increasing prevalence of mental health needs in available statistical information and having some regard to district councils' housing plans.	Adults
A/R.3.006	Additional funding for Older People demand	3,475	3,830	4,859	5,002	4,236	Additional funding to ensure we meet the increased demand for care amongst older people, providing care at home as well as residential and nursing placements. Population growth in Cambridgeshire and the fact that people are living longer results in steeply increasing numbers of older people requiring care. We estimate that numbers will increase by around 2.7% each year and the current pattern of activity and expenditure is modelled forward to estimate the additional budget requirement for each age group and type of care. Account is then taken of increasing complexity of cases coming through the service. This work has supported the case for additional funding of £3,475k in 2020/21 to ensure we can continue to provide the care for people who need it.	Adults
A/R.3.007	Funding for Older People Mental Health Demand	213	245	297	337	295	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements. The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. Some account is then taken of increasing complexity of cases coming through the service. This work has supported the case for additional funding of £213k in 2020/21 to ensure we can continue to provide the care for people who need it.	Adults
A/R.3.008	Home to school transport mainstream	263	282	321	239	206	Additional funding required to provide home to schools transport for pupils attending mainstream schools. This additional funding is required due to the anticipated 2.99% increase in pupils attending Cambridgeshire schools in 2020/21	C&YP
A/R.3.009	Home to school transport Children in Care	123	133	143	153	165	Additional funding required to provide home to school transport for Children in Care. This additional funding is required due to an anticipated 7.59% increase in the school-aged Children in Care population in 2020/21	C&YP

## Section 3 - A: People and Communities

**Table 3: Revenue - Overview**

Budget Period: 2020-21 to 2024-25

		Detailed Plans		Outline Plans				
Ref	Title	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	Description	Committee
A/R.3.010	Funding for Home to School Special Transport demand	934	986	1,043	1,103	1,167	Additional funding required to provide transport to education provision for children and young people with special educational needs. The additional funding is needed as there are increasing numbers of children with SEN and increasing complexity of need which requires individual or bespoke transport solutions. The cost of transport is directly linked to the availability of, and increasing number of places at Special Schools.	C&YP
A/R.3.011	Funding for rising Children in Care Numbers and need	2,835	3,013	3,256	3,519	3,804	Additional budget required to provide care for children who become looked after. As with many local authorities we have experienced a steady rise in the number of Children in Care in recent years, and an increase in the complexity of need and therefore the cost of suitable placements. The additional investment will ensure we can fully deliver our responsibilities as corporate parents and fund suitable foster, residential or other supported accommodation placements for all children entering care.	C&YP
A/R.3.016	Funding for additional Special Guardianship Orders/Adoption demand costs	377	443	525	623	738	Additional funding required to cover the cost of providing care for looked after children with adoptive parents or with extended family and other suitable guardians. As numbers of children increase we need to invest in adoptive and guardianship placements which provide stable, loving and permanent care for children who come into the care system.	C&YP
A/R.3.017	Funding for additional demand for Community Equipment	29	31	33	36	39	Over the last five years our social work strategy has been successful in supporting a higher proportion of older people and people with disabilities to live at home (rather than requiring residential care). Additional funding is required to maintain the proportion of services users supported to live independently through the provision of community equipment and home adaptations in the context of an increasing population and the increasing complexity of the needs of people we support to live at home.	Adults, C&YP
A/R.3.018	Coroner Service	20	20	20	20	20	Extra costs associated with an increasing population and a higher number of deaths.	C&P
<b>3.999</b>	<b>Subtotal Demography and Demand</b>	<b>10,771</b>	<b>11,252</b>	<b>12,811</b>	<b>13,295</b>	<b>13,008</b>		
<b>4</b>	<b>PRESSURES</b>							
A/R.4.009	Impact of National Living Wage (NLW) on Adult Social Care Contracts	3,367	3,091	3,015	3,015	3,015	The National Living Wage is expected to rise steadily from its 2019/20 rate of £8.21, and this will have an impact on the cost of purchasing care from external providers. Our analysis suggests it will have between a 1% and 3% impact on costs depending on the type of care being purchased.	Adults
A/R.4.010	Increase in Older People's placement costs in previous years	4,458	-	-	-	-	- Care costs for older people rose much higher than expected in the second half of 2018/19 and into 2019/20, particular in residential and nursing care. This funding offsets the impact of that and resets budgets for 2020/21.	Adults
A/R.4.018	Impact of National Living Wage (NLW) on CCC employee costs	151	151	-	-	-	- The cost impact of the introduction of the NLW on directly employed CCC staff is minimal, due to a low number of staff being paid below the proposed NLW rates. Traded services whose staff are paid below the NLW will be expected to recover any additional cost through their pricing structure.	Adults, C&YP
A/R.4.019	Home to School Transport - Special	800	-	-	-	-	- A greater than anticipated increase in the number of pupils requiring SEND Home to School Transport has resulted in an ongoing pressure of £800k	C&YP
A/R.4.020	SEND Specialist Services - loss of grant	300	-	-	-	-	- Funding to offset the pressure caused by the loss of the SEN Reform Grant	C&YP
A/R.4.021	SEND Specialist Services - underlying pressures	201	-	-	-	-	- Historical unfunded pressures within the SEND service. Additional, permanent funding is required in order to fulfil our statutory duties	C&YP

## Section 3 - A: People and Communities

**Table 3: Revenue - Overview**

Budget Period: 2020-21 to 2024-25

		Detailed Plans	Outline Plans					
Ref	Title	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	Description	Committee
A/R.4.022	Potential Impact of Changing Schools Funding Formula	1,579	1,500	-	-		- Based on historic levels of spend an element of the Dedicated Schools Grant (DSG) spend is retained centrally and contributes to the overall funding for the LA. The changing landscape of education funding means that this funding cannot be guaranteed each year and as such a potential reduction has been built into the budget model.	C&YP
A/R.4.023	Libraries to serve new developments	-	49	-	-		- Cost of running the Eddington Library in North West Cambridge to serve the new community.	C&P
A/R.4.027	Supervised contact	-35	-	-	-		- Part reversal of previous pressure funding for supervised contact.	C&YP
A/R.4.028	Independent reviewing officers	-	-85	-	-		- Reversal of temporary investment into additional Independent Review Officer (IRO) capacity.	C&YP
4.999	Subtotal Pressures	10,821	4,706	3,015	3,015	3,015		
5	INVESTMENTS							
A/R.5.001	Permanent Funding for Investments into Social Work	-	1,000	-	-		- As part of the Adults Positive Challenge Programme, a number of investments will be made from the Transformation Fund to deliver an ambitious package of demand management measures. This funding in 2021/22 is to provide a permanent basis for those investments that will need to continue, and will be allocated following a review of which investments worked and will continue to deliver benefit.	Adults
A/R.5.003	Flexible Shared Care Resource	-	-	174	-		- Funding to bridge the gap between fostering and community support and residential provision has ended. Investment will be repaid over 5 years, at £174k pa from 17/18 to 21-22, from savings in placement costs.	C&YP
A/R.5.004	SEND Specialist Services - additional capacity	500	-	-	-		- Permanent funding to ensure that the Statutory Assessment Team has sufficient capacity to meet its statutory duties.	C&YP
5.999	Subtotal Investments	500	1,000	174	-	-		
6	SAVINGS							
A/R.6.176	Adults Positive Challenge Programme	-3,800	-	-	-		- Through the Adults Positive Challenge Programme, the County Council has set out to design a new service model for Adult Social Care which will continue to improve outcomes whilst also being economically sustainable in the face of the huge pressure on the sector. This is the second year of saving through demand management, building on work undertaken through 2019/20 focussing on promoting independence and changing the conversation with staff and service-users to enable people to stay independent for longer.	Adults
A/R.6.201	Cambridgeshire Skills	-180	-	-	-		- Transforming 'Cambridgeshire Learning & Skills' into 'Cambridgeshire Skills' a new stand-alone, self-financing service to deliver more substantial, direct delivery of adult learning and skills, targeted at those furthest away from learning and work to support their social & economic wellbeing.	C&P
A/R.6.202	Youth Justice / Youth Support	-30	-	-	-		- A reduction in staff capacity (£15k) and grants to external organisations (£15k) across the Youth Offending and Youth Support Services	C&YP

