

# ADULTS COMMITTEE



**Wednesday, 18 December 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/ccc-conduct-code>
2. **Minutes - 7 November 2019** **5 - 16**
3. **Petitions and Public Questions**

### **KEY DECISIONS**

4. **Early Intervention and Prevention Re-procurement** **17 - 26**

### **DECISIONS**

5. **Finance Monitoring Report - October 2019** **27 - 58**

<b>6.</b>	<b>Performance Report Quarter 2 2019-20</b>	<b>59 - 74</b>
<b>7.</b>	<b>Adults Committee Review of Draft Revenue and Capital Business Planning Proposals for 2020-21 to 2024-25</b>	<b>75 - 160</b>
<b>8.</b>	<b>Neighbourhood Cares Pilot Final Report</b>	<b>161 - 230</b>
<b>9.</b>	<b>Domiciliary Care – Review of Used Capacity</b>	<b>231 - 236</b>

#### **INFORMATION AND MONITORING**

<b>10.</b>	<b>Adults Committee Agenda Plan - December 2019</b>	<b>237 - 240</b>
	<b>Adults Committee Training Plan 2019-20</b>	<b>241 - 244</b>
<b>11.</b>	<b>Date of Next Meeting</b>	
	16 January 2020	

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 7 November 2019
- Time:** 2.00 pm to 3.53 pm
- Present:** Councillors A Bailey (Chairwoman), D Connor, A Costello, S Crawford, M Goldsack, N Harrison, M Howell (Vice-Chairman), D Wells and G Wilson.
- Apologies:** Councillors J French (substituted by Councillor D Connor) and Councillor D Giles

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

Apologies received from Councillor French, substituted by Councillor Connor and Councillor Giles.

No declarations of interest were received.

**223. MINUTES AND ACTION LOG – 10 OCTOBER 2019**

The minutes of the meeting held on 10 October 2019 were agreed as a correct record and signed by the Chairwoman. Members noted the completed actions on the action plan.

**224. PETITIONS AND PUBLIC QUESTIONS**

None received.

**225. CARE HOME DEVELOPMENT**

The Committee received a report that sought approval to launch a tender exercise to put in place a Framework Agreement for continuing to spot purchase care home services.

In introducing the report officers drew the Committees attention to missing text under item 2.3 which should have read;

“Where providers have a rating of Requires Improvement, they will be required to submit an Improvement Plan via the tender process to the council that will be assessed by officers in order for quality assurances to be met. In addition, where homes have received a ‘Requires Improvement’ or ‘Inadequate’ rating more than once in the last 5 years, the council will reserve the right to not award a contract”.

In discussing the report Members:

- Queried how new providers would access the framework. Officers explained that this was detailed at point 2.4 of the report and that in order for new providers to have the ability to enter the Framework Agreement at a later date, it was proposed to open up the tender process approximately every six months, whilst retaining flexibility to account for emerging providers in the market and best use of council resources.
- Questioned the proposed contract length of 10 years. Officers explained that the length was in order that relationships could be established with providers.
- Queried the average length of stay for placements that were spot purchased. Officer clarified that the average stay was 18 months.
- Sought clarity on what would happen if a care home dropped out of good or outstanding status. Officers explained that the Council would work with the provider to develop an action plan. If no improvements were made as a result of the plan then they would seek to terminate the contract.
- Queried why providers were not asked to submit prices for service delivery as detailed at point 2.6 of the report. Officers explained that increasing block contracting was the main way the Council aimed to control the costs. The Committee had reviewed this approach at their last meeting with a rebalancing of contracts to a position of 50% spot contracts and 50% block contracts. Current spot pricing processes would continue with the Brokerage Service negotiating individual placement costs.

It was resolved unanimously to:

1. To seek approval from Committee to launch a tender exercise to put in place a Framework Agreement for continuing to spot purchasing care home services.
2. To seek approval from Committee to delegate authority to award to preferred suppliers to Executive Director, People and Communities.

**226. CAMBRIDGESHIRE & PETERBOROUGH ADULTS SAFEGUARDING PARTNERSHIP BOARDS ANNUAL REPORT 2018-19**

The Committee considered the annual report from the Cambridgeshire and Peterborough Adults Safeguarding Board.

In presenting the report officers explained that the report had been streamlined from last year and focused on a number of highlights including;

- The strengthened quality assurance role of the Adults Safeguarding Partnership Board;
- The introduction of self-assessments for agencies in relation to their own practice;
- A focus on engagement with communities including conducting a number of surveys, promoting safeguarding awareness month across both Adults and Children's services and holding a number of roadshows;
- The use of social media reaching 76,725 users during safeguarding awareness month;
- The introduction of a Multi-Agency Risk Management process and;
- The review of the Safeguarding Adults review process using learning from Children's services.

In discussing the report Members:

- Requested that the key performance indicators be included at the front of the report next year in order that the Committee could then clearly review progress against the targets set. **ACTION**
- Questioned what the average number of Safeguarding Reviews was currently. Officers clarified that the current figure had increased from three to five cases. Officers explained that there was a willingness to embrace new ways of working and that some cases that did not necessarily hit the set criteria were now being looked at by the partnership.
- Discussed how the partnership could engage further with vulnerable groups in particular individuals in controlling relationships, and encourage them to report safeguarding issues.
- Queried the criteria in terms of whether there was learning from when deaths had occurred and the individuals were not known by existing agencies. Officers clarified that the Coroner would discuss with the safeguarding team and relevant agencies if there was such a case and learning would be taken from these discussions. If it was a case of domestic homicide, this would be dealt with through the Community Safety Partnership.
- Requested information in the next annual report covering roles and responsibilities of all of the different safeguarding partners. **ACTION**

It was resolved unanimously to receive and note the contents of the 2018/19 Annual Report.

## **227. FINANCE MONITORING REPORT – SEPTEMBER 2019**

The Committee received the September 2019/20 Finance Monitoring report for People and Communities and highlighted the financial position of

services that were under the Committee's responsibility. Officers clarified that at the end of September, Adults services were forecast to overspend by £700k, around 0.4% of the budget. This was an improvement of £394k from August. Within that, budgets relating to care provision were forecast to overspend by £5.4million, mitigated by around £4.7 million of additional funding.

In discussing the report Members:

- Welcomed the Adults budget overview provided in section 3 of the report.
- Queried whether forecasting could be improved on the Learning Disability Partnership budget. Officers explained that this was a relatively static cohort and the forecasting was based on trends and that a small number of high cost packages could change the spend significantly.
- Highlighted the good progress in relation to the savings tracker.
- Queried the status of the Housing Related Support review on the savings tracker. Officers explained that the savings had been rephased and that officers expected the full amount of savings to be delivered. Officers clarified that an update on the review was due to be presented at the next Committee meeting.
- Discussed the forecasting of winter pressures and queried whether assumptions were made. Officers clarified that assumptions were not made above the current trend.
- Congratulated officers on their hard work to ensure that the budget variance was as small as possible.

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

## **228. DEEP DIVE - QUALITY OF CARE PROVISION (CARE PROVIDERS)**

The Committee considered a report that provided a detailed update on the current quality of care provision across Cambridgeshire care providers.

In presenting the report officers highlighted that Cambridgeshire had a large footprint of social care providers with 121 care homes with 5,551 beds in total. Contracts were with a range of providers and although capacity of care was sufficient across the county at a global level, there was disparity of provision across rural areas, with key pressures varying across districts. Officers clarified that despite the challenges that had been highlighted, Cambridgeshire was one of the better performing local authorities across the country in terms of Care Quality Commission ratings, with ratings well above the national average with 96% of Cambridgeshire residential care providers rated as good or outstanding compared with 83%

nationally. Officers gave a summary of the day to day proactive contract management support which included:

- Meetings once every two months with partners to discuss providers of concern who were monitored on a weekly basis, highlighting that there were currently 20 providers of concern, which was an average number of providers.
- Attending the providers forum to gain feedback
- Three weekly teleconferences with the Care Quality Commission so that interventions were timed accordingly.

In discussing the report Members:

- Queried whether intelligence from service users and their families was actively encouraged. Officers confirmed that feedback from services users and their families was mainly fed through from the providers themselves as they were required to disclose any complaints that were made through the contract monitoring process. The Chairwoman highlighted the need to proactively seek intelligence as key for the future. Officers explained that when individuals needed to be moved because of concerns in relation to providers then the social work teams worked closely with the brokers and contract teams to ensure the safety of the individuals concerned.
- Sought clarity on the general nature of concerns in relation to providers and whether officers offered support to help the providers and if this was charged for. Officers explained that concerns were varied ranging from minor to major issues and the contracts team offered support to providers to help overcome issues. Providers were not charged for general support but there was provision to charge for extra training to providers. Officers would physically go into the setting working with providers to develop action plans and provide support to improve in line with the plan.
- Questioned how Cambridgeshire benchmarked against others in terms of our level of resources and whether any other authorities recovered these costs.
- Sought further clarity on where intelligence was gathered from in terms of raising safeguarding concerns. Officers reiterated that intelligence came from a number of sources, through providers themselves, through routine contract monitoring, from the Care Quality Commission, through other partners and CCC officers themselves.
- Requested a further update report to Committee in the next year to include mechanisms for Service User feedback. **ACTION**

- Queried the number of 919 Care Workers per 10,000 population and requested further information from officers in relation to what roles this covered in relation to the whole workforce. **ACTION**

It was resolved unanimously note and comment on the contents of the report.

## **229. ADULTS POSITIVE CHALLENGE PROGRESS REPORT**

The Committee received a report and presentation on progress to date on the delivery of the Adult Positive Challenge Programme.

In presenting the report officers explained that the Delivery Confidence Assessment for the Programme was assessed as Amber which meant that good progress had been made but that the programme was slightly off track to deliver the full £3.8 million benefits as planned in 19/20. Overall the programme had evidenced a total of £786,000 in Cost Avoidance between April and August 2019. Programme impact was monitored via trajectory approach which included 'top down' care costs combined with 'bottom up' activity and flow trajectories and workstream level benefit tracking. Officers explained they would be seeking feedback from the Committee in due course on how they would like to be kept informed of the programme.

Members discussed the financial trajectory in detail with officers and requested an additional line be added to the trajectory to show how far the programme had got in relation to savings made. **ACTION**

It was resolved unanimously to:

review progress to date on the 19/20 Adult Positive Challenge Programme and use this report to inform consideration of the business case for the 20/21 programme when it is presented to December Committee.

## **230. PEOPLE & COMMUNITIES RISK REGISTER**

The Committee received the annual update of the current People and Communities Risk Register.

In presenting the report officers explained that the report highlighted the key strategic risks of the directorate and also included the Brexit Impact Assessment that had been developed across the authority. Officers clarified that the authority had a risk tolerance level of 16 and all risks were reviewed on a monthly basis by the People and Communities Management team. Risks were then escalated to the Council's Senior Management team whenever a significant risk was identified.

Members discussed the Brexit Impact Assessment briefly but noted that they were unable to have a full discussion on the assessment due to being

in purdah for the General Election. Members requested that the naming of the first Brexit risk should be renamed to 'Community Relations'. **ACTION**

Members concluded that the Brexit Impact Assessment should come back to Committee in December so that it could be discussed further. **ACTION**

It was resolved unanimously to note and comment on the People and Communities risk register.

**231. AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN**

Members queried when they would receive an update on Winter Pressures. Officers clarified that they would circulate an update to the Committee. **ACTION**

Members queried why they had not been receiving the regular dashboard updates on Delayed Transfers of Care. Officers explained that they would look into this and ensure updates were circulated. **ACTION**

It was resolved unanimously to:

note the Agenda Plan and the Training Plan.

**232. 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.

**233. LEARNING DISABILITY PARTNERSHIP - BASELINE 2020/21 (POOLED BUDGET REVIEW)**

The Committee received a report on the Learning Disability Partnership – Baseline 2020/21 (Pooled Budget Review).

Members discussed the report and requested updates on progress. **ACTION**

It was resolved unanimously to:

consider the content of this report and approve.

**234. DATE OF NEXT MEETING**

The Chairwoman clarified that the next Committee meeting had been moved from 12 December to 18 December due to the General Election.