## Section 3 - A: People and Communities

**Table 3: Revenue - Overview**

Budget Period: 2020-21 to 2024-25

		Detailed Plans		Outline Plans				
Ref	Title	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	Description	Committee
A/R.6.255	Children in Care - Placement composition and reduction in numbers	-3,134	-2,399	-	-	-	- Through a mixture of continued recruitment of our own foster carers - with an associated reduction in use of Independent Foster Agencies (IFA's) - and a reduction in overall numbers of children in care, overall costs of looking after children and young people can be reduced in 2020/21. See also proposal A/R.6.266 below.	C&YP
A/R.6.257	Early Help offer within Children's services	-750	-	-	-	-	- This saving will be achieved by ensuring that early help services are targeted in as effective and efficient a way possible.	C&YP
A/R.6.266	Children in Care Stretch Target - Demand Management	-1,500	-1,569	-	-	-	- Please see A/R.6.255 above.	C&YP
A/R.6.267	Children's Disability 0-25 Service	-50	-50	-100	-100	-	- The Children's Disability 0-25 service has been restructured into teams (from units) to align with the structure in the rest of children's social care. This has released a £50k saving on staffing budgets. In future years, ways to reduce expenditure on providing services to children will be explored in order to bring our costs down to a level closer to that of our statistical neighbours.	C&YP
A/R.6.268	Utilisation of Education Grants	-50	-	-	-	-	- Contribution from the LAC Pupil Premium Grant to fund work with children in care	C&YP
A/R.6.269	Review of Education support functions	-171	-	-	-	-	- Review of Education support functions including business support.	C&YP
6.999	<b>Subtotal Savings</b>	<b>-9,665</b>	<b>-4,018</b>	<b>-100</b>	<b>-100</b>	<b>-</b>		
	<b>TOTAL GROSS EXPENDITURE</b>	<b>455,110</b>	<b>474,080</b>	<b>494,833</b>	<b>515,597</b>	<b>536,259</b>		
7	<b>FEES, CHARGES &amp; RING-FENCED GRANTS</b>							
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-160,694	-179,885	-179,980	-180,358	-180,741	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.	Adults, C&YP
A/R.7.002	Changes to fees, charges and schools income compared to 2019-20	-13,426	-	-	-	-	- Adjustment for permanent changes to income expectation from decisions made in 2019-20.	Adults, C&YP
A/R.7.003	Fees and charges inflation	-382	-388	-378	-383	-388	Increase in external charges to reflect inflation pressures on the costs of services.	Adults, C&YP
A/R.7.201	<b>Changes to fees &amp; charges</b> Change in Public Health Grant	-	293	-	-	-	- Change in ring-fenced Public Health grant to reflect treatment as a corporate grant from 2021-22 due to removal of ring-fence.	Adults, C&YP
A/R.7.209	High Needs Block DSG funding	-4,402	-	-	-	-	- Revised High Needs Block DSG baseline following increases in funding and transfers from Schools Block in 2019/20.	C&YP
A/R.7.214	Better Care Fund	-981	-	-	-	-	- Additional funding transfer expected due to the nationally set annual uplift to the NHS contribution to local authorities through the Better Care Fund.	C&P, C&YP, Adults
7.999	<b>Subtotal Fees, Charges &amp; Ring-fenced Grants</b>	<b>-179,885</b>	<b>-179,980</b>	<b>-180,358</b>	<b>-180,741</b>	<b>-181,129</b>		
	<b>TOTAL NET EXPENDITURE</b>	<b>275,225</b>	<b>294,100</b>	<b>314,475</b>	<b>334,856</b>	<b>355,130</b>		

## Section 3 - A: People and Communities

**Table 3: Revenue - Overview**

Budget Period: 2020-21 to 2024-25

Detailed Plans	Outline Plans
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Ref	Title	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000	Description	Committee
<b>FUNDING SOURCES</b>								
<b>8</b>	<b>FUNDING OF GROSS EXPENDITURE</b>							
A/R.8.001	Budget Allocation	-275,225	-294,100	-314,475	-334,856	-355,130	Net spend funded from general grants, business rates and Council Tax.	Adults, C&YP
A/R.8.002	Fees & Charges	-65,483	-65,871	-66,249	-66,632	-67,020	Fees and charges for the provision of services.	Adults, C&YP
A/R.8.003	Expected income from Cambridgeshire Maintained Schools	-7,783	-7,783	-7,783	-7,783	-7,783	Expected income from Cambridgeshire maintained schools.	C&YP
A/R.8.004	Dedicated Schools Grant (DSG)	-72,248	-72,248	-72,248	-72,248	-72,248	DSG directly managed by P&C.	C&YP
A/R.8.005	Better Care Fund (BCF) Allocation for Social Care	-16,434	-16,434	-16,434	-16,434	-16,434	The NHS and County Council pool budgets through the Better Care Fund (BCF), promoting joint working. This line shows the revenue funding flowing from the BCF into Social Care.	Adults
A/R.8.007	Youth Justice Board Good Practice Grant	-500	-500	-500	-500	-500	Youth Justice Board Good Practice Grant.	C&YP
A/R.8.009	Social Care in Prisons Grant	-339	-339	-339	-339	-339	Care Act New Burdens funding.	Adults
A/R.8.011	Improved Better Care Fund	-12,401	-12,401	-12,401	-12,401	-12,401	Improved Better Care Fund grant.	Adults
A/R.8.012	Education and Skills Funding Agency Grant	-2,080	-2,080	-2,080	-2,080	-2,080	Ring-fenced grant funding for the Adult Learning and Skills service.	C&P
A/R.8.014	Winter Pressures Grant	-2,324	-2,324	-2,324	-2,324	-2,324	Winter Pressures Grant provided by Government to ease pressures on the local care economy.	C&P, C&YP, Adults
A/R.8.401	Public Health Funding	-293	-	-	-	-	Funding transferred to Service areas where the management of Public Health functions will be undertaken by other County Council officers, rather than directly by the Public Health Team.	Adults, C&YP
<b>8.999</b>	<b>TOTAL FUNDING OF GROSS EXPENDITURE</b>	<b>-455,110</b>	<b>-474,080</b>	<b>-494,833</b>	<b>-515,597</b>	<b>-536,259</b>		



**UPDATE ON THE CARERS WORKSTREAM AND RESULTS OF THE CARERS SURVEY**

*To:* **Adults Committee**

*Meeting Date:* **10 October 2019**

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

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

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

*Purpose:* **To provide an update on work to support carers including progress on Adult Positive Challenge Carers Workstream and the results of the Carers Survey published in June 2019.**

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

- i. consider the content of the report and note the work underway in the Carers work stream of the Adults Positive Challenge Programme.**
- ii. note the results of the Carers Survey undertaken in Autumn 2018 and published in June 2019.**

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## **1. BACKGROUND**

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

Funding of £3 million has been identified by General Purpose Committee to support transformation proposals to deliver these work streams. Investment of £70,000 has been provided specifically for the Carers Support work stream.

- 1.3 There are regular updates for Committee scheduled to provide detail on progress on the Adult Positive Challenge Programme. This update provides a deeper dive insight into the work being undertaken in the Carer's work stream and also provides a summary of the results of the Carers Survey undertaken in Autumn 2019, for which the results were nationally published in June 2019.

## **2. MAIN ISSUES**

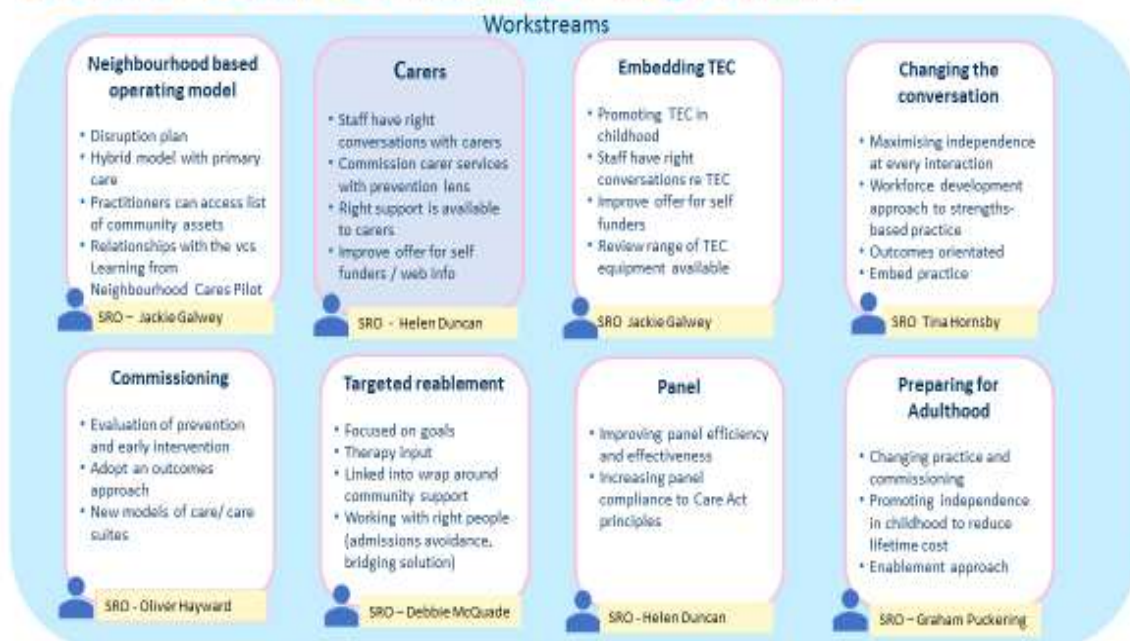
### **2.1 Carers Work Stream**

- 2.1.1 The aim of the Carers work stream within the Adults Positive Challenge Programme (APCP) is to improve outcomes for carers and minimise the demand on statutory services, the cost of crisis services by ensuring that carers receive the right support at the right time to enable them to sustain their caring role. The work stream has a savings target of £250k against the carers direct payment budget and is expected to contribute to the overall £3.8 million cost avoidance target in 2019/20 and continue in 2020/21.

There has been some additional investment to support delivery in the appointment of two fixed term staff for 8 months to undertake reviews of current carer support plans.

The diagram below shows how the Carers work stream sits within the wider Adults Positive Challenge programme.

# Adults Positive Challenge Programme



## 2.1.2 Progress so far

The work stream holds at its core a change in the way that conversations with carers are used to recognise the issues that matter to them most. Over March and April a series of workshops were delivered for operational staff to build on and develop their knowledge and skills in having meaningful and purposeful conversations with carers, directing them towards appropriate support to help them manage their health and wellbeing and maintain their caring role.

A series of 15 workshops focusing on supporting carers have been delivered to staff, across all of adult social care in Cambridgeshire and Peterborough. Included in this were bespoke sessions for the Adult Early Help Team to focus on their role in managing demand at the front door, and to the hospital based discharge planning teams to strengthen the identification of and support to carers in a hospital setting. To encourage shared learning and practice-sharing, the rest of the workshops included a mixture of staff and managers from a variety of Cambridgeshire County Council (CCC) locality teams, Peterborough City Council (PCC) long term and review teams and some Cambridgeshire & Peterborough Foundation Trust (CPFT) staff who complete carers assessments on behalf of the local authority.

Feedback from these workshops was very positive, with over 90% from the sample of participants stating that they found the workshop useful. Some examples of how staff said they will apply the learning were:

- ❖ “Allowing more time to have exploratory conversations with carers”
- ❖ “Putting myself in their shoes”
- ❖ “Completing carers assessments more confidently”
- ❖ “Through strengths-based conversations with carers”
- ❖ “Looking more creatively at community resources”

Alongside the staff workshops, there has also been a focus on our operational processes in supporting carers. This has resulted in the development of one assessment form across Cambridgeshire, Peterborough and CPFT which went live in CCC/PCC in April following consultation with and feedback from local carers. There has also been an introduction of a supported self-assessment in Cambridgeshire which is available where appropriate for the carer. This has increased consistency of approach across organisations.

Carers Trust staff successfully TUPE transferred into the County Council Adult Early Help Team in April 2019 and the vacant posts that were transferred have been successfully recruited to. These staff provide a first point of contact to carers and operate as an integrated part of the Adult Early Help Team which enables them to also make links into Tech Enabled Care (TEC), Equipment, benefits advice and Sensory Services.

There has also been work to improve the web-based information available for carers to make it clear how carers can access support, alongside a wider review of the website through APCP to ensure that information presented is clear, accessible and structured. This has included teaming up with Carers UK to give carers in Cambridgeshire access to a digital resource that includes essential resources that may help make their caring situation easier.

There has also been some evidence from the Neighbourhood Cares Pilots that a place based strength based preventative conversation with carers and their families has prevented carer breakdown, deterioration in mental health and prevented hospital admission or readmission.

Teams have been able to identify issues before they escalated and help carers plan for the future. Carers and families have been able to build a relationship with teams based on trust, they are more likely to acknowledge issues they are facing and consider ways to best deal with those challenges so that they can continue as a carer. Carers often do not want an assessment, but a conversation with someone who is at the end of a phone and understands their situation. They can discuss what is the immediate issue and come up with a practical solution or just let off steam.

### 2.1.3 Next Steps

- 1) Following the staff workshops, which took place throughout March, April and May, the focus is now on embedding the learning and key messages from the workshops:
  - The importance of initial meaningful conversations with Carers
  - Offering a supported self-assessment where appropriate for the carer.
  - The purpose of the assessment is to focus on the Carer as an individual, their wellbeing and what is important to them – it is an opportunity for the Carer to tell their story and explore support that is available to them (Carers can be unclear of the purpose of an assessment or put off by the word assessment)
  - Creative support planning for Carers: a weekly Carers focused ‘huddle’ has been introduced across the service as part of the Changing the Conversation workstream. This is a supportive space for staff to bring cases involving a Carer and consideration of different ideas and ways to support the Carer with their colleagues. This is also a space for shared learning and encouraging people to feedback on what happened as a result so learning can be shared across the service.

- Expanding awareness of the support available e.g. promoting the Caring Together magazine which holds lots of information about their groups and events as well as other support organisations and groups which are available to support Carers.

This will be embedded into the ongoing workforce development offer and through the work of the Quality and Practice Team. In addition, a new Carers operational group has been established overseeing practice relating to carers.

- 2) Completing more carer reviews: there is extra capacity within the Carer Support Team on a time-limited basis to increase the rate of reviews. This additional resource is to ensure that carer reviews are in date and to provide additional capacity to enable carers to be proactively contacted wherever possible ahead of their scheduled review date. Two fixed term staff have started in post on 29<sup>th</sup> July and 5<sup>th</sup> August and are on an 8 month fixed term contract.
- 3) Finalising systems updates to ensure that they are set up to support good practice, including ensuring that our systems have the capability to record conversations with Carers and that operational teams have the tools required to capture their work with carers.
- 4) There is also comprehensive work underway to recommission carers support services, with the new contract expected to come into operation in August 2020.
- 5) Public Health are currently recommissioning lifestyle services, which includes health trainers. Health trainers support individuals to make lifestyle behaviour changes over a period of time. Historically, health trainers have had a generic role that has been well evaluated and locally “specialist health trainers” have now been introduced. There is an opportunity through the new commission being explored to pilot a bespoke health service for carers, given the importance of carers maintaining their health and links to the prevention of carer breakdown.
- 6) Linking in to the current review of Libraries to examine how they might develop and offer for carers information and advice and drop in sessions.

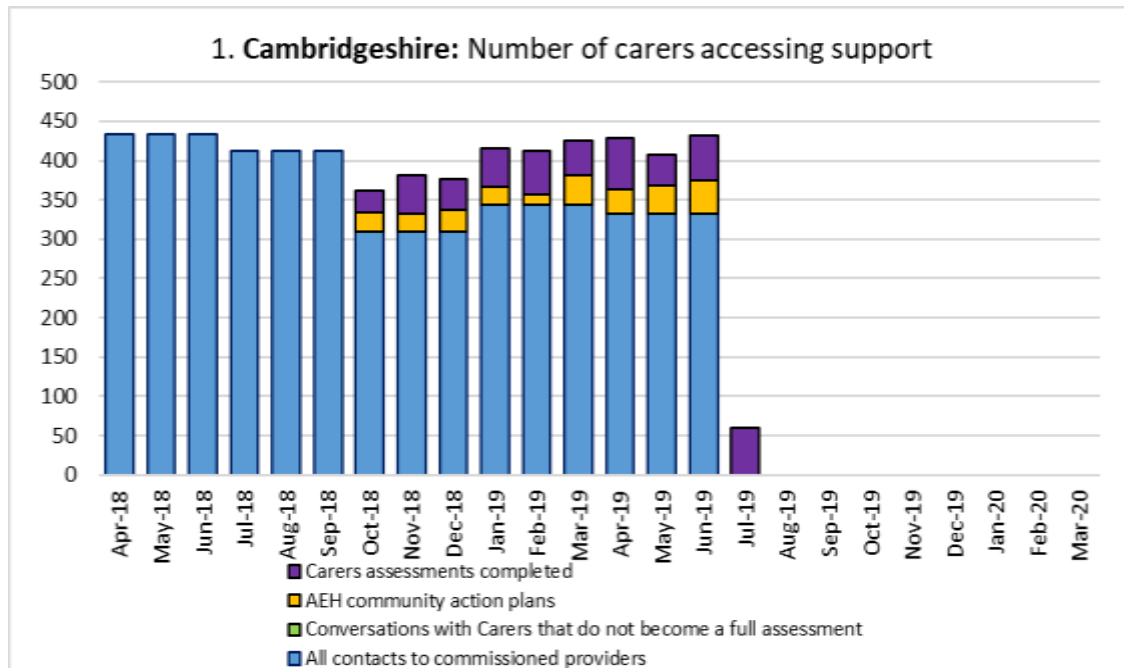
#### 2.1.4 **How will we measure impact of this work stream**

The carers work stream has identified a number of key metrics with which to track impact, these include the following:

##### ***Number of Carers accessing commissioned support or direct payments***

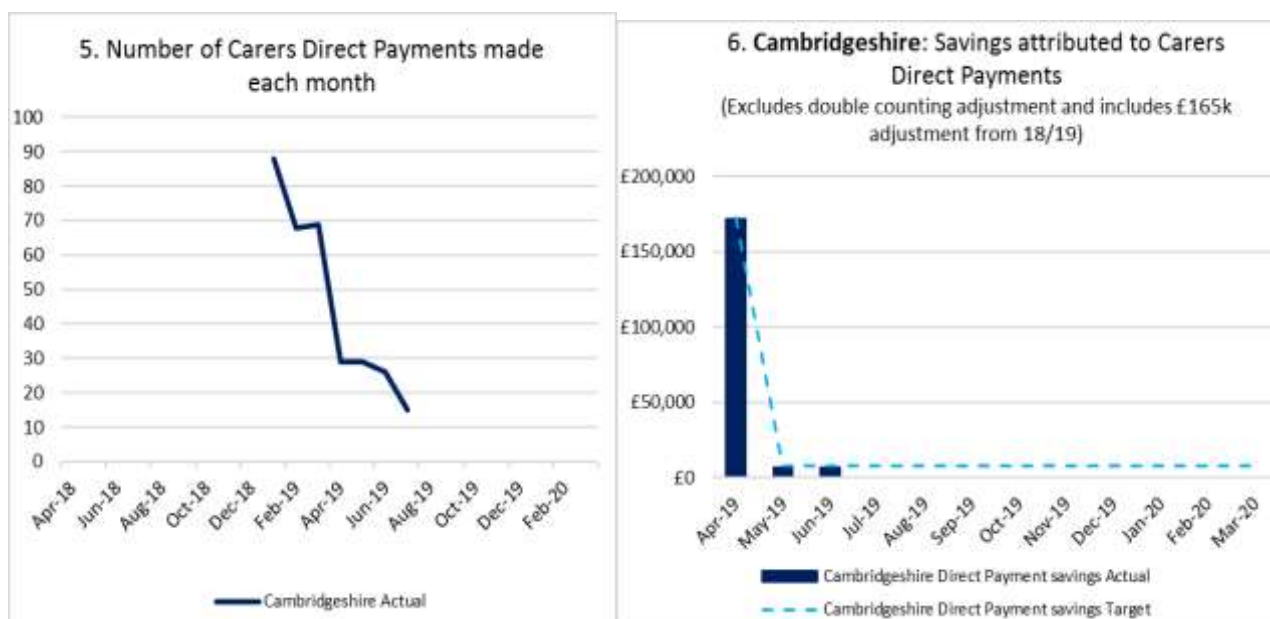
Previously the offer for carers was a full assessment often followed by a commissioned service from a small range of options or a one off direct payment. These options infrequently recognised and addressed the things that really mattered to carers. The APC programme seeks to ensure conversations are held with carers frequently and consistently and recognises that the things that can really make a difference do not always have a cost.