**Chairwoman**



## ADULTS COMMITTEE

## Minutes Action Log

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **7 November 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 18 November 2019

**Meeting 12 September 2019**

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
203.	<b>ADULT SOCIAL CARE CHARGING POLICY REVIEW</b>	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.	<b>Will be completed in January</b>	

**Meeting 7 November 2019**

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
226.	<b>CAMBRIDGESHIRE &amp; PETERBOROUGH ADULTS SAFEGUARDING PARTNERSHIP BOARDS ANNUAL REPORT 2018-19</b>	Jo Procter	Members requested that the key performance indicators be included at the front of the report next year in order that the Committee could then clearly review progress against the targets set.	Performance data will be included in the 2019/20 annual report.	<b>Will be completed in next annual report</b>	
		Jo Procter	Members requested information in the next annual report covering roles and responsibilities of all of the different safeguarding partners.	Information will be included in the 2019/20 annual report.	<b>Will be completed in next annual report</b>	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
228.	<b>DEEP DIVE - QUALITY OF CARE PROVISION (CARE PROVIDERS)</b>	Caroline Townsend	Members requested a further update report to Committee in the next year to include mechanisms for Service User feedback.	This has been added to the forward plan.	<b>Closed</b>	
		Caroline Townsend	Members queried the number of 919 Care Workers per 10,000 population and requested further information from officers in relation to what roles this covered in relation to the whole workforce.	Information was provided on 8 November 2019.	<b>Closed</b>	
229.	<b>ADULTS POSITIVE CHALLENGE PROGRESS REPORT</b>	Tina Hornsby	Members discussed the financial trajectory in detail with officers and requested an additional line be added to the trajectory to show how far the programme had got in relation to savings made.	This is being progressed with finance colleagues, in preparation for future updates.	<b>Closed</b>	
230.	<b>PEOPLE &amp; COMMUNITIES RISK REGISTER</b>	Dee Revens	Members discussed the Brexit Impact Assessment briefly but noted that they were unable to have a full discussion on the assessment due to being in purdah for the General Election. Members requested that the naming of the first Brexit risk should be renamed to 'Community Relations'.	At the taskforce meeting held on 12.11.2019, it was agreed to change the name of this category to – "Citizen's Rights / Migration- Community relations".	<b>Closed</b>	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
		Dee Revens	Members concluded that the Brexit Impact Assessment should come back to Committee in December so that it could be discussed further.	Will come back to Committee in January 2020.	<b>Closed</b>	
231.	<b>AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN</b>	Charlotte Black/Will Patten	Members queried when they would receive an update on Winter Pressures. Officers clarified that they would circulate an update to the Committee.	Winter pressures plan and escalation process has been sent to the Committee. This will also be covered in the DTOC update to the Committee at the January Committee.	<b>Closed</b>	
		Charlotte Black	Members queried why they had not been receiving the regular dashboard updates on Delayed Transfers of Care. Officers explained that they would look into this and ensure updates were circulated.	The circulation list has been amended and members should now to receiving this information on a monthly basis.	<b>Closed</b>	
233.	<b>LEARNING DISABILITY PARTNERSHIP - BASELINE 2020/21 (POOLED BUDGET REVIEW)</b>	Mubarak Darbar	Members discussed the report and requested updates on progress.	<p><b>LDP Baseline 2020/21.</b> Discussions with the CCG on the baseline for 2020/21 is ongoing with preparations are underway to mobilise the CHC review work. We are working with the CCG where possible.</p> <p>We expect the project to be fully mobilised in Jan 2020 once the personnel are appointed.</p> <p>The Adults Committee will be provided a report on the progress of the work early Feb 2020.</p>	<b>Will be completed in February 2020</b>	<b>Feb 2020</b>



**EARLY INTERVENTION AND PREVENTION RE-PROCUREMENT**

**To: Adults Committee**

**Meeting Date: 18 December 2019**

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

**Electoral division(s): Cambridgeshire and Peterborough (all)**

**Forward Plan ref: 2019/070                      Key decision: Yes**

**Purpose: Adults Committee is asked to approve the recommended approach to tender services to support Early Intervention and Prevention.**

**Recommendation:**

- 1) To provide Adults Committee with an overview and seek approval for tendering of a framework agreement for commissioning of Early Intervention and Prevention services.**
- 2) To seek approval for the necessary extensions of existing contracts until new contracts are awarded.**
- 3) To seek approval for delegated authority to the Executive Director of People and Communities for award of contracts after evaluation of bids.**

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

- 1.1 There is a clear recognition of the need to support moving to an asset based approach to manage demand, which promotes independence and choice, whilst maximising place based community assets. The future commissioning of prevention and early intervention services is a key element to support the delivery of this approach, in line with the principles of Think Communities and Adults Positive Challenge Programme.
- 1.2 Drawing on the lessons learned from the Neighbourhood Cares pilots in Soham and St. Ives, Cambridgeshire County Council is committed to changing the way we commission Early Intervention and Prevention services, moving towards a more Place-Based Approach. The fact that a number of these contracts are due to end in March 2020 provides us with a unique opportunity to support providers in changing the conversation through the adoption of a new and flexible approach, which will allow communities to pull-down services based on local needs. At the same time, it is recognised that commissioned services are not the only way for people to access community assets and a key focus of the Adults Positive Challenge programme is to link people into services already available in the community, such as those funded by Innovate and Cultivate. It is therefore envisaged that Community Navigators will be incorporated into the proposed framework as of 2021.
- 1.3 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). From 2011 to 2016 the general population in Cambridgeshire increased by 5% and in Peterborough by 6.75%. However, both Cambridgeshire and Peterborough are likely to experience a growth in the general population of over 16% between 2016 and 2026. The numbers of people requiring support through Early Intervention and Prevention is likely to rise even more rapidly than the general population due to the fact that average life-expectancy is rising.
- 1.4 In May 2019, Adults Committee approved the key findings of the iMPower early intervention and prevention review, which was undertaken as part of the Adults Positive Challenge Programme. This highlighted the following:
  - Services are well regarded, yet few had been asked to demonstrate their impact on preventing needs from escalating.
  - Financial investment in services has had a positive impact on outcomes, with higher value contracts tending to be stronger at evidencing impact and targeting demand.
  - There is an opportunity to maximise opportunities for innovative service development through increased co-design with the market.
  - There is considerable scope to jointly commission with health partners to maximise the impact and increase the efficiency of prevention and early intervention services, for example via the north and south alliance boards.
- 1.5 In March 2019, Adults Committee received an overview of the interventions funded through the improved Better Care Fund (iBCF). A key challenge identified related to the short term nature of funding. This has made it both difficult to work in a partnership-oriented approach with the wider system, whilst ensuring procurement regulations are

complied with. As a result, it has been necessary to frequently request exemptions and extensions to contracts on a year-by-year basis without going out to tender. This does not support best practices in procurement and commissioning and is not a sustainable approach in the medium term.

- 1.6 Under the Care Act (2014) local authorities are required to provide or commission services that help prevent people developing needs for care and support or delay the need for ongoing care and support. Prevention and early intervention services are key for supporting local place based delivery. It is important to have a flexible approach to commissioning these services which allow us to respond to local variance based on community needs.
- 1.7 Continuing to offer Early Intervention and Prevention services also supports the Adults Positive Challenge Programme by improving independence, maximising local assets and reducing unnecessary escalation of need and demand for more expensive services. Furthermore, it is aligned with the Think Communities vision of resilient communities where people can feel safe, healthy, connected and able to help themselves and each other in new and established communities that are integrated and possess a sense of place. It adopts a system-wide approach in which partners listen, engage and align with communities and with each other, to deliver public service and support community-led activity.
- 1.8 The recommendation is to recommission prevention and early intervention services by way of a pseudo-framework agreement, to be done jointly with PCC. This will enable greater flexibility, whilst ensuring we have a robust framework for measuring outcomes. This approach supports the need to respond quickly to local needs, changing circumstances and funding, streamlining processes and reducing unnecessary duplication and costs associated with procurement. Local communities will be able to access the support they need as the Framework enables local providers/micro-enterprises to apply and bid for local contracts without dedicating vast resources to a complex tender process whenever a contract is to be awarded. The General Specifications for each lot are sufficiently broad to allow for an assets or strengths-based approach and innovative interventions to be implemented quickly, once funding is available.
- 1.9 The aims of the framework are:
  - to provide integrated early intervention and prevention services to adults in partnership with their families, their local communities and neighbours and other statutory, voluntary and commercial organisations across Cambridgeshire and Peterborough.
  - to fulfil the statutory requirement to offer or arrange preventive services to support those at risk of developing higher-level care needs.
  - to take a preventative approach by providing information and effective preventative support services that reduce or prevent the likelihood of unnecessary escalation of care needs.

- 1.10 The objectives of the framework are:
- To deliver a holistic and accessible early intervention and prevention service across Cambridgeshire and Peterborough that provides vulnerable adults with a range of support services which are influenced by the choices of service-users themselves and those that care for them.
  - To enable the people being cared for to maintain their independence and stay living at home or within their family for longer.
  - To apply the principles of: shared decision making with carers, the person they are caring for and their families; interagency working (e.g. with the Voluntary and Community Sector) 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 service user data and case studies.
  - To improve, innovate and evidence the impact and effectiveness of early intervention and prevention services throughout the life of this pseudo-framework
  - Streamline the procurement process to reduce duplication and ensure we are able to respond quickly to commissioning for local needs, whilst ensuring we deliver in line with procurement and commissioning best practice.
- 1.11 The specifications for each contract include detailed Key Performance Indicators and requirements for providers to issue regular reports on impact. Examples of quantitative metrics requested include: Number of new referrals accepted; Number of contacts per service user; Number of new service users (first time); Number of cases closed; Time to first activity.
- 1.12 These metrics will vary from one contract to another according to the nature of the service being delivered. For example, in the case of the Care Home Trusted Assessor service, metrics include: Number of assessments; Number of assessments accepted/rejected by Care Homes; Bed Days Saved; Timeliness; & Number of Care Homes engaging with the service.
- 1.13 Providers must also supply one or more of the following: monthly, quarterly or annual service reports. These reports shall summarise and analyse activity, themes, trends (including emerging trends), case studies, provide details of actual expenditure at year end and identify areas for improvement.
- 1.14 Under the new Place-Based approach the six new Place-Based Delivery Boards across the county will be able to give their input to specifications for future mini-competitions, from which contracts to meet local needs in communities will be awarded.
- 1.15 Furthermore, it will be possible in future, under the Pseudo-Framework, to commission some services on behalf of local areas e.g. districts and parish councils, when the necessary Memoranda of Understanding are in place.
- 1.16 During elaboration of the General Specifications for each Lot, in order to meet the present and future needs of the population served by both the Voluntary and Community Sector (VCS) as well as private organisations, providers were invited to take part in Soft Market Testing and a Providers Day for clarifications on the Invitation to Tender.

## **2. MAIN ISSUES**

- 2.1 The Pseudo Framework will be set up for a five year period from the 14th of September 2020 to the 13th September 2025, with the option for the Council to extend for a further 24-month period.
- 2.2 The initial tender process, which is outlined below, will aim to set up providers on the framework and will call off the framework for the initial round of contracts. The framework then provides the ability to tender for future prevention and early intervention services via a more streamlined calling off process.
- 2.3 The tender process will involve two phases:
- 1) Quality evaluation – bidders will submit detailed answers and examples of how they will meet a set of quality criteria whilst reaching the desired outcomes.
  - 2) Cost evaluation – bidders who are approved for inclusion on the pseudo-framework, based on their answers to Phase I (Quality) will submit bids for the specific scope and specifications of each contract. These will be awarded on the basis of lowest price.
- 2.4 Due to the time necessary for the tender process to be completed (see Timeline below), it will be necessary to extend some existing contracts for a period of time, in most cases the six months between April 2020 and September 2020 only. This will allow both Cambridgeshire County Council and Peterborough City Council to support the transition from existing service provision to the new model, whether providers remain the same (in some cases) or change as a result of the tender and bid evaluations leading to award of new contracts.
- 2.5 The framework will be split into four lots, which seek to cover the range of services which are still required, but individual contracts awarded within each Lot will vary in coverage according to where they are needed, responding to local realities and requirements in alignment with the principals of Place-Based Commissioning.
- Lot 1 Support for Care Homes
    - This includes, but is not limited to, services which help care home managers conduct assessments of patients discharged from acute hospitals, in order to reduce Delayed Transfers of Care.
  - Lot 2 Support at Home
    - This includes, but is not limited to, volunteers and wardens who visit older adults at home to ensure they can continue to live independently, providing support with shopping, information and advice, collection of prescriptions and signposting of other services in the community, e.g. to combat loneliness and social isolation.
  - Lot 3 Discharge Support and admissions avoidance
    - This covers, but not exclusively, interventions to help people settle back into their homes after hospital discharge and to encourage community-based care, thus avoiding unnecessary hospitalisation.
  - Lot 4 Sensory Services

- This lot covers a range of support services for those with long-term conditions such as vision loss or impairment and the deaf.