We therefore expect to see the numbers of carers accessing commissioned support or direct payments reduce, and the numbers having a conversation and / or a community action plan increase. The graph below shows the number of contacts to commissioned providers, the numbers of carer's assessments and the number of Community Action Plans put in place with carers. From August we have introduced a Carer's triage step to the care record to capture carers conversations in the social care system, to ensure we capture the full picture.



### ***Number of carers Direct Payments made each month***

We do still make Direct Payments to carers where it is for a valid and recognised need, but we have seen the expected level of reduction since April 2019. Between April and June 2019 we had saved £187,400 from reducing inappropriate use of Direct Payment. The step change in April reflects the cessation of funding for automatic one off annual direct payments.



We also will be collecting carer experience following assessments and reviews via a survey and checking for evidence of carer involvement in our regular team manager audits of client case records.

## 2.1.5 Carers Case Studies

The following case examples illustrate how Carers Support can deliver outcomes for both carers and service users.

### Case Study 1

Mrs B cares for her husband who has MS. Mr B requires support with all personal care tasks, help with eating and assistance to transfer using a hoist. Mr B also experiences seizures and Mrs B often provides support during the night. During the carers assessment Mrs B explained that she was really grateful for the opportunity to “doze” next to Mr B in the afternoons when he nodded off in his chair but her reclining armchair had broken which meant that she was no longer able to do this. She was also concerned that Mr B would be unable to access help if anything happened to her after she had tripped over when helping him during the night.

During the carer’s assessment the Carers Support Co-ordinator identified that Mrs B was eligible for a carer’s personal budget and Mrs B decided to use this to replace the reclining armchair to enable her to catch up on much needed sleep. A referral was also made to Technology Enabled Care who were able to provide an alarm sensor which Mr B could operate using his head which would enable him to trigger an alarm if help was needed in an emergency.

Mr and Mrs B were keen to manage independently for as long as possible but sadly Mr B’s condition had deteriorated and he had become eligible for Continuing Healthcare and would be receiving support three times per week.

Mrs B was looking forward to the opportunity to take a break, knowing that Mr B would have support in place, as she had lost contact with friends and family and was feeling isolated. Mrs B was unable to drive and living in a rural location felt limited, she was very pleased to hear about the local mini bus service offering affordable transport which could be pre-booked. The Carers Support Co-ordinator also shared a list of social activities and clubs in and around the area, including details of the local carer's hubs so that Mrs B could join in with local community events and activities if she chose to.

Mrs B was pleased that there was an end of life plan in place for Mr B and felt they had good support from medical specialists but also felt that she often overlooked her own well-being. Mrs B felt it would be very helpful to have someone independent to talk to about the emotional impact of her husband's illness and the support co-ordinator was able to make a referral for counselling through the MS Nurse.

Mrs B felt able to continue in her caring role and reassured that she knew where to find support if needed.

## **Case Study 2**

Mrs F and Miss A are sisters providing support to their Mum, Mrs G, who was recently diagnosed with dementia. The Adult Early Help Team had completed a community action plan for Mrs G who had started to have care calls each morning which the sisters had organised privately. Mrs G was not yet accepting help with personal care tasks but the sisters were happy that the carers were making good progress in building a rapport with Mrs G and felt Mrs G would slowly accept more support. Mrs F and Miss A were both balancing full time work with supporting Mrs G who needed to attend a lot of medical appointments, they also felt that they had to visit each evening to check she was safely at home as they were concerned that Mrs G had once gone out of her home in the evening. This meant that Mrs F and Miss A were eating their dinner later and later which had an impact on their families.

The Carers Support Officer made a referral to the Technology Enabled Care Team who contacted the family and helped them to install a monitoring system which meant that the sisters had peace of mind that Mrs G was safely at home in the evenings. The Carers Support Officer was also able to make them aware of their right to request flexible working and other easy steps that employers can take to support carers to help balance work and caring to help with supporting Mrs G to attend any future appointments. Mrs F and Miss A felt they were coping well at the moment but the Carers Support Officer was also able to make them aware of useful sources of advice and support provided by organizations such as the Alzheimers society which may be helpful in the future in understanding any needs resulting from Mrs G's dementia.



## 2.2 Results of the 2018/19 Carers Survey.

2.2.1 Local authorities in England with responsibility for providing adult social care services are required to conduct an annual postal survey of their carers. The Personal Social Services Survey of Adult Carers in England (SACE) 2018/19 asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and wellbeing.

The survey is carried out biennially and this is the fourth time all carers have been surveyed on a national basis, using the same methodology and questionnaires.

The main purpose of the survey is to provide assured, consistent and local data on care outcomes that can be used to benchmark against other comparable local authorities.

2.2.2 A questionnaire template was provided by NHS Digital. The questionnaire is divided into six sections:

- ❖ Section 1: About the person you care for
- ❖ Section 2: About your needs and experiences of support
- ❖ Section 3: The impact of caring and your quality of life
- ❖ Section 4: Information and advice quality
- ❖ Section 5: Arrangement of support and services in the last 12 months
- ❖ Section 6: About yourself

The questionnaire and covering letter were sent out through the post. A total of 1000 questionnaires were sent out and 561 returned, representing a response rate of 56%. Appendix 1 provides a public facing summary of the results of the survey. More detailed analysis is included below:

### 2.2.3 Key Findings – Who our carers are.

#### Age

- The biggest group of carers (**24.3%**) are aged between **55-64**. In the 2016/17 survey the biggest group was aged 65-74 (26.1%)
- The highest percentage of people looked after are between **75 and 84** at **29.6%** followed by **85+** at **25.1%**

#### Employment

- **61.7%** of carers in Cambridgeshire are retired. **23.9%** are employed full time or part time (23.5% in 2016-17). **6.5%** are doing voluntary work and **19%** are not in paid work (this is down from 20.5% in the last survey)
- **18.8%** of carers are not in paid employment due to their caring responsibilities
- **9%** of carers are in paid employment and feel supported by their employer (down from 10.5% in the last survey)

#### Health

- **32%** of carers stated that they have a long standing illness (29.2% in the 2016/17 survey)

### **Caring arrangements**

- **80%** of people cared for live with the carer. This has also increased from the 2014-15 survey where the result was 77.9%
- The largest group of respondents have been caring for people for between 5 and 10 years **(26.9%)**
- The majority of respondents care for someone for 100 or more hours a week **(41.8%)**
- In relation to the type of care provided, the highest results were for 'other practical help' **(96.2%)**, 'keeping an eye on them to see if they are all right' **(93.2%)** and 'helping with paperwork or financial matters' **(88.6%)**
- **57.1%** were assessed separately to the cared for person and **42.4%** had not had an assessment or review during the year
- **88.1%** of carers received a Direct Payment only (up from 68.2% on the previous survey). **22.4%** of cared for people received a Direct Payment (down from 26% 16/17)
- **93.9%** of cared for people were supported and funded by the council (up from 79.5% in the previous survey). **6.1%** were full cost and none were self funded

#### **2.2.4 Headline Results**

A breakdown of the results for each question within the survey is provided at Appendix 1:

Key Improvements from the Previous Survey were as follows:

- Overall satisfaction with support of services received for the person cared for improved with **38.9%** being extremely or very satisfied (up from 35.1% in 16/17).
- A higher percentage **18.5%** of carers reported being able to spend my time as I want, doing things I value or enjoy (Up from 16.8% in 16/17)
- A higher percentage **84.3%** reported having no worries about my personal safety (up from 82.5% in 16/17).
- Slightly fewer people **19.4%** reported that their caring responsibilities had made their existing health condition worse (down from 19/9% in 16/17).
- A higher percentage **57.1%** reported no financial impact of their caring responsibilities (up from 54.9% in 16/17).
- A higher percentage **61.1%** reported it being easy to find information and advice, (up from 59.4% in 16/17).
- A higher percentage **75.9%** reported feeling consulted and involved in discussions about support for the person they care for (up from 65.8% in 16/17).