2.6 The below table provides an overview of the current commissioned and grant-funded services which will fall within scope of this initial tender:

<b>LOT</b>	<b>Service</b>	<b>Provider</b>	<b>PCC budget</b>	<b>CCC budget</b>
<b>Lot 1</b> Support for Care Homes	Care Home Trusted Assessor (Addenbrookes, PCH and Hinchingsbrooke)	Lincolnshire Care Association	£50,000.00	£150,000.00
<b>Lot 2</b> Support at Home	Volunteer Visitors	Age UK	-	£52,882.00
	Info & Advice	Age UK	-	£25,323.00
	Warden Scheme	Age UK	-	£17,355.00
	Community Support at Home	British Red Cross	£37,270.00	-
<b>Lot 3</b> Discharge Support and Admissions Avoidance	7-day discharge support (PCH)	British Red Cross	£99,943.00	-
<b>Lot 4</b> Sensory Services	Support Groups	Cambridge Deaf Association	£8,596.00	£99,000.00
	Acquired Hearing Services	Cambs. Hearing Help	-	£49,900.00
	Visual Services	CAMSIGHT	-	£132,000.00
	Visual Support	Peterborough Assoc. for the Blind	£5,844.00	-

## 2.7 Timeline

The timetable below sets out the key dates in the Procurement Process.

<b>Date</b>	<b>Stage</b>
13/12/19	Dispatch of the OJEU Contract Notice by the Authority. Procurement Documents made available over the internet.
24/01/20	Deadline for clarification questions
07/02/20	Deadline for return of Bids (to include the SQ and ITT responses)
10/02/20- 08/05/20	Evaluation of Bids and recommendation for the successful Bids.
08/05/20-17/06/20	Completion of the Authority approval and award decision processes.
17/06/20	Notification by the Authority of the award decision, debriefing unsuccessful Bidders and commencement of the standstill period.
26/06/20	Expiry of standstill period.
26/06/20- 31/07/20	Prepare/sign contract documents and arrange contract signing
07/08/20	Appointment of the successful Bidders, award of the contracts
31/07/20-11/09/20	Mobilisation
14/09/20	Contracts start date

## 2.8 Exemptions

It will be necessary to issue exemptions for the following services to be maintained during the period of bidding, evaluation and awarding of new contracts:

Service	Incumbent	Expires	Period of exemption
CHTA - HH	LINCA	Feb. 2020	01/03/20 - 13/09/20
CHTA - CUH	LINCA	March 2020	01/04/20 - 13/09/20
CHTA - PCH	LINCA	March 2020	01/04/20 - 13/09/20
Volunteer Visitors	Age UK	March 2020	01/04/20 - 13/09/20
Info & Advice	Age UK	March 2020	01/04/20 - 13/09/20
Warden Scheme	Age UK	March 2020	01/04/20 - 13/09/20
Community Support at Home	British Red Cross	March 2020	01/04/20 - 13/09/20
7-day discharge support (PCH)	British Red Cross	March 2020	01/04/20 - 13/09/20
Support Groups	Cambridge Deaf Association	March 2020	01/04/20 - 13/09/20
Acquired Hearing Services	Cambs. Hearing Help	March 2020	01/04/20 - 13/09/20
Visual Services	CAMSIGHT	March 2020	01/04/20 - 13/09/20
Visual Support	Peterborough Assoc. for the Blind	March 2020	01/04/20 - 13/09/20

## 3. ALIGNMENT WITH CORPORATE PRIORITIES

This approach to re-procurement is aligned with the two of the following three Corporate Priorities.

### 3.1 A good quality of life for everyone

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

- Re-procurement of Early Intervention and Prevention Services will support people to remain independent for longer in their own homes, improving quality of life and ensuring the right support is available at the right time in the right setting.

### 3.2 Thriving places for people to live

The approach supports the Think Communities programme of work and provides greater flexibility to support the ongoing development of strength based delivery at a community level.

### 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

SERCO Procurement has been involved at every stage of development of the proposed approach, ensuring that all Procurement and Contractual obligations have been met, including those of the Public Contract Regulations (2015).

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

It is important for the proposed Early Intervention and Prevention Framework to be approved in order for Cambridgeshire County Council and Peterborough City Council to honour their statutory responsibilities with regard to the Care Act (2014), whereby they must:

*“provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.”*

and

*“also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance after a spell in hospital. They should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.”*

Peterborough Legal Department has been involved in the drawing-up of all Invitation to Tender (ITT) documents and the proposed approach complies with all relevant legislation, including the “light touch regime” under PCR 2015.

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

There are no significant implications within this category.

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

##### **ENGAGEMENT OF STAKEHOLDERS IN DEVELOPMENT OF SPECIFICATIONS**

In addition to meetings with current providers themselves, it was considered important to gain feedback from service-users in order to inform development of specifications. To this end a survey questionnaire was prepared and sent to all incumbent providers of the services in scope.

Responses were received from over 250 service users and the feedback has been used to inform the approach to recommissioning these services.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes or No Name of Officer:
<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: Will Patten
<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: Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
<b>ITT Template Pseudo-Framework v. 4</b>	Ewa Klimek, SERCO Procurement, Sand Martin House, Peterborough <a href="mailto:Ewa.klimek@peterborough.gov.uk">Ewa.klimek@peterborough.gov.uk</a>
<b>General Specifications Lot 2 (Support at Home)</b>	Graeme Hodgson, Commissioner, Shire Hall, Cambridge <a href="mailto:Graeme.hodgson@cambridgeshire.gov.uk">Graeme.hodgson@cambridgeshire.gov.uk</a>



**FINANCE MONITORING REPORT – OCTOBER 2019**

*To:* **Adults Committee**

*Meeting Date:* **18 December 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 October 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 for services that are the Committee's responsibility (set out in section 3 of the covering report) as at the end of October 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 AND SIGNIFICANT ISSUES

- 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 The Finance Monitoring Report for October is appendix A. This report sets out the financial position of P&C and is the key thing to be reviewed as part of this item. The main report contains these sections:

Section	Item	Description	Page
1	Revenue Executive Summary	High level summary of information: <ul style="list-style-type: none"> <li>By Directorate</li> <li>By Committee</li> </ul> Significant issues in revenue financial position	2-6
2	Capital Executive Summary	Summary of the position of the Capital programme within P&C	7
3	Savings Tracker Summary	Summary of the latest position on delivery of savings	7
4	Technical Note	Explanation of technical items that are included in some reports	7
5	Key Activity Data	Performance information linking to financial position of main demand-led services	8-12
Appx 1	Service Level Financial Information	Detailed financial tables for P&C's main budget headings	13-15
Appx 2	Service Commentaries	Detailed notes on financial position of services that are predicting not to achieve their budget	16-22
Appx 3	Capital Appendix	This will contain more detailed information about P&C's Capital programme, including funding sources and variances from planned spend.	23-25
<i>The following appendices are not included each month as the information does not change as regularly:</i>			
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan.	
Appx 5	Technical Appendix	Twice yearly, this will contain technical financial information for P&C showing: <ul style="list-style-type: none"> <li>Grant income received</li> <li>Budget virements into or out of P&amp;C</li> <li>Service reserves</li> </ul>	

- 1.3 In particular, in reviewing the financial position of Adults Services, members may wish to focus on these sections:
- Section 1 – providing a summary table for the services that are the responsibility of Adults Committee, and setting out the significant financial issues (replicated below)
  - Section 5 – the key activity data for Adults Services provides information around client numbers and unit costs, which are principle drivers of the financial position
  - Appendices 1 & 2 – these set out the detailed financial projection by service, and provide more detailed commentary for services projecting a significant variance from budget.

- 1.4 Across all of People and Communities, the forecast at the end of October is an overspend of £3.5m (1.3%).
- 1.5 The summary position for Adults Services is below. This information is also contained in [section 1](#) of the main FMR, with detailed information by service in [appendix 1](#).

Forecast Variance Outturn (Previous)	Directorate	Budget 2019/20	Actual October 2019	Forecast Outturn Variance
£000		£000	£000	£000
5,441	Adults & Safeguarding	148,054	104,162	6,041
-1	Adults Commissioning (including Local Assistance Scheme)	16,114	-3,686	107
<b>5,439</b>	<b>Total Expenditure</b>	<b>164,168</b>	<b>100,476</b>	<b>6,148</b>
0	Grant Funding (including Better Care Fund, Winter Pressures Grant etc.)	-15,138	-7,394	0
-4,739	Expected deployment of grant and other funding to meet pressures			-4,739
<b>700</b>	<b>Total</b>	<b>149,030</b>	<b>93,082</b>	<b>1,408</b>

- 1.6 The significant financial issues for Adults Committee are replicated below from [section 1.4.1](#) of the main report:
- 1.6.1 Similar to councils nationally, cost pressures are faced by adult social care. At the end of October, Adults services are forecast to overspend by £1,408k, around 0.9% of budget. This is £707k more than in September. Within that, budgets relating to care provision are forecasting a £6.4m overspend, mitigated by around £4.7m of additional funding.
- 1.6.2 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).
- 1.6.3 **Older People's Services** are forecast to overspend by £5.4m, which is £1m higher than in the previous report. The cause of the overspend is predominantly the higher than expected costs of residential and nursing care compared to when budgets were set, in part due to the ongoing focus on discharging people from hospital as quickly as is appropriate. 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.
- 1.6.4 Costs have continued to increase by more than expected in October, above the trend for the year to date, and in addition there is an expectation that demand management savings will be slower to deliver with some benefit falling into 2020/21. Further information can be found in [appendix 2, note 4](#).
- 1.6.5 **The Learning Disability Partnership** is forecast to overspend by £588k, with the NHS paying a further £175k as part of the pooled budget. This is a relatively static cohort of service users whose needs have been increasing year on year in line with experiences nationally. Based on changes over the first half of the year, we expect these increases to exceed the level built into budgets. In particular, the cost of young people transitioning into adults is high, linked to rising cost of services for children with high needs. Savings delivery within the LDP is on track to overachieve, which provides some mitigation.

- 1.6.6 **Strategic Management – Adults** contains grant and financing mitigations that are partially offsetting care pressures. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ringfenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers of care, we are able to hold a portion as a contingency against in-year care pressures. As pressures emerged, this funding is deployed effectively as an underspend against this line.

## 2.0 ADULTS COMMITTEE – BUDGET LINES

2.1 The FMR 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 Appendix 1 of the main report relevant to Adults Committee are below.

Adults & Safeguarding Directorate	
Strategic Management – Adults	Cross-cutting services including transport. This line also includes expenditure relating to the Better Care Fund, and holds pressure funding allocated from social care grants.
Principal Social Worker, Practice and Safeguarding	Social work practice functions under the Principal Social Worker.
Transfers of Care	Hospital based social work teams
Prevention & Early Intervention	Preventative services, particularly Reablement, Adult Early Help and Technology Enabled Care teams
Autism and Adult Support	Services for people with Autism
Carers	Direct payments to carers
Learning Disability Partnership	
Head of Service	Services for people with learning disabilities. This is a pooled budget with the NHS – the NHS’ contribution appears on the last budget line, so spend on other lines is gross.
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	Services for people requiring physical support, both working age adults and older people
OP - City & South Locality	
OP - East Cambs Locality	
OP - Fenland Locality	
OP - Hunts Locality	
Neighbourhood Cares	Staffing and care costs relating to the Neighbourhood Cares pilot areas.
Mental Health	
Mental Health Central	Services relating to people with mental health needs. Most of this service is delivered by CPFT.
Adult Mental Health Localities	
Older People Mental Health	
Commissioning Directorate	
Strategic Management – Commissioning (shared with other P&C committees)	Costs relating to the Commissioning Director
Local Assistance Scheme	Scheme providing information, advice and one-off practical support and assistance
Adults Commissioning	
Central Commissioning - Adults	A number of discrete contracts and grant that support adult social care, such as Carer Advice, Advocacy and grants to day centres.
Integrated Community Equipment Service	Community equipment contract
Mental Health Commissioning	Contracts relating to housing and community support for people with mental health needs.
Executive Director	
Executive Director (shared with other P&C committees)	Costs relating to the Executive Director for P&C

### 3.0 ALIGNMENT WITH CORPORATE PRIORITIES

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

There are no significant implications for this priority.

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

There are no significant implications for this priority

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

There are no significant implications for this priority

### **SIGNIFICANT IMPLICATIONS**

#### **Resource Implications**

The appended Finance Monitoring Report sets out details of the overall financial position of the P&C Service.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

#### **Public Health Implications**

There are no significant implications within this category.

Source Documents	Location
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>

<b>Service</b>	People and Communities (P&C)
<b>Subject</b>	Finance Monitoring Report – October 2019
<b>Date</b>	11 <sup>th</sup> November 2019

## **KEY INDICATORS**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
<b>Red</b>	Revenue position by Directorate	Balanced year end position	<b>Red</b>	1.2
<b>Green</b>	Capital Programme	Remain within overall resources	<b>Green</b>	2

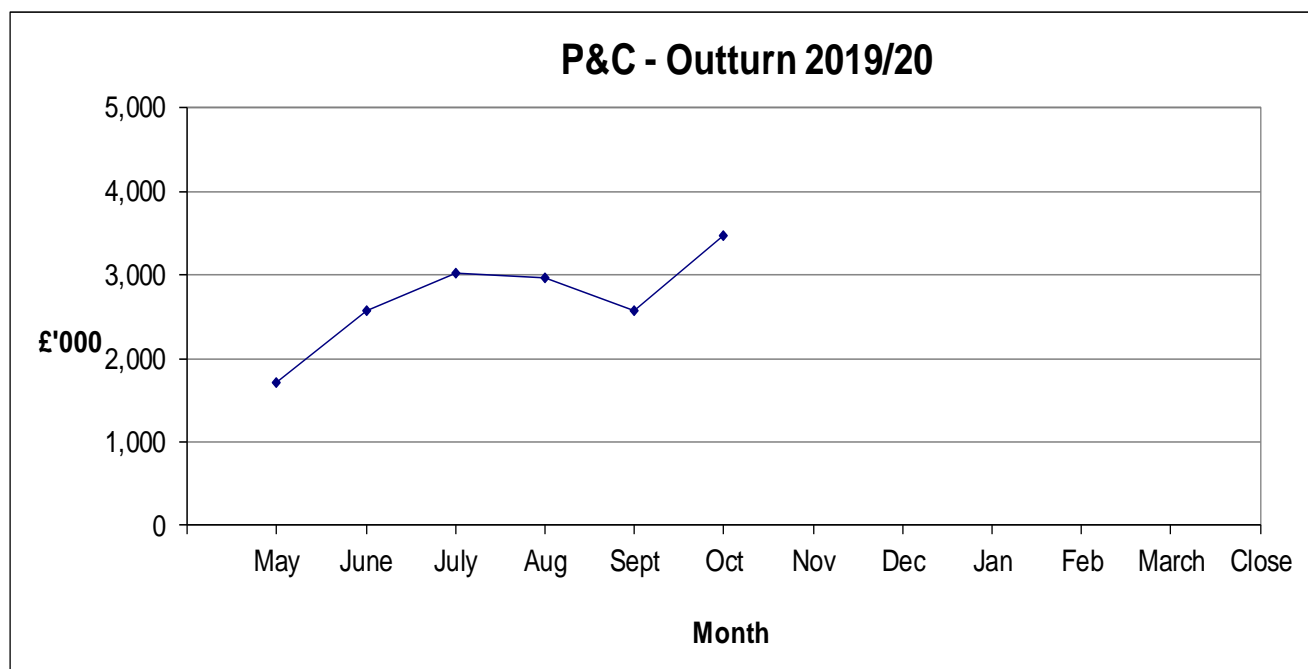
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1	Revenue Executive Summary	High level summary of information: <ul style="list-style-type: none"> <li>• By Directorate</li> <li>• By Committee</li> </ul> Narrative on key issues in revenue financial position	2-6
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## 1. Revenue Executive Summary

### 1.1 Overall Position

People and Communities is forecasting an overspend of £3,466k at the end of October, an increase of £888k since September.



### 1.2 Summary of Revenue position by Directorate

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual £000	Outturn Variance £000	Outturn Variance %
702	Adults & Safeguarding	148,054	104,162	1,301	0.9%
649	Commissioning	41,984	9,757	757	1.8%
178	Communities & Safety	12,978	7,121	158	1.2%
750	Children & Safeguarding	59,829	33,959	750	1.3%
7,300	Education	94,210	54,466	9,000	9.6%
0	Executive Director	973	434	0	0.0%
<b>9,578</b>	<b>Total Expenditure</b>	<b>358,029</b>	<b>209,899</b>	<b>11,966</b>	<b>3.3%</b>
-7,000	Grant Funding	-95,094	-58,763	-8,500	8.9%
<b>2,578</b>	<b>Total</b>	<b>262,935</b>	<b>151,136</b>	<b>3,466</b>	<b>1.3%</b>

### 1.3 Summary by Committee

P&C's services are overseen by different committees – these tables provide committee-level summaries of services' revenue financial positions.

#### 1.3.1 Adults Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Oct 2019 £000	Forecast Outturn Variance £000
5,441	Adults & Safeguarding	148,054	104,162	6,040
-1	Adults Commissioning (including Local Assistance Scheme)	16,114	-3,686	107
<b>5,439</b>	<b>Total Expenditure</b>	<b>164,168</b>	<b>100,476</b>	<b>6,147</b>
0	Grant Funding (including Better Care Fund, Winter Pressures Grant etc.)	-15,138	-7,394	0
-4,739	Expected deployment of grant and other funding to meet pressures			-4,739
<b>700</b>	<b>Total</b>	<b>149,030</b>	<b>93,082</b>	<b>1,408</b>

#### 1.3.2 Children and Young People Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Oct 2019 £000	Forecast Outturn Variance £000
650	Children's Commissioning	25,858	13,288	650
-0	Communities & Safety - Youth Offending Service	2,163	965	0
-0	Communities & Safety - Central Integrated Youth Support Services	1,399	599	-0
750	Children & Safeguarding	59,829	33,959	750
7,300	Education	94,210	54,466	9,000
0	Executive Director (Exec D and Central Financing)	973	434	0
<b>8,700</b>	<b>Total Expenditure</b>	<b>184,433</b>	<b>103,710</b>	<b>10,400</b>
-7,000	Grant Funding (including Dedicated Schools Grant etc.)	-77,448	-49,504	-8,500
<b>1,700</b>	<b>Total</b>	<b>106,986</b>	<b>54,206</b>	<b>1,900</b>

#### 1.3.3 Community and Partnerships Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Oct 2019 £000	Forecast Outturn Variance £000
0	Strategic Management - Communities & Safety	15	80	0
0	Safer Communities Partnership	880	998	0
0	Strengthening Communities	495	236	-0
0	Adult Learning and Skills	2,438	1,165	0
0	Trading Standards	694	308	0
178	Cultural & Community Services	4,895	2,771	158
<b>178</b>	<b>Total Expenditure</b>	<b>9,416</b>	<b>5,557</b>	<b>158</b>
0	Grant Funding (including Dedicated Schools Grant etc.)	-2,508	-1,866	0
<b>178</b>	<b>Total</b>	<b>6,908</b>	<b>3,691</b>	<b>158</b>

### 1.4 Significant Issues

Within People and Communities, the major savings agenda continues with £75m of savings required across the Council between 2019 and 2024. P&C budgets are facing increasing pressures from rising demand and changes in legislation, with the directorate's budget increasing by around 3% in 2019/20.

At the end of October 2019, the overall P&C position is an overspend of £3,466k, around 1.3% of budget. This is an increase of around £888k from September.

The projected overspend are concentrated in adult social care, children in care and education – these key areas are summarized below. Appendix 1 provides the detailed financial information by service, and appendix 2 provides a narrative from those services projecting a significant variance against budget.

#### **1.4.1 Adults**

Similar to councils nationally, cost pressures are faced by adult social care. At the end of October, Adults services are forecast to overspend by £1,408k, around 0.9% of budget. This is £707k more than in September. Within that, budgets relating to care provision are forecasting a £6.4m overspend, mitigated by around £4.7m of additional funding.

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).

**Older People's Services** are forecast to overspend by £5.4m, which is £1m higher than in the previous report. The cause of the overspend is predominantly the higher than expected costs of residential and nursing care compared to when budgets were set, in part due to the ongoing focus on discharging people from hospital as quickly as is appropriate. 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.

Costs have continued to increase by more than expected in October, above the trend for the year to date, and in addition there is an expectation that demand management savings will be slower to deliver with some benefit falling into 2020/21. Further information can be found in [appendix 2, note 4](#).

**The Learning Disability Partnership** is forecast to overspend by £588k, with the NHS paying a further £175k as part of the pooled budget. This is a relatively static cohort of service users whose needs have been increasing year on year in line with experiences nationally. Based on changes over the first half of the year, we expect these increases to exceed the level built into budgets. In particular, the cost of young people transitioning into adults is high, linked to rising cost of services for children with high needs. Savings delivery within the LDP is on track to overachieve, which provides some mitigation.

**Strategic Management – Adults** contains grant and financing mitigations that are partially offsetting care pressures. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ringfenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers of care, we are able to hold a portion as a contingency against in-year care pressures. As pressures emerged, this funding is deployed effectively as an underspend against this line.

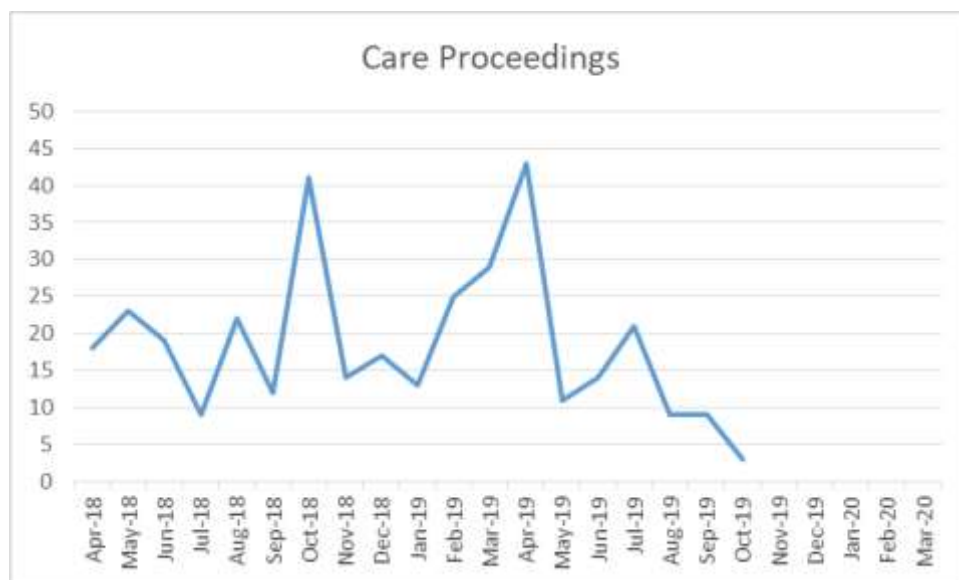
#### **1.4.2 Children's**

*Children in Care* is anticipating a pressure of c£350k across Unaccompanied Asylum Seeking Children budgets (£200k) and Supervised Contact (£150k). 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 these into line with the amount of government funding available.

*Children in Care Placements* is forecasting a year end overspend of £650k, despite a decrease in the number of children in care, 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.

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, however, 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. Whilst there are currently (end Oct) 170 live care proceedings, a reduction of 13 from the position at the end of 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 introduction of 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. The expectation is that reductions in live proceedings will continue, further mitigating the overall pressure.



### 1.4.3 Education

*Home to School Transport – Special* is forecasting a revised overspend of £500k. 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.

*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 £8.5m. 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.

#### **1.4.4 Communities and Safety**

*Registration & Citizenship Services* are forecasting a surplus of £155k. An increase in the statutory charge for birth, marriage and death certificates has resulted in an over-recovery of income in the service. This increase is expected to continue into future years and as such has been recognised as part of the 2020/21 Business Plan.

*Coroners* is now forecasting an increased pressure of £313k. 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.

## 2. Capital Executive Summary

### 2019/20 In Year Pressures/Slippage

At the end of October 2019 the capital programme forecast underspend continues to be zero. The level of slippage and underspend in 2019/20 is currently anticipated to be £5.9m 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.

Additional funding of £335k is requested in 2019/20 for the Abington Woods SEND scheme. This project is to purchase existing school buildings on the Abington Woods site, and repurpose them for use as a school for children with SEND needs. The buildings at Abington Woods will be used to support Cambridgeshire's high demand for additional special school places for children with complex needs. The acquisition will release places at the Granta Special School for additional younger children and safeguard the attendance locally of young people who might otherwise need provision with independent providers. This would also result in revenue savings on DSG funded High Needs Block budgets and transport budgets from being able to increase capacity at Granta and avoid the expenditure that comes from placing children and young people at provisions outside of the county. The scheme will be funded by borrowing; the annual cost of borrowing for this scheme will start in 2020/21 at £22k, and decreases each year thereafter.

Details of the currently forecasted capital variances can be found in appendix 3.

## 3. Savings Tracker Summary

The savings tracker is produced quarterly, and will be included in the FMR once per quarter. The tracker at the end of quarter 2 was included in the September FMR, and had a summary position of:

Committee	Number of Savings	Total Original Savings £000	Total Forecast Savings £000	Total Variance £000
Adults	9	-6,782	-6,810	-28
C&P	2	-60	-60	0
C&YP	14	-3,419	-3,404	15
Adults & CYP	1	-583	-321	262
<b>TOTAL</b>	<b>26</b>	<b>-10,844</b>	<b>-10,595</b>	<b>249</b>

Further information and commentary for each saving can be found in appendix 4.