Key areas where results have worsened from the previous survey were as follows:

- A lower percentage of carers **23.3%** reported having as much control as they would like over their daily lives, (down from 25.6% in 16/17).
- A lower percentage of carers **54%** reported looking after themselves (down from 57.1% in 16/17).
- A lower percentage **35.1%** reported having as much social contact as they would like (down 36.6% in 16/17).
- A lower percentage **34.4%** felt they had enough encouragement and support in their caring role (down from 35.6% in 16/17).
- Higher percentages reported health impacts across a range of conditions including, tiredness, depression, loss of appetite, stress and physical strain.

### 2.2.5 Regional Comparison

Five questions have been compared regionally. These are shown below:

No	Question	2016/17 Regional Result	2018/19 Regional Result	CCC 2018/19 Result
1d	Social Care Related Quality of Life	7.7	7.3	7.6
4	Carers overall satisfaction	38.2%	39.6%	38.9%
11	Carers social contact	32.6%	29.4%	35.1%
16	Ease of finding information	65.8%	63.1%	61.1%
18	Carers included or consulted	70.7%	70.1%	75.9%

In all, but the overall satisfaction indicator, performance has dropped regionally. In three of the indicators Cambridgeshire's result is higher than the regional average.

## 2.2.6 Comments from the survey

A selection of comments from the survey include:

"It is reassuring and heart-warming to know that the village we live in, Brampton, is becoming a 'Dementia friendly village' and is starting a monthly get together for people with dementia and carers".

Our Chatterbox Group is excellent for mutual support and information on help available

"There are not enough Support Groups or information in my local area related to caring for a disabled adult son. Also, it is hard to find employment when you are a carer, and for those employers to be understanding".

"I definitely feel undervalued as a carer. I do the job of a full-time carer and more, yet because the person I care for is my son, I only get paid carer's allowance of £62 per week. I am unable to find an appropriate job that fits around my caring role, as I don't get enough support during college holidays so that I could continue to work in the holidays. I want to be able to continue to care for my son at home, but feel that the financial pressures I have make it difficult. If I were to find a normal full-time job, then my son would have to go into assisted living with a paid carer. Something that would cost Social Services a lot more than if I were paid sufficiently so that I could care for him myself at home, where he was happier".

"I feel that there is no help for people that care for someone when they have housing issues. I work part-time and currently live 12 miles from my mother. I would like to move nearer or have my mother's 1 bedroom bungalow upgraded to a 2 bedroom so I can stay over or be nearer if there is an emergency. I am paying rent at the moment and will pay rent if I move but because I am in p/t employment Private landlords are not interested and the local council don't have any advice. I am sure I am not the only carer in this situation".

I receive the Carer's Cambridgeshire quarterly magazine and it is packed with helpful features and true stories, dates and times of drop-in sessions on very disability you can think of".

"As a carer for my lovely wife of 55 years, I have endured the decline of a once vibrant and physically healthy and robust lady towards her present distressing decline that dementia induces. Due to my ill health and enforced periods where I could not cope with my wife's mental and physical health, I have been forced to lodge her in care homes for 20 weeks of the previous 18 months. Her wellbeing in these homes has led to a far quicker decline than would have been the case if I had been able to care for her throughout this period. I sadly regret now all my efforts to make myself more able to manage her needs; for in that time, her needs have changed and her incarceration in care homes has worsened her condition although she never was in there for her ill health - only because of mine

### 2.2.7 Key National Findings and how Cambridgeshire compares

The national report from the Carers Survey was published on 25 June 2019. The key national findings are included below along with the position for Cambridgeshire.

- Nationally 38.7% of people who had received services said that they were extremely or very satisfied with the support and services they received. 7.2% said that they were very or extremely dissatisfied. **In Cambridgeshire the results were better 38.9% being extremely or very satisfied and only 6.6% being extremely or very dissatisfied.**
- The majority of carers (65.4%) have been caring for people for over five years. Almost a quarter (23.5%) have been caring for 20 years or more. **This figure is similar for Cambridgeshire (23.8%), although the biggest group have been caring for between 5 and 10 years (26.9%).**
- Nationally, 60.6% of carers reported that caring had caused them feelings of stress, an increase on the previous survey where the result was 58.7%. **In Cambridgeshire the result was slightly better but still high at 59.9% which was an increase from the previous survey where the result was 56.8%.**
- Nationally 53.4% of carers reported that caring caused them no financial difficulties. **The result in Cambridgeshire was better at 57.1%.** Nationally 10.6% of people said that caring caused them a lot of financial difficulties, an increase on the 2016-17 figure of 9.6%. **In Cambridgeshire the figure was better at 8.7%.**
- Nationally the largest group of carers (23.8%) is aged between 55-64. **This is the same for Cambridgeshire (24.3%).**

### 2.2.8 What we would like to be different as a result of the Adults Positive Challenge Programme.

The focus of the Adult Positive Challenge on recognising carers and engaging in strengths based conversations to identify what really might make a difference and following this through to make the connections to the solutions, is anticipated to improve carer outcomes in a number of the areas for improvement identified in the survey including:

- Carers feeling they have control
- Ease of being able to find the information they need
- Being able to look after their own health and wellbeing
- Having as much social contact as they would like

However the survey also evidenced that carers themselves suffer significant health impacts from their role, or have pre-existing conditions on which their role as carer impacts. We are exploring with Public Health colleagues potential opportunities to better support health and wellbeing of carers.

The key differences we want to see through the work of the APCP are:

- Prevention and Early Intervention: Carers are identified early, meaningful conversations are carried out and carers are prevented from reaching crisis point and breakdown.
- Carers have access to information, tools and support to enable them to manage their health and wellbeing and support them to maintain their caring role e.g. through a “one stop shop” information offer from the new provider. Carers can balance their caring roles and maintain their desired quality of life

The role of the new provider through the recommissioning of carers services will be central to prevention and early intervention through identifying adult carers as early as possible and introduce them to the services available to support them where appropriate.

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

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

### **4. SIGNIFICANT IMPLICATIONS**

#### **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.

Source Documents	Location
N/A	







Cambridgeshire  
County Council

# Cambridgeshire County Council Adults and Safeguarding

Personal Social  
Services: Survey of  
Adult Carers in England  
2018/19



# Introduction

Carers provide valuable support to family members, friends or neighbours in a range of areas from keeping someone company to providing practical help or personal care.

We recognise that caring can be very rewarding and at the same time can be demanding, affecting a carer's physical and mental health and emotional wellbeing.

It is vital that carers are provided with the proper advice, information and support to carry out their role.

Cambridgeshire County Council Adults and Safeguarding continues to work with carers to develop useful and appropriate resources for carers.



# The Survey

Every two years NHS Digital produces a national survey for Adult Social Care departments to send to people who are caring for someone who uses social care support services.

The results of the survey are used to compare Cambridgeshire with other Adult Social Care departments in England.

Survey results are used by Cambridgeshire County Council to help improve services for carers.

This report summary is based on data published by NHS Digital on 25 June 2019.





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**We sent out  
1000 surveys  
and received  
561 back. This  
is a response  
rate of 56%**

# Carers in Cambridgeshire

More carers in Cambridgeshire live with the person they care for than in the rest of England.

The largest group of carers in Cambridgeshire is aged between 55 and 64. More carers than the national average in Cambridgeshire are retired.

95.5% of carers are White British.



The majority of people who completed the survey said that they care for someone for 100 hours or more a week.

# Overall satisfaction with carer support

Nationally, 38.7% of carers said they were extremely or very satisfied with the services they received.



In Cambridgeshire the result was very similar at **38.9%.**

“I receive the Carer's Cambridgeshire quarterly magazine and it is packed with helpful features and true stories, dates and times of drop-in sessions on very disability you can think of”.

Carer comment on the survey

# Does caring cause you financial difficulties?



"I definitely feel undervalued as a carer. I do the job of a full-time carer and more, yet because the person I care for is my son, I only get paid carer's allowance of £62 per week. I am unable to find an appropriate job that fits around my caring role, as I don't get enough support during college holidays so that I could continue to work in the holidays".

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Carer comment on the survey

Nationally 53.4% of carers reported that caring caused them no financial difficulties. The result in Cambridgeshire was better at **57.1%**.

Nationally 10.6% of people said that caring caused them a lot of financial difficulties. In Cambridgeshire the figure was only **8.7%**.



# Does caring cause you a general feeling of stress?

Nationally, 60.6% of carers reported that caring had caused them feelings of stress.



In Cambridgeshire the result was similar at **59.9%**.

This was an increase from the last survey where the result was 56.8%.



## What went well?

Considerably more carers than the national average were felt that they had been involved or consulted as much as they wanted to be (**75.9%** against 69.7%).



More carers than the national average said they had no worries about their personal safety (**84.3%** against 81.3%).

Less carers than the national average reported feeling depressed and having a loss of appetite.



## What went well?

More carers than the England average reported that they have as much social contact as they want with people they like (**35.1%** against 32.5%).



More carers than the national average said that they were able to spend their time doing things they valued and enjoyed (**18.5%** against 17.3%). This was an improvement on the last survey.

More carers than the national average said that they were able to look after themselves (**54%** against 51.9%).



# What didn't go so well?

A higher percentage of people compared to the national average reported that their caring role left them:

- feeling tired
- feeling short tempered or irritable
- causing them to experience disturbed sleep
- having to see their own GP

More carers than the national average reported having developed their own health condition as a result of their caring role (**24.3%** against 23.6%).

Less carers than the national average found it fairly or very easy to find information and advice about support services or benefits (**61.1%** against 62.5%).