## 4. Technical note

On a biannual basis, a technical financial appendix will be included as appendix 5. This appendix will cover:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

## 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.

### 5.1 Children and Young People

5.1.1 Key activity data to October 2019 for **Children in Care Placements** is shown below:

	BUDGET				ACTUAL (Oct)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Oct 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	£456k	3,149.62	-0.06	£31k	168.92
Residential - secure accommodation	1	£376k	52	5,872.95	1	2.20	£733k	6,058.28	1.20	£357k	185.33
Residential schools	19	£2,836k	52	2,804.78	14	15.61	£1,736k	2,056.15	-3.83	-£1,099k	-748.63
Residential homes	33	£6,534k	52	3,704.67	38	36.82	£7,021k	4,035.93	3.82	£487k	331.26
Independent Fostering	240	£11,173k	52	798.42	289	299.15	£12,854k	840.75	59.27	£1,681k	42.33
Supported Accommodation	26	£1,594k	52	1,396.10	24	21.12	£1,493k	1,421.43	-5.16	-£101k	25.33
16+	7	£130k	52	351.26	11	7.55	£305k	495.04	0.43	£174k	143.78
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Additional one off budget/actuals	-	£750k	-	-	-	-	-£144k	-	-	-£894k	-
Mitigations required	0	£k	0	0.00	0	0.00	-£5k	0.00	-	-£5k	0.00
<b>TOTAL</b>	<b>330</b>	<b>£23,819k</b>			<b>380</b>	<b>385.39</b>	<b>£24,449k</b>		<b>55.66</b>	<b>£630k</b>	
In-house fostering - Basic	205	£2,125k	56	179.01	190	194.96	£1,947k	176.60	-10.04	-£178k	-2.41
In-house fostering - Skills	205	£1,946k	52	182.56	206	208.89	£1,965k	190.85	3.89	£18k	8.29
Kinship - Basic	40	£425k	56	189.89	44	43.47	£471k	186.19	3.47	£45k	-3.70
Kinship - Skills	10	£35k	52	67.42	13	11.87	£45k	64.07	1.87	£10k	-3.35
<b>TOTAL</b>	<b>245</b>	<b>£4,531k</b>			<b>234</b>	<b>238.43</b>	<b>£4,427k</b>		<b>-6.57</b>	<b>-£104k</b>	
Adoption Allowances	107	£1,107k	52	198.98	106	106.36	£1,161k	200.76	-0.64	£54k	12.14
Special Guardianship Orders	307	£2,339k	52	142.30	269	265.00	£2,048k	141.48	-42	-£291k	-2.75
Child Arrangement Orders	88	£703k	52	153.66	88	88.46	£715k	155.42	0.46	£11k	1.76
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>463</b>	<b>463.33</b>	<b>£3,925k</b>		<b>-0.64</b>	<b>-£315k</b>	
<b>OVERALL TOTAL</b>	<b>1,082</b>	<b>£32,590k</b>			<b>1077</b>	<b>1,087.15</b>	<b>£32,801k</b>		<b>48.45</b>	<b>£211k</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.

### 5.1.2 Key activity data to the end of October 2019 for **SEN Placements** is shown below:

BUDGET				ACTUAL (Oct 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No of placements Oct 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	95	97.70	£5,829k	£60k	-7	-4.30	£-389k	£-1k
Hearing Impairment (HI)	3	£117k	£39k	3	3.00	£120k	£40k	0	0.00	£3k	£1k
Moderate Learning Difficulty (MLD)	10	£200k	£20k	9	7.64	£409k	£54k	-1	-2.36	£209k	£34k
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	42	41.33	£2,326k	£56k	-3	-3.67	£313k	£12k
Speech, Language and Communication Needs (SLCN)	3	£138k	£46k	5	5.00	£247k	£49k	2	2.00	£109k	£3k
Severe Learning Difficulty (SLD)	5	£445k	£89k	6	6.34	£431k	£68k	1	1.34	£-14k	£-21k
Specific Learning Difficulty (SPLD)	4	£138k	£35k	6	4.92	£195k	£40k	2	0.92	£57k	£5k
Visual Impairment (VI)	2	£73k	£36k	3	2.59	£96k	£37k	1	0.59	£23k	£1k
Growth	-	£k	-	-	-	£-344k	-	-	-	£-344k	-
Recoupment	-	-	-	0	0.00	£k	£k	-	-	£k	£k
<b>TOTAL</b>	<b>181</b>	<b>£9,573k</b>	<b>£53k</b>	<b>175</b>	<b>174.46</b>	<b>£9,573k</b>	<b>£57k</b>	<b>-6</b>	<b>-6.54</b>	<b>£k</b>	<b>£4k</b>

## 5.2 Adults

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.

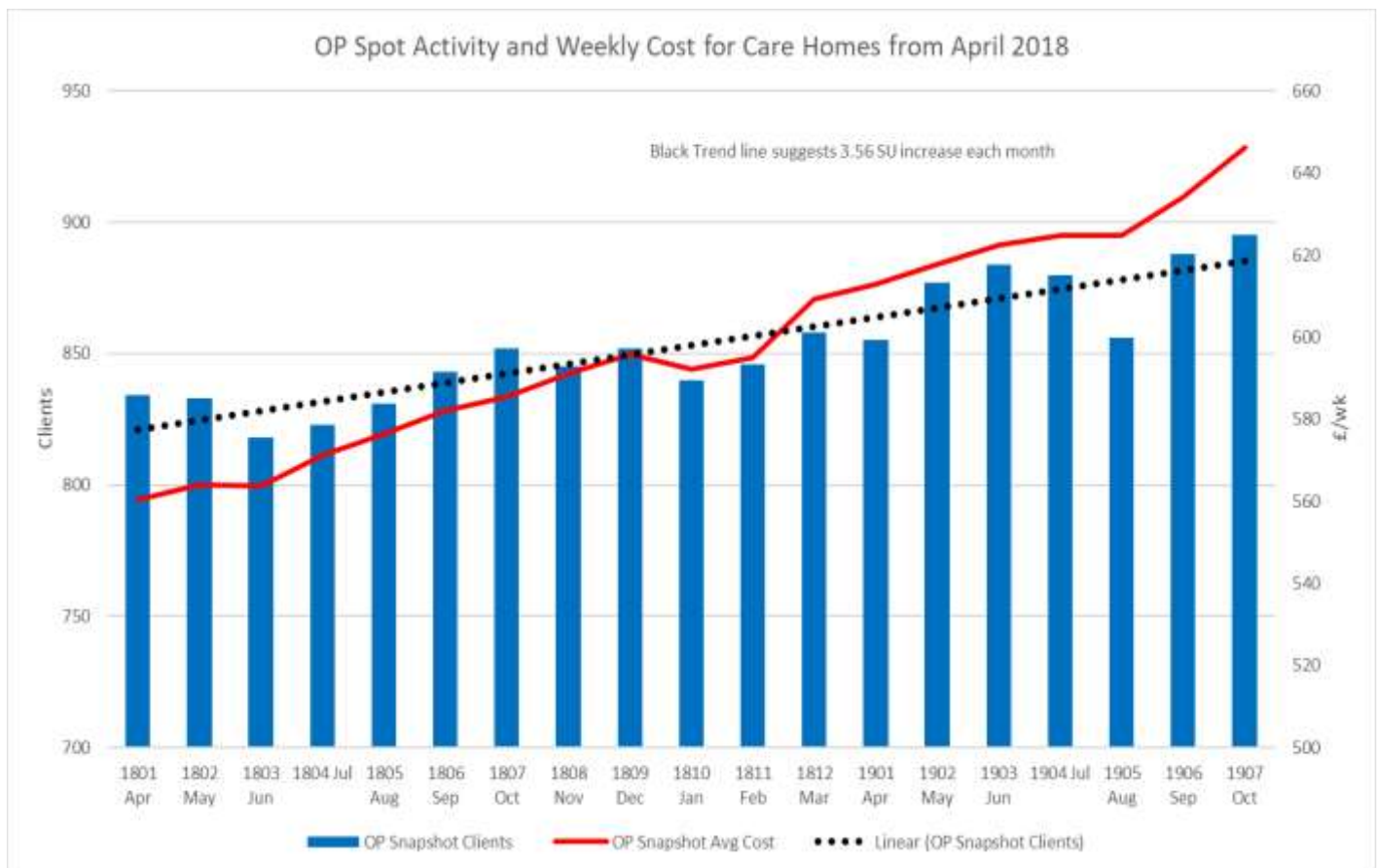
**5.2.1** Key activity data to end of October 2019 for the **Learning Disability Partnership** is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (October 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	274	£1,510	£21,791k	262	↓	£1,622	↑	£22,591k	↑	£800k
~Residential Dementia										
~Nursing	7	£1,586	£430k	6	↔	£1,478	↔	£475k	↓	£46k
~Nursing Dementia										
~Respite			£431k					£416k		-£14k
Community based										
~Supported Living	411	£1,202	£26,753k	458	↑	£1,161	↓	£27,591k	↑	£838k
~Direct payments	415	£404	£8,555k	419	↓	£407	↑	£8,416k	↓	-£139k
~Live In Care	14	£1,953	£k	14	↔	£1,943	↔	£k		£k
~Day Care	469	£136	£3,475k	470	↑	£171	↑	£3,650k	↑	£175k
~Other Care	175	£68	£758k	63	↓	£148	↑	£929k	↑	£171k
~Homecare	474		£10,424k	322				£9,372k	↓	-£1,052k
Total In Year Expenditure			£72,616k					£73,441k		£826k
Care Contributions			-£3,407k					-£3,794k	↑	-£387k
Health Income										
Total In Year Income			-£3,407k					-£3,794k		-£387k
Further savings included within forecast										£k
Forecast total in year care costs										£439k

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

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

Older People	BUDGET			ACTUAL (October 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	446	£551	£11,674k	431	↑	£567	↑	£13,528k	↑	£1,854k
~Residential Dementia	432	£586	£13,138k	424	↑	£608	↑	£14,266k	↑	£1,128k
~Nursing	289	£643	£10,123k	268	↓	£649	↑	£9,834k	↓	-£289k
~Nursing Dementia	113	£753	£4,494k	124	↑	£827	↑	£5,794k	↑	£1,300k
~Respite			£1,733k					£1,657k	↓	-£77k
Community based										
~Supported Living	116		£4,043k	110	↔			£4,620k	↓	£578k
~Direct payments	208	£287	£3,200k	193	↓	£291	↑	£2,990k	↓	-£210k
~Live In Care	27	£779	£1,101k	32	↑	£818	↑	£1,275k	↑	£173k
~Day Care	43	£82	£1,452k	25	↓	£105	↑	£860k	↑	-£592k
~Other Care	6	£31	£11k	4	↓	£33	↓	£129k	↓	£118k
~Homecare	1,127	Per Hour £16.43	£11,453k	1,158	↑	Per Hour £16.37	↓	£11,728k	↑	£275k
Total In Year Expenditure			£62,423k					£66,681k		£4,258k
Care Contributions			-£17,857k					-£18,253k	↑	-£396k
Health Income			-£86k					-£86k	↔	£k
Total In Year Income			-£17,943k					-£18,339k		-£396k
Inflation and uplifts			£506k					£87k	↓	-£420k
Forecast total in year care costs			£44,986k					£48,428k		£3,442k



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

Physical Disabilities	BUDGET			ACTUAL (October 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	41	£786	£1,679k	35	↓	£1,022	↓	£1,874k	↓	£195k
~ Residential Dementia	1	£620	£32k	2	↔	£685	↔	£59k	↔	£27k
~ Nursing	31	£832	£1,350k	28	↑	£992	↓	£1,452k	↑	£102k
~ Nursing Dementia	1	£792	£41k	1	↔	£792	↔	£41k	↔	£k
~ Respite			£220k					£115k	↓	-£105k
Community based										
~ Supported Living	7	£774	£258k	3	↓	£995	↑	£226k	↓	-£32k
~ Direct payments	288	£357	£4,908k	272	↑	£1,361	↑	£4,771k	↑	-£137k
~ Live In Care	29	£808	£1,269k	32	↑	£366	↓	£1,279k	↑	£9k
~ Day Care	48	£70	£177k	27	↓	£813	↑	£135k	↓	-£42k
~ Other Care	4	£39	£4k	0	↓	£87	↑	£16k	↑	£13k
~ Homecare	257	Per Hour £16.37	£2,719k	274	↑	Per Hour £17.15	↑	£2,810k	↑	£90k
Total In Year Expenditure			£12,657k					£12,777k		£120k
Care Contributions			-£1,062k					-£1,156k	↑	-£94k
Health Income			-£561k					-£561k	↔	£k
Total In Year Income			-£1,623k					-£1,717k		-£94k
Inflation and Uplifts			£203k						↓	-£203k
Forecast total in year care costs			£11,237k					£11,061k		-£177k

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

Older People Mental Health	BUDGET			ACTUAL (October 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	21	↓	£664	↑	£781k	↓	£90k
~Residential Dementia	23	£539	£648k	26	↔	£597	↔	£749k	↓	£101k
~Nursing	25	£638	£833k	21	↓	£740	↑	£844k	↑	£11k
~Nursing Dementia	80	£736	£3,079k	76	↑	£837	↑	£3,147k	↑	£68k
~Respite	1	£137	£7k	0	↔	£0	↔	£k	↔	-£7k
Community based										
~Supported Living	5	£212	£55k	4	↔	£489	↔	£102k	↓	£47k
~Direct payments	7	£434	£149k	7	↓	£271	↓	£112k	↓	-£37k
~Live In Care	2	£912	£95k	5	↑	£1,084	↓	£263k	↑	£168k
~Day Care	2	£37	£4k	2	↓	£30	↓	£3k	↓	-£1k
~Other Care	0	£0	£k	1	↑	£11	↑	£23k	↓	£23k
~Homecare	42	Per Hour £16.49	£406k	43	↑	Per Hour £17.45	↔	£407k	↑	£1k
Total In Year Expenditure			£5,967k					£6,433k		£466k
Care Contributions			-£851k					-£912k	↓	-£61k
Health Income			£k					£k	↔	£k
Total In Year Income			-£851k					-£912k		-£61k
Inflation Funding to be applied			£184k					£163k		-£21k
Forecast total in year care costs			£5,300k					£5,684k		£384k

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

Adult Mental Health	BUDGET			ACTUAL (October 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	59	↑	£711	↓	£2,176k	↑	£192k
~Residential Dementia	5	£743	£194k	6	↔	£776	↔	£238k	↔	£44k
~Nursing	16	£612	£512k	14	↔	£653	↔	£496k	↑	-£16k
~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	117	↓	£113	↓	£801k	↓	-£240k
~Direct payments	9	£355	£167k	12	↓	£307	↓	£209k	↓	£42k
~Live In Care	0	£0	£k	1	↓	£490	↓	£26k	↔	£26k
~Day Care	2	£77	£8k	3	↔	£55	↑	£10k	↑	£2k
~Other Care	1	£152	£8k	0	↔	£0	↔	£19k	↔	£11k
~Homecare	140	£80.00	£586k	57	↓	£110.21	↓	£526k	↓	-£60k
Total In Year Expenditure			£4,533k					£4,533k		£k
Care Contributions			-£396k					-£351k	↑	£45k
Health Income			-£22k					£k		£22k
Total In Year Income			-£418k					-£351k		£67k
Inflation Funding to be applied			£k					£k		
Forecast total in year care costs			£4,249k					£4,279k		£30k

## APPENDIX 1 – P&C Service Level Financial Information

Forecast Outturn Variance (September) £'000	Service		Budget 2019/20 £'000	Actual October 2019 £'000	Outturn Variance £'000   %	
Adults & Safeguarding Directorate						
-4,700	1	Strategic Management - Adults	-1,571	9,214	-4,797	-305%
0		Transfers of Care	1,836	1,241	0	0%
48		Prevention & Early Intervention	8,774	6,011	38	0%
0		Principal Social Worker, Practice and Safeguarding	1,404	896	0	0%
6		Autism and Adult Support	987	462	13	1%
0	2	Carers	416	90	-216	-52%
Learning Disability Partnership						
0		Head of Service	5,781	3,156	0	0%
-24	3	LD - City, South and East Localities	35,304	20,754	-24	0%
432	3	LD - Hunts & Fenland Localities	28,298	16,158	432	2%
300	3	LD - Young Adults	7,921	4,504	300	4%
55	3	In House Provider Services	6,396	3,877	55	1%
-175	3	NHS Contribution to Pooled Budget	-19,109	-9,555	-175	-1%
588		Learning Disability Partnership Total	64,591	38,896	588	1%
Older People and Physical Disability Services						
32	4	Physical Disabilities	11,906	8,114	140	1%
263	4	OP - City & South Locality	20,610	13,075	843	4%
829	4	OP - East Cambs Locality	6,456	4,459	825	13%
996	4	OP - Fenland Locality	7,977	5,653	1,420	18%
2,125	4	OP - Hunts Locality	10,714	7,860	1,912	18%
105	4	Neighbourhood Cares	748	424	220	29%
4,351		Older People's and Physical Disabilities Total	58,411	39,586	5,360	9%
Mental Health						
-158	5	Mental Health Central	1,973	1,111	-174	-9%
54	5	Adult Mental Health Localities	5,445	3,070	106	2%
513	5	Older People Mental Health	5,788	3,586	384	7%
409		Mental Health Total	13,205	7,767	316	2%
702		Adult & Safeguarding Directorate Total	148,054	104,162	1,301	1%
Commissioning Directorate						
0		Strategic Management –Commissioning	11	156	0	0%
0		Access to Resource & Quality	1,795	922	0	0%
-6		Local Assistance Scheme	300	143	-6	-2%
Adults Commissioning						
118	6	Central Commissioning - Adults	11,095	-7,422	101	1%
0	7	Integrated Community Equipment Service	1,024	1,497	124	12%
-113	8	Mental Health Commissioning	3,696	2,096	-113	-3%
5		Adults Commissioning Total	15,814	-3,830	113	1%

Forecast Outturn Variance (September)	Service		Budget 2019/20	Actual October 2019	Outturn Variance	
£'000			£'000	£'000	£'000	%
		<u>Childrens Commissioning</u>				
650	9	Children in Care Placements	23,819	12,244	650	3%
-0		Commissioning Services	245	123	-0	0%
<b>650</b>		<b>Childrens Commissioning Total</b>	<b>24,064</b>	<b>12,366</b>	<b>650</b>	<b>3%</b>
<b>649</b>		<b>Commissioning Directorate Total</b>	<b>41,984</b>	<b>9,757</b>	<b>757</b>	<b>2%</b>
		<b>Communities &amp; Safety Directorate</b>				
0		Strategic Management - Communities & Safety	15	80	0	0%
-0		Youth Offending Service	2,163	965	0	0%
-0		Central Integrated Youth Support Services	1,399	599	-0	0%
0		Safer Communities Partnership	880	998	0	0%
-0		Strengthening Communities	495	236	-0	0%
0		Adult Learning & Skills	2,438	1,165	0	0%
0		Trading Standards	694	308	0	0%
<b>-0</b>		<b>Community &amp; Safety Total</b>	<b>8,084</b>	<b>4,350</b>	<b>0</b>	<b>0%</b>
-0		Strategic Management - Cultural & Community Services	163	96	-0	0%
0		Public Library Services	3,409	2,012	0	0%
0		Cultural Services	280	-61	0	0%
0		Archives	440	238	0	0%
-57	10	Registration & Citizenship Services	-516	-439	-155	-30%
235	11	Coroners	1,117	924	313	28%
<b>178</b>		<b>Cultural &amp; Community Services Total</b>	<b>4,895</b>	<b>2,771</b>	<b>158</b>	<b>3%</b>
<b>178</b>		<b>Communities &amp; Safety Directorate Total</b>	<b>12,978</b>	<b>7,121</b>	<b>158</b>	<b>1%</b>
		<b>Children &amp; Safeguarding Directorate</b>				
0		Strategic Management – Children & Safeguarding	3,292	2,088	0	0%
-0		Partnerships and Quality Assurance	2,241	1,177	-0	0%
350	12	Children in Care	15,737	9,994	350	2%
0		Integrated Front Door	1,974	1,330	0	0%
-0		Children's Disability Service	6,590	4,161	-0	0%
-0		Children's Centre Strategy	29	-3	-0	0%
0		Support to Parents	1,749	563	0	0%
-0		Adoption Allowances	5,772	3,205	-0	0%
400	13	Legal Proceedings	1,970	1,121	400	20%
		<u>District Delivery Service</u>				
0		Safeguarding Hunts and Fenland	3,741	2,214	0	0%
-0		Safeguarding East + South Cambs & Cambridge	6,773	2,693	-0	0%
0		Early Help District Delivery Service –North	5,342	2,705	0	0%
-0		Early Help District Delivery Service – South	4,619	2,712	-0	0%
<b>-0</b>		<b>District Delivery Service Total</b>	<b>20,475</b>	<b>10,324</b>	<b>-0</b>	<b>0%</b>
<b>750</b>		<b>Children &amp; Safeguarding Directorate Total</b>	<b>59,829</b>	<b>33,959</b>	<b>750</b>	<b>1%</b>

Forecast Outturn Variance (September)  £'000	Service		Budget 2019/20  £'000	Actual October 2019  £'000	Outturn Variance	
					£'000	%
Education Directorate						
0		Strategic Management - Education	7,069	2,016	0	0%
0		Early Years' Service	2,122	1,258	0	0%
0		Schools Curriculum Service	166	18	0	0%
0		Schools Intervention Service	969	437	0	0%
-0		Schools Partnership service	537	841	0	0%
0		Teachers' Pensions & Redundancy	2,910	1,362	0	0%
SEND Specialist Services (0-25 years)						
0		SEND Specialist Services	9,643	6,057	0	0%
3,000	14	Funding for Special Schools and Units	16,849	11,411	3,500	21%
2,500	14	High Needs Top Up Funding	17,100	10,985	2,500	15%
0	14	Special Educational Needs Placements	9,973	6,800	500	5%
1,500	14	Out of School Tuition	1,519	1,567	2,000	132%
7,000		SEND Specialist Services (0 - 25 years) Total	55,083	36,820	8,500	15%
Infrastructure						
0		0-19 Organisation & Planning	4,068	2,966	0	0%
0		Early Years Policy, Funding & Operations	94	22	0	0%
0		Education Capital	178	285	0	0%
300	15	Home to School Transport – Special	9,821	3,810	500	5%
0		Children in Care Transport	2,005	822	0	0%
0		Home to School/College Transport – Mainstream	9,189	3,810	0	0%
300		0-19 Place Planning & Organisation Service Total	25,355	11,714	500	2%
7,300		Education Directorate Total	94,210	54,466	9,000	10%
Executive Director						
0		Executive Director	882	418	0	0%
0		Central Financing	91	16	0	0%
0		Executive Director Total	973	434	0	0%
9,578		Total	358,029	209,899	11,966	3%
Grant Funding						
-7,000	16	Financing DSG	-61,469	-40,815	-8,500	-14%
0		Non Baselined Grants	-33,625	-17,948	0	0%
-7,000		Grant Funding Total	-95,094	-58,763	-8,500	9%
2,578		Net Total	262,935	151,136	3,466	1%