# Information and Advice

Less carers than the national average found it fairly or very easy to find information and advice about support services or benefits (**61.1%** against 62.5%).



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However, **88.2%** of carers said that the information and advice they received was very or quite helpful which was higher than the England average of 86.5%.



“As a carer for my lovely wife of 55 years, I have endured the decline of a once vibrant and physically healthy and robust lady towards her present distressing decline that dementia induces. Due to my ill health and enforced periods where I could not cope with my wife's mental and physical health, I have been forced to lodge her in care homes for 20 weeks of the previous 18 months. Her wellbeing in these homes has led to a far quicker decline than would have been the case if I had been able to care for her throughout this period. I sadly regret now all my efforts to make myself more able to manage her needs; for in that time, her needs have changed and her incarceration in care homes has worsened her condition although she never was in there for her ill health - only because of mine”.

*Carer comment on the survey*



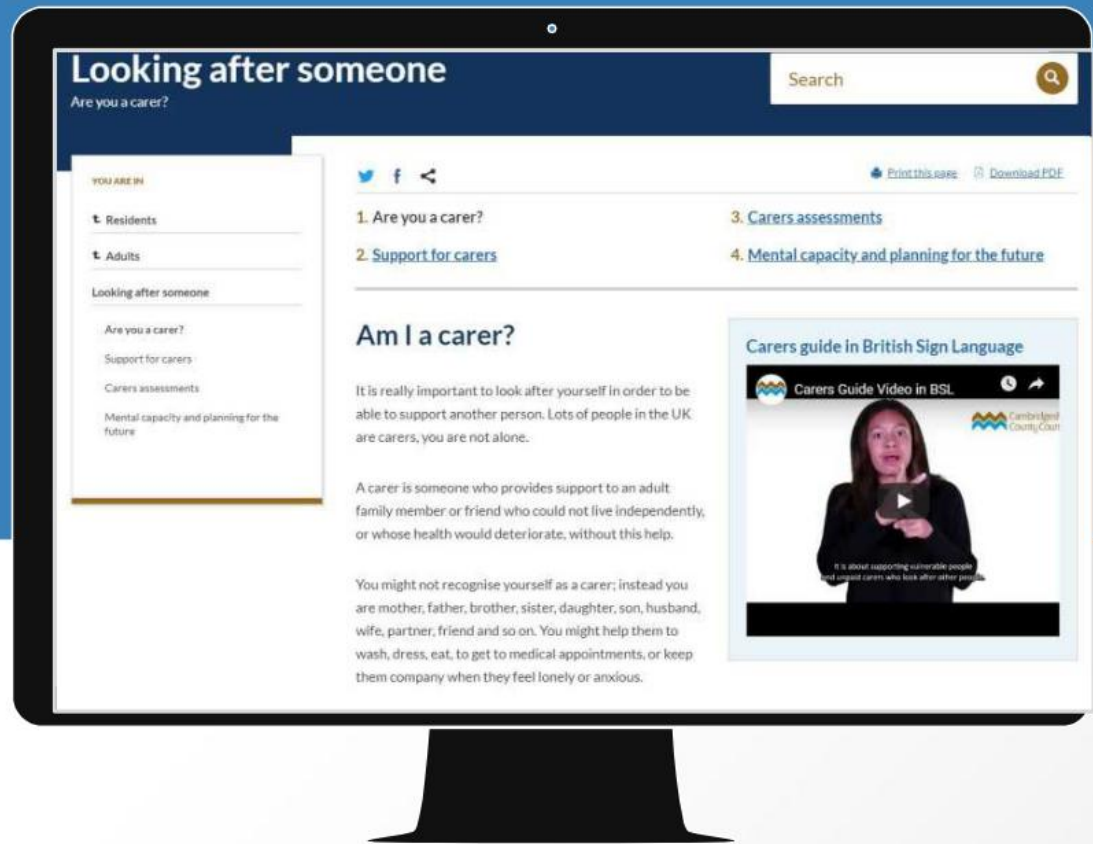
# What have we done to support carers?

- We have held a series of staff workshops to ensure staff understand the importance of having conversations with carers
- We have reviewed the Carers Supported Self Assessment paperwork
- We have ensured that there is lots of information available for carers on the [County Council website](#)

## Information for carers

You can find lots of useful information on the county council website at

<https://www.cambridgeshire.gov.uk/residents/adults/looking-after-someone/>







**THINK COMMUNITIES**

*To:* **Adults Committee**

*Meeting Date:* **10 October 2019**

*From:* **Adrian Chapman, Service Director - Communities and Safety**

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

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

*Purpose:* **This report is being presented to update the Board on the progress of Think Communities, and how this is acting as a catalyst for change and transformation across the public sector.**

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

**a) Note the scope and ambition of the Think Communities Approach.**

**b) Comment on progress and activities to date.**

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## 1. BACKGROUND

- 1.1 The Think Communities approach is reforming the way the public sector delivers services throughout Cambridgeshire and Peterborough.

The report sets out the collaborative approach being adopted by partners across all local authorities, police, fire service and health that will see services delivered through a placed based model. This approach is based upon a number of principles:

- the shared approach will need to adopt strengths-based principles
- it will need to address the ways in which demand for statutory and sometimes costly services will be prevented or delayed
- it will need to be cognisant of and reflect the role and input of all of our key partners
- it will need to allow a single cross-partnership conversation with communities to convey a shared vision to achieve mutual benefit
- it will need to set out the principles of the participatory approach that will be taken to delivery
- it will need to demonstrate how we will build and sustain trust, transparency and accountability with and between communities and our partners
- it will need to show how we will monitor the impacts of our work, how it will be evaluated, and how we will communicate outcomes to communities, partners and other Committees
- it will need to show how we will use evidence to inform our planning and decision making

- 1.2 The Think Communities approach aims to drive a whole system change in the way the public sector does its business. However, it's important to note that there is already a huge amount of work going into delivering many of these principles through existing and established programmes in a number of sectors, such as Adult Social Care and the Health system.

- 1.3 Governance is routed through each partner organisation's individual governance arrangements, and currently brought together at an officer level through the Senior Officers Communities Network. Within Cambridgeshire County Council, progress on the work reports into the Communities and Partnership Committee.

- 1.4 Think Communities is developing alongside other key programmes, which collectively will be delivering a new model in health and social care across Cambridgeshire and Peterborough. A briefing note has also been provided at the request of the Combined Authority to set out all the activities that are currently underway which will support development of an integrated approach between health and social care. This is attached as Appendix 1.

- 1.5 The Neighbourhood Cares pilots in Soham and St Ives, have already demonstrated the impact that place based working can have. Whilst the Neighbourhood Cares model was not set up with Think Communities in mind, it has nevertheless displayed many of the key principles and there is much which can be learnt from the programme and applied to Think Communities. Officers in NCP and Think communities have been

sharing their learning and drawing on the skills across Adult social care and Community development to support the council's vision to deliver a place based approach that is integrated with not just council services but all partners.

- 1.6 Discussions are well underway to develop thinking with partners about how the officer governance arrangements can be strengthened across Cambridgeshire and Peterborough at a County level. This is likely to include the creation of an 'Executive' Board comprised of senior officers from partner organisations. This will be underpinned by a number of District Place Based Delivery Boards, according to the needs and circumstances of each District. This will mean that the means by which the governance for Think Communities is taken forward at a District level is likely to vary.

## **2. Think Communities Progress to Date**

- 2.1 It is recognised that the scale of ambition will mean that it will take time to fully embed Think Communities. As such, for the first year, a clear programme of deliverables has been agreed against eight thematic areas. The following sections outline the aims under each of these and progress towards delivering them.

### **2.2 Communications:**

***Aim for 2019/2020: Develop a Think Communities brand, strategy and marketing plan***

*Update on progress:*

A detailed communications plan has been developed. A communications group has been established, comprising leads from across the public sector, so that Think Communities communications activity can be appropriately planned and coordinated.

There are already a number of genuine case studies which are in the process of being developed. These describe, in practical terms, the impact a different approach can have on individuals, communities and our workforce, and will be used in both our internal and external communications work. When the case studies are developed, they will be made available to Members and colleagues across the Public Sector.

### **2.3 Community Engagement:**

***Aim for 2019/2020: Deliver a series of community engagement events to be held in localities across the county.***

*Update on Progress:*

Throughout the summer, there has been active engagement with the public at community events, asking them to consider what matters most to them and how they might consider services being delivered differently to better meet their needs. The results of this work will be analysed and will help inform future delivery plans.

Parish and Town Councils have a pivotal role to play in enabling the public sector to rethink its approach and priorities within parished communities, and provides us with a

legitimate platform on which to build a more collaborative style of service design and delivery. Annual Local Councils Conferences are good opportunities to focus discussions with parish and town councils on their roles and the opportunities that exist with Think Communities.

Working alongside District Councils where there is a strong culture of civic engagement through democratic and community based services will be critical. For example in Cambridge City and parts of Peterborough City where the democratic arrangements do not include Parish Councils, but where there are different committees and governance structures which provide a route into community engagement activity and a place based approach.

## 2.4 Data and Intelligence:

***Aim for 2019/2020: Develop a data bank and series of area profiles that allow for a single view of a place across the public sector system***

*Update on Progress:*

Taking a place based approach through Think Communities presents numerous opportunities to work differently together across the public and voluntary and community sector, with a focus on local people, communities, assets, opportunities and challenges. It also enables us to more easily share and analyse data from across the public sector. Learning from NCP that Libraries provided an accessible place that people feel comfortable to use a place to access information and advice.