## APPENDIX 2 – Service Commentaries 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 for a service area.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management – Adults</b>	<b>-1,571</b>	<b>9,214</b>	<b>-4,797</b>	<b>-305%</b>
<p>Around £3.4m 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. 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. In September a further £100k of underspend has been reported due to underspends on staffing across the directorate.</p>				
<b>2) Carers</b>	<b>416</b>	<b>90</b>	<b>-216</b>	<b>-52%</b>
<p>The number of direct payments made to Carers is lower than in previous years, mainly as a result of the focussed work in the Adults Positive Challenge Programme to provide more individualised support to Carers. This includes increased access to the right information and advice at the right time and an improved awareness of the need to work with the Carer and the cared-for person together, which may result in increased support to the cared-for person if required in order to better support the needs of the Carer.</p>				
<b>3) Learning Disability Partnership</b>	<b>58,810</b>	<b>35,739</b>	<b>588</b>	<b>1%</b>
<p>An overspend of £763k is forecast against the Learning Disability Partnership (LDP). According to the risk sharing arrangements of the LDP pooled budget, the proportion of the overspend that is attributable to the council is <u>£588k</u>.</p> <p>Total new savings of £950k are budgeted in 2019/20 in addition to the LDP share of the adult's positive challenge saving of £562k. These comprise the business plan target of £700k and a funnel saving of £250k relating to additional reassessments to be carried out by locality teams. Currently delivery of these savings is on track.</p> <p>However, demand pressures have been higher than anticipated and have exceeded the demand funding allocated to the budget thus far. This is despite much positive work that has been carried out to maintain a stable number of service users. Particular pressures have been seen on the budgets for residential care and supported living, despite service user numbers in these provisions being stable or decreasing. This reflects the increasing cost of packages, particularly for service users with complex and increasing needs, which we have a statutory duty to meet.</p> <p>New packages and package increases are scrutinised by panel and where possible opportunities to support people in alternative ways are being pursued. Referrals to Technology Enabled Care for LDP service users have increased in 2019/20.</p>				
<b>4) Physical Disabilities</b>	<b>11,906</b>	<b>8,114</b>	<b>140</b>	<b>1%</b>
<p>An overspend of £140k is forecast for Physical Disabilities services. The £108k movement from the position reported last month is due to an increase in community based care. Despite this, the net current year activity continues to partially offset the carried forward pressure from 2018/19 relating to increases in client numbers and the number of people with more complex needs requiring more expensive types of care.</p> <p>The total savings expectation in this service for 2019/20 is £269k, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain service user independence.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>5) Older People's Services</b>	<b>46,505</b>	<b>31,472</b>	<b>5,220</b>	<b>11%</b>
<p>An overspend of £5,220k is forecast for Older People's Services, which is an increase of £901k from the position reported last month. The overall forecast 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. It is expected that £2.1m will be delivered in-year 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, and a further £400k will be delivered through increased capacity in the Occupational Therapy service. The shortfall against the saving is contributing to the overall overspend position.</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>• 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> </ul>				
<b>6) Mental Health Services</b>	<b>13,205</b>	<b>7,767</b>	<b>316</b>	<b>2%</b>
<p>Mental Health Services are forecasting an overspend of £316k on operational budgets, which is a decrease of £93k 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. This trend is continuing on a month-to-month basis, however reductions in spot purchased community-based care following commencement of the Recovery and Community Inclusion block contract have offset the position this month.</p> <p>Mitigation of £113k has been identified in Mental Health Commissioning.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>7) Central Commissioning - Adults</b>	<b>11,095</b>	<b>-7,422</b>	<b>101</b>	<b>1%</b>
<p>An overspend of £118k is forecast on Central Commissioning Adults.</p> <p>This is mainly 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>8) Integrated Community Equipment Service</b>	<b>1,024</b>	<b>1,497</b>	<b>124</b>	<b>12%</b>
<p>The Community Equipment Service is a pooled budget with the NHS and is forecast to overspend by £250k – the Council's share of this would be £124k. The service is providing equipment to more service-users in 2019/20 than expected even after allowing for some increase as part of business planning. This is potentially due to the drive to keep more people living independently at home.</p> <p>The average cost for each person receiving equipment is also rising, mainly due to the fact that people are living in the community with increasing complexity of need – which often means more expensive stock equipment is prescribed. Investigations are ongoing to review this and ensure standard catalogue items are provided wherever possible (rather than more costly alternatives) and whether we are maximising the amount of recycling of equipment.</p>				
<b>9) Mental Health Commissioning</b>	<b>3,696</b>	<b>2,096</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>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>10) Children in Care Placements</b>	<b>23,819</b>	<b>12,244</b>	<b>650</b>	<b>3%</b>

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 forecast to exceed this, as a result of:

- 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].
- 16 unaccompanied asylum seekers became Looked After in the last two months.
- An increase in the number of Children in Care in external placements [+20%] against a projected reduction.

External Placements Client Group	Budgeted Packages	30 Sep 2019 Packages	31 Oct 2019 Packages	Variance from Budget
Residential Disability – Children	3	3	3	0
Child Homes – Secure Accommodation	1	1	1	0
Child Homes – Educational	19	15	14	-5
Child Homes – General	33	39	38	+5
Independent Fostering	240	296	289	+49
Supported Accommodation	26	22	24	-2
Supported Living 16+	7	12	11	+4
<b>TOTAL</b>	<b>329</b>	<b>388</b>	<b>380</b>	<b>+51</b>

- The foster placement capacity both in house and externally is overwhelmed by demand both locally and nationally. The real danger going forward is that the absence of appropriate fostering provision by default, leads to children and young people's care plans needing to change to residential services provision.

Mitigating factors moving forward include:

- Monthly Placement Mix and Care Numbers meeting chaired by the Service Director and attended by senior managers. This meeting focuses on activity aimed at reducing the numbers in care, length of care episodes and reduction in the need for externally commissioned provision.
- Reconstitution of panels to ensure greater scrutiny and supportive challenge.
- 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.
- Authorisation processes in place for any escalation in resource requests.
- Assistant Director authorisation for any residential placement request.
- Monthly commissioning intentions (sufficiency strategy work-streams), budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting (in-house provider services and Access to Resources).
- Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.
- Provider meetings scheduled through the Children's Placement Service (Access to Resources) to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Children in Care Placements continued</b> <ul style="list-style-type: none"> <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>				
<b>11) Registration &amp; Citizenship Services</b>	<b>-516</b>	<b>-439</b>	<b>-155</b>	<b>-30%</b>
Registration & Citizenship Services are forecasting a surplus of £155k. An increase in the statutory charge for birth, marriage and death certificates has resulted in an over-recovery of income in the service. This increase is expected to continue into future years and as such has been recognised as part of the 2020/21 Business Plan.				
<b>12) Coroners</b>	<b>1,117</b>	<b>924</b>	<b>313</b>	<b>28%</b>
Coroners is forecasting a pressure of £313k. 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>13) Children in Care</b>	<b>15,737</b>	<b>9,994</b>	<b>350</b>	<b>2%</b>
<p>The Children in Care budget is forecasting 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. The costs associated with supporting both this group of young people are not fully covered by the grant from the Home Office.</p> <p>The Supervised Contact budget is forecasting a pressure of £150k. The over spend is due to the use of additional relief staff and external agencies required to cover the current 215 Supervised Contact Cases (215 end Sep) which equate to an average of 607 sessions or 1253 hours per month (531 end Sep) supervised contact sessions a month. 305 (313 end Sep) 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. 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>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>14) Legal Proceedings</b>	<b>1,970</b>	<b>1,121</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> <p>There are currently (end Oct) 170 live care proceedings, and whilst we have seen reductions in live proceedings (183 end July) legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget. The expectation is that reductions in live proceedings will continue, further mitigating the overall pressure.</p> <p><b>Actions being taken:</b></p> <p>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>15) Funding to Special Schools &amp; Units, High Needs Top Up Funding and Out of School Tuition</b>	<b>45,440</b>	<b>30,763</b>	<b>8,500</b>	<b>19%</b>
<p><b>Funding to Special Schools and Units - £3.5m DSG overspend</b></p> <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></p> <p>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 - £2m DSG overspend</b></p> <p>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>• 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><b>SEN Placements - £500k DSG overspend</b></p> <p>A pressure of £500k is expected on the SEN Placements policy line, where an increase in the number of Cambridgeshire pupils being educated out of county has created a pressure on the Recoupment budget.</p> <p><b>Mitigating Actions:</b></p> <p>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>16) Home to School Transport – Special</b>	<b>9,821</b>	<b>3,810</b>	<b>500</b>	<b>5%</b>
<p>Home to School Transport – Special is forecasting an £500k 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>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. 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>17) Financing DSG</b>	<b>-61,469</b>	<b>-40,815</b>	<b>-8,500</b>	<b>-14%</b>
<p>Within P&amp;C, spend of £61.5m is funded by the ring fenced Dedicated Schools Grant. Current pressures on Funding to Special Schools and Units (£3.5m), High Needs Top Up Funding (£2.5m), Out of School Tuition (£2.0m) and SEN Placements (£0.5m) equate to £8.5m and as such will be charged to the DSG. The final DSG balance brought forward from 2018/19 was a deficit of £7,171k.</p>				

## APPENDIX 3 – Capital Position

### 3.1 Capital Expenditure

2019/20						TOTAL SCHEME	
Original 2019/20 Budget as per BP	Scheme	Revised Budget for 2019/20	Actual Spend (Oct)	Forecast Spend – Outturn (Oct)	Forecast Variance – Outturn (Oct)	Total Scheme Revised Budget	Total Scheme Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
51,085	Basic Need – Primary	34,420	12,698	33,629	-791	273,739	-3,058
64,327	Basic Need – Secondary	51,096	31,747	44,629	-6,466	321,067	-338
100	Basic Need - Early Years	2,173	742	2,173	0	5,718	0
7,357	Adaptations	1,119	864	1,119	0	13,428	0
6,370	Specialist Provision	4,073	1,650	5,620	1,547	23,128	-53
2,500	Condition & Maintenance	3,623	2,527	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	108	150	0	600	0
1,500	Temporary Accommodation	1,500	327	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	1,359	4,934	-223	10,630	0
-16,828	Capital Variation	-13,399	0	-7,466	5,933	-61,000	0
2,744	Capitalised Interest	2,744	0	2,744	0	8,798	0
129,267	<b>Total P&amp;C Capital Spending</b>	<b>101,292</b>	<b>56,212</b>	<b>101,292</b>	<b>0</b>	<b>678,259</b>	<b>-3,449</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 (October)	Forecast Spend - Outturn Variance (October)	Variance Last Month (September)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Basic Need – Primary</b>						
<b>Histon Additional Places</b>						
400	3,000	2,600	2,600	0	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.						
<b>Chatteris Additional Places</b>						
4,600	3,000	-1,700	-1,600	-100	0	-1,600
£1.6m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This scheme has now been combined with that listed separately for Cromwell Community College, following approval from the DfE to a proposal to extend the school's age range to enable it to provide all-through education, 4-19.						
<b>Bassingbourn Primary School</b>						
2,666	2,400	-316	-266	0	-225	-91
Savings made on completion of scheme.						

Revised Budget for 2019/20	Forecast Spend - Outturn (October)	Forecast Spend - Outturn Variance (October)	Variance Last Month (September)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Godmanchester Bridge (Bearscroft Development)</b>						
355	93	-262	-262	0	-262	0
Savings made on completion of scheme.						
<b>Gamlingay Primary School</b>						
406	306	-100	-250	0	-100	-=0
Savings made on completion of scheme adjusted for outstanding temporary accommodation costs.						
<b><u>Basic Need - Secondary</u></b>						
<b>Fenland Secondary</b>						
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. Work is progressing to determine the final specification for the scheme and the associated project cost.						
<b>Cromwell Community College, Chatteris</b>						
5,500	4,000	-1,600	-1,500	0	0	-1,600
£1.5m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This scheme has now been combined with that listed separately for Chatteris Additional Places, following approval from the DfE to a proposal to extend the school's age range to enable it to provide all-through education, 4-19.						
<b>Alconbury Weald Secondary &amp; Special</b>						
350	100	-250	0	0	0	-250
As a result of on-going discussions with the DfE over the timing of the opening of the secondary school, the decision has been taken to place all further work on hold until these have been concluded.						
<b><u>Specialist provision</u></b>						
<b>Highfields Ely Phase 2</b>						
3,600	5,200	1,600	0	1,600	0	1,600
Revised spend forecast received from contractor. Value of works higher than anticipated for 2019-20 due to pre-fabricated construction and works progressing ahead of schedule, which means that the project is likely to complete earlier than planned.						
<b><u>Other changes across all schemes (&lt;250k)</u></b>						
-	-	-1,505	-1,171	-334	-1,293	-212
Other changes below £250k make up the remainder of the scheme variances.						
<b>Total P&amp;C variances:</b>		<b>-5,933</b>	<b>-6,849</b>	<b>39</b>	<b>-1,880</b>	<b>-4,113</b>

## P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget 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 £5.93m of the capital variations budget being utilised.

2019/20					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Oct 2019) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Oct 2019) £000
P&C	-13,399	-5,933	5,933	44.2%	0
<b>Total Spending</b>	<b>-13,399</b>	<b>-5,933</b>	<b>5,933</b>	<b>44.2%</b>	<b>0</b>

### 3.2 Capital Funding

2019/20				
Original 2019/20 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2019/20 £'000	Funding Outturn (Oct 19) £'000	Funding Variance - Outturn (Oct 19) £'000
6,905	Basic Need	6,905	6,905	0
4,126	Capital maintenance	3,547	3,547	0
1,005	Devolved Formula Capital	2,796	2,796	0
4,115	Adult specific Grants	4,146	4,146	0
14,976	S106 contributions	6,555	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
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>101,292</b>	<b>101,292</b>	<b>0</b>



**PERFORMANCE REPORT – QUARTER 2 2019/20**

*To:* **Adults Committee**

*Meeting Date:* **18 December 2019**

*From:* **Executive Director – Peoples & Communities**

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

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

*Purpose:* **To provide performance monitoring information**

*Recommendation:* **To note and comment on performance information and take remedial action as necessary**

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## 1 BACKGROUND

- 1.1 This performance report provides information on the status of performance indicators the Committee has selected to monitor to understand performance of services the Committee oversees.
- 1.2 The report covers the period of Q2 2019/20, up to the end of September 2019.
- 1.3 The full report is in the appendix 1. It contains information on:
- Current and previous performance and projected linear trend
  - Current and previous targets (not all indicators have targets, this may be because they are being developed or because the indicator is being monitored for context)
  - Red / Amber / Green / Blue (RAGB) status
  - Direction for improvement (this shows whether an increase or decrease is good)
  - Change in performance (this shows whether performance is improving (up) or deteriorating (down))
  - Statistical neighbour performance (only available where a standard national definition of indicator is being used)
  - Indicator description
  - Commentary on the indicator
- 1.4 The following RAGB statuses are being used:
- Red – current performance is 10% or more from target
  - Amber – current performance is off target by less than 10%
  - Green – current performance is on target or better by up to 5%
  - Blue – current performance is better than target by 5% or more
- As agreed by General Purposes Committee, “Blue” has replaced “Very Green” as the colour grading for indicators exceeding target by 5% or more.
- Red and Blue indicators will be reported to General Purposes Committee in a summary report.
- 1.5 Information about all performance indicators monitored by the Council Committees will be published on the internet at <https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/> following the General Purposes Committee meeting in each quarterly cycle.