To help achieve this, and therefore enable the development of detailed area profiles, we are developing a data bank which will be made widely available. It will present data at the lowest possible geography, primarily at lower super output area (LSOA) scale (between 400 and 1,200 households). LSOA are a widely recognised geographical layer that enables the reporting of diverse small area statistics. This data, when taken as a whole, will create area profiles which will help shape priorities at a local level.

Alongside data about the population, the area profiles will also describe the local assets, the amount of public sector spend attributed to that area, and the levels of demand for different services that originate within that area. There has been extensive work with colleagues across the health system to inform their proposals for the new Primary Care Networks (PCN's). PCN's are new arrangements which bring groups of primary care (GP) practices together to better serve the needs of the local population at the earliest opportunity, providing a geographical footprint which enables other services to work alongside GP's more easily.

21 PCN's are in the process of being established, and when overlaid with the datasets above, this will enable easy identification of the parts of the health system which need to be involved in each aspect of Think Communities delivery. Significantly too, as a result of the Think Communities work, there is now access to a wide range of new health-specific datasets which broadens out the scope to bring about real changes in communities where health inequalities or issues are prevalent.

## 2.5 Estates and Buildings:

***Aim for 2019/2020:*** Develop and implement the Cambs 2020 model for service delivery in place

*Update on Progress:*

The move of Cambridgeshire County Council from the Shire Hall site (known within the County Council as the Cambs 2020 programme) has acted as a catalyst for wider partner conversations about how the physical assets across the partnership can facilitate a place based approach. The move from Shire Hall will facilitate the creation of Community Hubs from which County Council and other staff will and could be based. Opportunities are being sought to share public sector buildings where appropriate, and it is anticipated that this will allow for more diverse teams to operate within communities where it adds value to do so.

The work has enabled the County Council to review current working arrangements alongside the location and condition of buildings and the needs of communities, to create a model of working which locates the right mix of staff in the right locations. Over the past year over 280 teams across the council have been engaged to understand with whom and how they work currently. Alongside this we have gathered extensive information and data about our buildings and community based assets, including location, capacity, condition, restrictions, and services.

## 2.6 Funding and Resources:

***Aim for 2019/2020: Identify where system resources can be shared or aligned to deliver Think Communities outcomes***

*Update on Progress:*

The data and intelligence work described above is pivotal to take this work forward. As mentioned, this work is building an in-depth picture of our communities, including the resources currently committed and expended in those communities. It is our aspiration to be able to use this data to inform decision making, service design and service delivery, including seeking opportunities to align resources and/or to use what we have across the public sector more appropriately to best meet identified needs. NCP has demonstrated that communities if listen and then supported are the best placed to develop assets to meet the needs of that community that benefits everyone for example the Nellie campaign and integrations projects

## 2.7 Technology and Digital:

***Aim for 2019/2020: Develop a cross sector system that allows the public to report issues easier e.g. environmental, safeguarding***

*Update on Progress:*

The ongoing roll out of Office 365 and the introduction of a new IT and Digital Strategy in both Councils has recognised the importance of technology in helping the workforce

and citizens work differently together. New tools will be introduced that will allow for greater collaboration across the public sector, and Think Communities is currently exploring how these can be tested in the existing prototypes. We are also working with council services and our partners to develop a new online directory of services that, when paired with the area profiles, will help services and citizens find support for themselves in their area. Maximising the use of Assistive Technology is a key priority in the Adults Positive Challenge programme, which embodies the Think Communities principles.

## 2.8 Workforce reform:

***Aim for 2019/2020: Develop an immersive workforce development programme for all staff to encourage new skills and behaviours as per the model '21st century public servant' ambition***

*Update on Progress:*

The success and impact of the Think Communities approach relies on our workforce operating in new and innovative ways, where traditional limitations or boundaries can be challenged and where staff are encouraged, enabled and supported to take different approaches to resolving entrenched and long term issues.

There is significant evidence supporting this approach, but it does require a mindset shift with staff and managers across the public sector. During the first phase of rolling out Think Communities, a number of different approaches have been trialled in a number of different places to test new ways of working. These have been led by a number of different organisations and services, but provide a rich seam of learning for how the public sector could do things differently in the future. These will be included in the case studies which are being developed and mentioned above.

In the medium term, plans are being developed to deliver an immersive training experience to staff across the public sector, effectively 'resetting' their views about being a public servant and helping them to reframe their approach around a place. In the short term, we will be fast-tracking this approach with our partners in some areas where Think Communities delivery is progressing, including in Wisbech and North Huntingdonshire, and across the Granta group of GP practices in the south of the county. And building on Soham and St Ives on the relationships established between communities, partners and providers. NCP is working with libraries to develop a training modal for staff and volunteers using strength based conversations as part of the workforce reform.

## 2.9 Strategic Coherence and System Facilitation:

***Aim for 2019/2020: Effective and meaningful relationships will be developed and maintained across the public sector system. Senior Responsible Officers will be in place and leading workstreams above***

*Update on Progress:*

During the last few months, support from and engagement with partners from across

the public sector in Cambridgeshire and Peterborough has continued to be significant. This support was recently reaffirmed at the July 2019 meeting of the Cambridgeshire Public Service Board, where Chief Executives from across the public sector system gave their full endorsement for the approach being developed. The discussion at the Public Service Board signified the beginning of the next phase of the Think Communities approach. The Board's endorsement enables us to move into a new phase of mainstreamed delivery, but enabling us to develop new approaches to public service delivery in communities where the need is greatest or where opportunities exist.

As stated above, a model of place based delivery has been agreed in principle. This may take the form of a District based Board, coterminous with a district council boundary and chaired by the relevant District Council chief executive. However, this will depend on the local context, and the approach to a place based delivery is likely to look different in each District. Whatever the arrangements, the delivery of Think Communities needs to be led at a local level.

Whilst front line staff and managers will be encouraged and enabled to work differently together, focussed on a whole place rather than departmental or organisational boundaries, there will be a shared commitment across the leadership to overcome any barriers or challenges which may impede the new way of working. There is a commitment to take opportunities to align resources and use assets more effectively

Huntingdonshire, Peterborough and Fenland are likely to launch Delivery boards, with Huntingdonshire's aiming for a September start. Detailed discussions are taking place with the remaining district councils to ensure such an arrangement meets the local need.

Finally, the Board will note that the work to date has largely been focussed on public sector transformation. This has been a deliberate strategy, given the scale of the sector and the collective challenges we face. However, there has, concurrently, been ongoing engagement with our partners in the voluntary sector. As a result of this, the newly formed voluntary sector Chief Executive Forum has recently reviewed the original Think Communities document, and suggested a number of changes which they feel will engage more effectively with voluntary sector partners and the whole population. This work is now being reviewed.

Think Communities continues to be an evolving conversation which aims to deliver long term change to meet the needs of communities, and the changing context of the public, voluntary and community sector in the future.

### **3. CORPORATE PRIORITIES**

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

The report above sets out the implications for this priority in Section 1.

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

The report above sets out the implications for this priority in Section 1

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

The report above sets out the implications for this priority in Section 1

## 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.

Source Documents	Location
<i>Appendix 1 – briefing note on delivering a new model of Health and Social Care across Cambridgeshire and Peterborough</i>	Attached to this report



## Appendix 1 - Delivering a New Model of Health and Social Care across Cambridgeshire and Peterborough – Briefing Note

### Purpose

This paper sets out the current work underway to deliver a new model of health and social care across Cambridgeshire and Peterborough. It describes the current work that is underway across the broader public sector and the model we are working towards.

**Think Communities** has been endorsed as an approach underpinning public service reform by the Cambridgeshire and Peterborough Public Service Board. Our intention is to work together where it makes sense and there is agreement to do so. Think Communities is taking a **People, Places and Systems** approach to building relationships and supporting communities to be strong, connected and responsive.

The Think Communities principles provide a framework which will support and/ or drive a number of different strands of activity across the public sector, both nationally mandated and local. The approach will:

- Help communities to support themselves, encouraging community-led solutions and interventions. (*People*)
- Work with communities to harness and develop their skills, experience, knowledge and passion targeted towards those in the community requiring the most help. (*Places*)
- Support active, healthy communities to play a clear and evidenced role in improving people's lives, thereby preventing, reducing or delaying the need for more intrusive and costly public services. (*Places*)
- Arrange resources to create multi-agency support which can flexibly meet the changing needs of our communities. (*Systems*)
- Be willing to be experimental in our approach, in order to deliver individual local solutions and support ideas that can be replicated. (*Systems*)

The transformation programmes taking place across the health and social care system embody these principles, and are already demonstrating the impact a Think Communities approach can have.

To support the delivery of this work, Cambridgeshire and Peterborough Public Services Board have agreed to look at how the governance arrangements which will drive the Think Communities approach can be strengthened and/ or aligned to existing arrangements. This will include the creation of an 'Executive' board comprised of senior officers from partner organisations. This will be underpinned by a number of District/City Place Based Delivery Boards, according to the needs and circumstances of each District/City. This will mean that the way the governance for Think Communities is taken forward at a District/City level is likely to vary and may work to different timescales, but the driving principles take all the partners forward in the same strategic direction.

In addition to creating the right governance arrangements, key strands of work include building a multi-agency data set at Lower Super Output Area, which will give a 360 degree overview of the demographics and local need within small communities. We are developing a workforce transformation programme which will ensure that staff are ready and able to deliver a new way of working.

## **Integration of Health and Social Care**

The integration of health and social care is being driven within the Think Communities Approach to promote public health and tackle the key determinants of health and health and social outcomes. Therefore the Health and Well Being Board and the Health and Well Being Strategy that is currently being developed provide the backdrop. Our current Neighbourhood Cares pilots in St Ives and Soham have confirmed that transport, housing, community cohesion, income and employment as well as access to health care and support are key factors influencing social care support.

**Cambridgeshire and Peterborough STP** provides the strategic overview for the integration of health and social care and is working towards the transition into an Integrated Commissioning System (ICS). A Discharge Programme Board has overseen recent reductions in the number of DTOCs and there has been a joint approach to developing the community based offer across health and social care enabling patients to be discharged home with the right support. The Council has increased investment in its Reablement Services and the CCG has increased intermediate care and these 2 services work together in an integrated way with clear criteria and a clear 'Home First' pathway.

**A North and South Alliance** have been established to work together at a neighbourhood level, around our acute hospital footprints with providers of services for health and social care working together on a partnership basis to provide a wider range of services across a geographical area. The goal is to deliver more proactive, person-centred and holistic care to local people pooling resources and budgets where we think it will add value.

Each Alliance has an **Integrated Neighbourhood** work stream which is overseen by partners from the NHS, Local Authorities, Healthwatch and the voluntary and community sector. Work is currently underway with a number of Primary Care Networks (PCNs) that have been identified- varying in size from 40,000- 90,000 population. Integrated Neighbourhood Mangers have been appointed and the work is starting on the ground building multi- disciplinary teams around the PCN geography. This will be supported by the Think Communities work through detailed profiles of need and by bringing together a wider range of public and voluntary sector partners to tackle the wider determinants of health.

**An Integrated Commissioning Board** has been established to oversee the Better Care Fund and joint and integrated commissioning, chaired by Healthwatch and attended by Senior Executive Commissioners and Providers from the Local Authority and NHS.

**Neighbourhood Cares** pilots in Soham and St Ives have been running for over 2 years and the external evaluation is expected to show that these pilots represent best practice in adult social care and place based working and bring benefits to a wider range of public and voluntary sector partners. We will continue to build on the work so far in Soham and St Ives with a wider range of partners once the pilots have been completed. The Neighbourhood Cares pilots have shown that in line with Buurtzorg principles if health and social care professionals are given maximum autonomy in a defined place they develop trust and relationships that generate creative and pragmatic solutions that improve outcomes and manage demand and cost.

**Adults Positive Challenge Programme** is an adult social care transformation programme focussed on demand management and a theme running throughout has been the need to 'Change the Conversation' which is in line with the Think Communities approach and the integrated neighbourhoods work. The need to co-produce and involve the local community in a different approach to delivering public services has never been greater.

The diagram below shows the way in which the key elements of the Adults Positive Challenge Programme are delivering a financially sustainable model for Adult Social Care in Cambridgeshire and Peterborough. The key components have included

- Driving up the use of Tech Enabled Care (TEC)
- Changing the Conversation – taking a strengths based approach
- Preparation for Adulthood (PFA) with children with disabilities
- Carers- supporting Carers and reducing carer breakdown
- Reablement- providing short term support focussed on promoting independence to prevent the need for long term care

## Demand changes which are delivering the APCP cost avoidance

Demonstrating the impact of the APCP workstreams on the key influenciable levers to manage demand and deliver cost avoidance savings.



Cost avoidance and Savings delivered April – July 2019:

	Changing the Conversation	TEC	Carers	Reablement	Preparing for Adulthood
PCC	£43,500	£282,264	£4,450	£481,820	Savings expected in Q4 2019/20
CCC	No savings attributed	£2,269,000*	£193,000	£593,000	

\*Savings achieved from all TEC activity including the 2018/19 baseline.

### Current models of integration learning so far

There is a track record of integration of health and social care across Cambridgeshire and Peterborough. Currently there is a pooled budget for Learning Disability between the CCG and CCC and fully integrated and well regarded Learning Disability Partnership consisting of joint health and social care staff who are co-located and jointly plan and manage the care and support for people with learning disabilities. CCC has a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT) for Occupational Therapy (OT) which means that there is one single OT services covering health and social care functions. CCC and PCC have just renewed a Section 75 agreement for mental health with Mental Health Social Workers being seconded to CPFT and working as part of multi-disciplinary teams. In addition there is a jointly funded and commissioned service for community equipment to enable people to continue to live independently at home and CCC and the CCG have a jointly funded Assistive Technology or Tech Enabled Care Service.

Learning from previous integrated arrangements for older people services which have now been brought back into direct management by the Council is that structural integration does not in itself achieve improved outcomes and can reduce financial control. The current view is that there is no

one size fits all approach to integration, form has to follow function and the organisational upheaval involved in TUPE transfers can be costly and bring us no closer to the intended goal which is that the person or patient we are supporting experiences seamless care and support when they need it. Changing the way in which front line professionals work together with voluntary and community sector partners and the local community cannot easily be achieved through an organisational solution. There is also the experience of the Uniting Care Partnership which brought together community and acute sector providers into one organisational model but had to be disbanded in December 2016 after 8 months due to financial difficulties.

### **The model we are working towards**

The key question to be addressed is what will be different from the perspective of the person or patient, as a result of the combined efforts of all the above. We are working towards a place based model that is applied to all public and voluntary sector services. Building on all of the above, and underpinned by the Think Communities principles, there will be:

- a clear sense of the total resource available to a place- people, money and community resources
- a local profile of need that is unique to that place and shows the key drivers of demand and need as well as the resource available
- resources distributed according to need profiles with agreement about where need is greatest and integration will bring greatest benefit
- a local Place Based Board where decisions are made about the most effective way to combine and redirect resources available to meet local need
- an integrated multi-disciplinary team around the place that includes a wide range of public sector partners including Public Health, Housing, District Council etc.-
- a multi-disciplinary health and social care team and VCS team wrapped around a primary care network, practice or patient as needed to enable health and social care to work together collaboratively to anticipate escalating need or increased frailty and put in place steps to prevent crises and respond quickly to changing circumstances
- an ability to reach into hospitals and care homes to help people return home and live as independently as possible
- local and jointly commissioned solutions to care needs such as micro enterprises and small local responsive services that can provide a consistent response to care needs

### **Barriers to integration/ key issues to be addressed and how can further devolution help/ areas for further investigation**

The following are key areas that currently constrain progress and securing the full benefit and impact of these strategic developments. There needs to be more progress on sharing information across all sectors and technical solution that enable all those working in a place or with a person to share information and develop one shared plan.

Resource constraints are also a key factor in a health and social care system that is under considerable strain and can lead to short term thinking or decisions that cause costs to be transferred to a partner organisation.

Ensuring that the integration agenda is not limited to health and social care but includes all public, voluntary and independent sectors.

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1 October 2019  
Updated on 19 September



Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

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

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

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<b>10/10/19</b>	Mental Health Framework for Cambridgeshire and Peterborough	W Patten S Bye	2019/025	27/09/19	02/10/19
	Carers Recommissioning Update	O Hayward/L Mc Manus	2019/063		
	Update on Carers Workstream and Carers Survey	C Black	Not applicable		
	Business Planning – Capital and Revenue	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Think Communities	A Chapman	Not applicable		
<b>07/11/19</b>	Care Homes Purchasing Framework	A Thorp	2019/059	25/10/19	30/11/19

<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>
	Learning Disability Partnership Baseline 2020/21 (Pool Budget Review)	M Darbar	Not applicable		
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Deep Dive – Quality of Social Care Provision (Care Providers)	C Black / W Patten	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		
	Annual Safeguarding Board Report	R Waite	Not applicable		
	Risk Register	C Black	Not applicable		
<b>12/12/19</b>	Early Intervention and Prevention Re-procurement	G Hodgson	2019/070	29/11/19	04/12/19
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Full Evaluation of Neighbourhood Cares	L Tranham / C Black	Not applicable		
	Service Directors Report – Commissioning / Health / Financial	W Patten	Not applicable		
	Quarterly Performance Report	T Barden	Not applicable		
<b>16/01/20</b>	Housing Related Support (Adults)	O Hayward/S Ferguson	2020/005	03/01/20	08/01/20
	Charging Policy – Outcome of Consultation	C Black	2020/006		
	Adults Social Care - Service User Survey Feedback	H Duncan / C Black	Not applicable		
	Delayed Transfers of Care (DTCOC) Progress Report	C Black	Not applicable		
	Adults & Safeguarding Service Directors Report Update (includes Self-Assessment)	C Black	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	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>
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>
<b>12/03/20</b>	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies	Not applicable	28/02/20	04/03/20
	Deep Dive - TBC	C Black / W Patten	Not applicable		
	Quarterly Performance Report	T Barden	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		
<i>23/04/20 Provisional date</i>				<i>09/04/20</i>	<i>15/04/20</i>
<b>21/05/20</b>	Deep Dive - TBC	C Black / W Patten	Not applicable	08/05/20	13/05/20
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		

To be programmed:





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

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

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

## Agenda Item: 10

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

Reserve Committee dates for 2019/20

- April
- June

- August
- February

## GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

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

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

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

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