## 2 CURRENT PERFORMANCE

2.1 Current performance of indicators monitored by the Committee is as follows:

Status	Number of indicators	Percentage of total indicators with target
Red	2	20%
Amber	2	20%
Green	2	20%
Blue	4	40%
No target	0	0%

Source Documents	Location
None	



Produced on: 10 December 2019



# Corporate Performance Report

## Quarter 2

### 2018/19 financial year

#### Adults Committee

Business Intelligence  
Cambridgeshire County Council  
[business.intelligence@cambridgeshire.gov.uk](mailto:business.intelligence@cambridgeshire.gov.uk)

## Key



Data Item	Explanation
<b>Target / Pro Rata Target</b>	The target that has been set for the indicator, relevant for the reporting period
<b>Current Month / Current Period</b>	The latest performance figure relevant to the reporting period
<b>Previous Month / previous period</b>	The previously reported performance figure
<b>Direction for Improvement</b>	Indicates whether 'good' performance is a higher or a lower figure
<b>Change in Performance</b>	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
<b>Statistical Neighbours Mean</b>	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
<b>England Mean</b>	Provided as a point of comparison, based on the most recent nationally available data
<b>RAG Rating</b>	<ul style="list-style-type: none"> <li>• <b>Red</b> – current performance is off target by more than 10%</li> <li>• <b>Amber</b> – current performance is off target by 10% or less</li> <li>• <b>Green</b> – current performance is on target or up to 4% over target</li> <li>• <b>Blue</b> – current performance is over target by 5% or more</li> <li>• <b>Baseline</b> – indicates performance is currently being tracked in order to inform the target setting process</li> <li>• <b>Contextual</b> – these measures track key activity being undertaken, but where a target has not been deemed pertinent by the relevant service lead</li> </ul>
<b>Indicator Description</b>	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
<b>Commentary</b>	Provides a narrative to explain the changes in performance within the reporting period
<b>Useful Links</b>	Provides links to relevant documentation, such as nationally available data and definitions

## Indicator 14: 1E Proportion of service users (18-64) with a primary support reason of learning disability support in paid employment (year to date)

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December 2019

Pro Rata Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
3.5%	4.7%	4.0%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
7.2%	6.0%	A		

## Indicator Description

The measure shows the proportion of adults with a primary support reason of learning disability support who are recorded as being in paid employment. The information would have to be captured or confirmed within the financial year reporting period.

The measure is focused on 'paid' employment. Voluntary work is not collected in SALT and thus, is excluded from the measure. Paid employment is measured using the following two categories:

- Working as a paid employee or self-employed (16 or more hours per week); and,
- Working as a paid employee or self-employed (up to 16 hours per week)

Calculation:  
 $(X/Y) \times 100$

Where:

X: All people within the denominator, who are in employment. The numerator should include those recorded as in paid employment irrespective of whether the information was recorded in an assessment, review or other mechanism. However, the information would have to have been captured within the financial year.

Y: Number of working-age clients with a primary support reason of learning disability support "known to CASSRs" during the period.

## Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

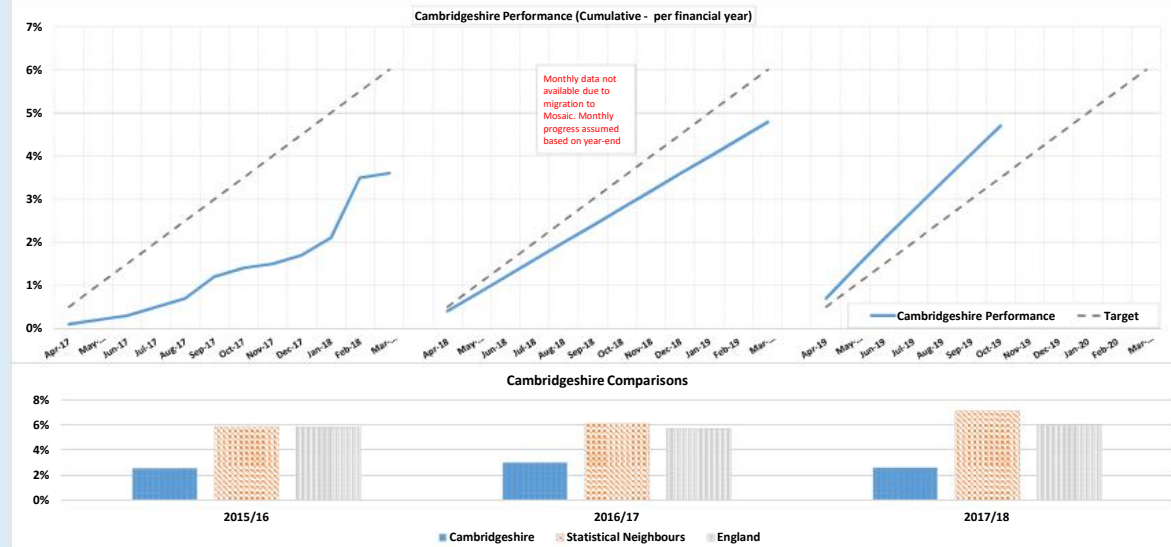
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/687208/Final\\_ASCOF\\_handbook\\_of\\_definitions\\_2018-19\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf)



(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

Performance at this indicator has been improving recently, with the year end figure for 2018-2019 exceeding that of the previous 3 years.

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

The migration to Mosaic has had a positive impact on performance at this indicator by prompting workers to update of the employment status at each assessment/review.

To support delivery of the LD Employment Strategy a working group has been formed to develop a targeted workplan to improve employment opportunities for this cohort of service users.

Although performance is above target at the end of Q2, the indicator remains amber as there is still a significant risk that the year end target may not be met at year end due to the complexities involved in securing paid employment in the current economic climate. This judgement will be kept under review and will be revised in subsequent reports if the recent trends continue.

Direction of travel compares against the same period in the previous year.

## Indicator 18: 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population

Return to Index

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
564.0	132.0	116.9	↓	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
535.6	585.6	G		

## Indicator Description

This measure reflects the number of older people whose long-term support needs are best met by admission to residential and nursing care homes relative to the group population. The measure compares council records with ONS population estimates. People counted in this measure should include:

- Users where the local authority makes any contribution to the costs of care, no matter how trivial or location of residential or nursing care
- Supported users and self-funders with depleted funds (set out in The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions)

Calculation:  
 $(X/Y) \times 100,000$

Where:

X: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care).

Y: Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

## Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

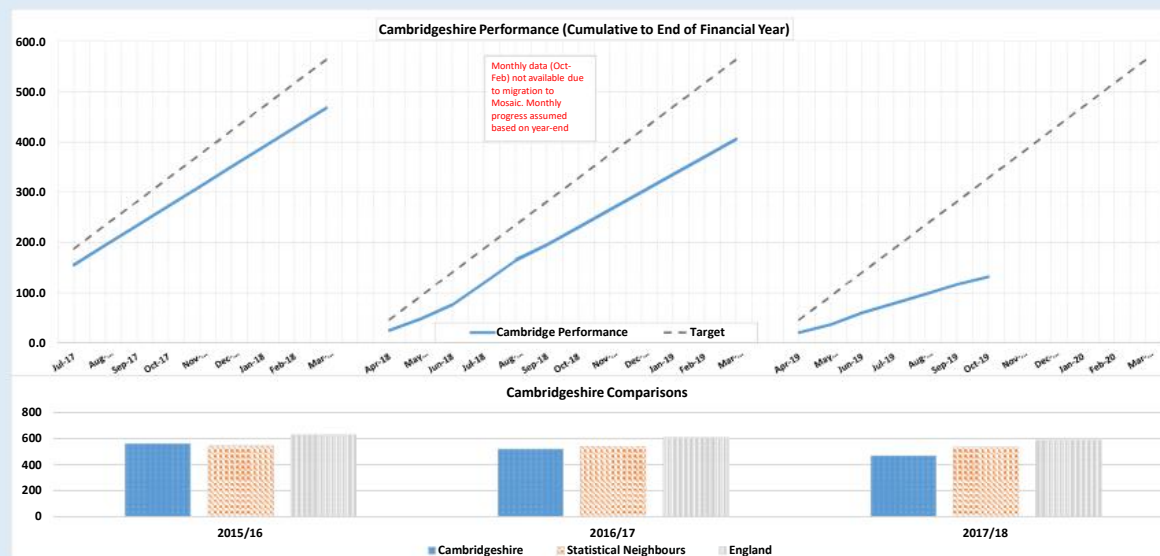
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

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(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.

N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.

Delays in loading new services may result in this indicator increasing retrospectively as residential and nursing services are recorded in data systems. As a result this indicator is limited to green only, as the figure is liable to increase.

Direction of travel is compared to the same period in the previous year.

**Indicator 20: 2C(2) Average monthly number of bed day delays (social care attributable) per 100,000 18+ population**[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
114.0	161.9	109.5	↓	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
194.0	129.0	R		

**Indicator Description**

This measure reflects the number of delays in transfer of care which are attributable, to social care services. A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying such a bed.

Calculation:  
 $(X/Y) \times 100,000$

Where:

X: The average number of delayed transfers of care (for those aged 18 and over) each day that are attributable to Social Care. This is the average of the 12 monthly "DTC Beds" figures calculated from the monthly Situation Report (SitRep).

Y: Size of adult population in area (aged 18 and over)

**Useful Links**

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

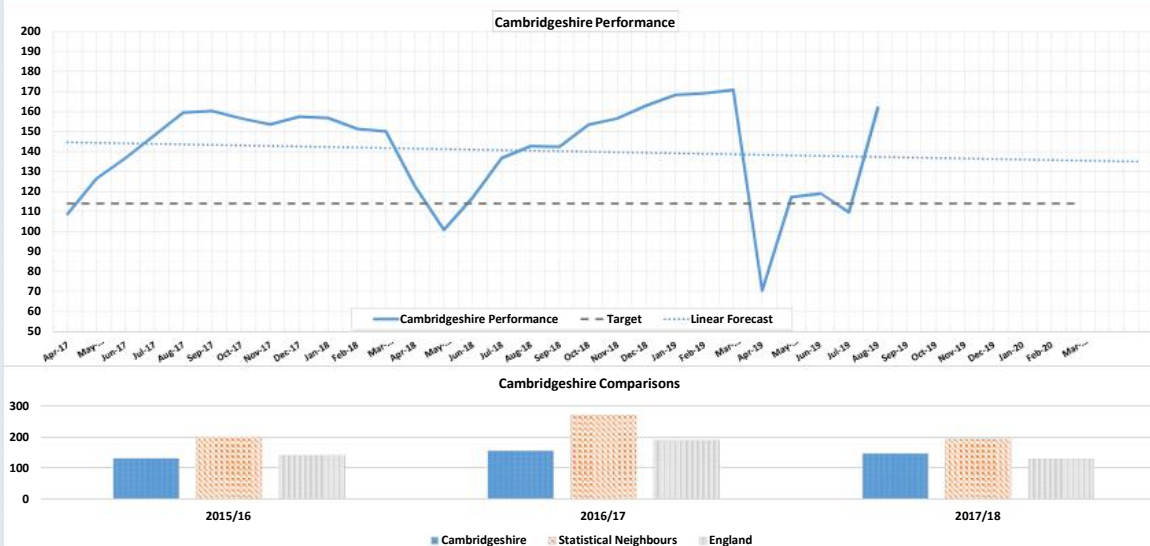
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

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(Mean England and Statistical Neighbour data obtained from NHS Digital)

**Commentary**

August saw a steep increase in the number of delays compared to the preceding few months. Although recent performance is exceeding the target ceiling, the period from Apr-Jul 19 has seen figures below or within 10% of target, which, relatively speaking is significantly better than at any other 3 month period in recent years.

Across this period, delays arranging domiciliary care accounted for 62% of social care attributable bed day delays. This reason was the most common cause for ASC delays for the top 4 hospital trusts reporting DTCs in Cambridgeshire, Cambridge University Hospitals FT, North West Anglia FT, Cambridgeshire & Peterborough FT and Queen Elizabeth Hospital.

The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

## Indicator 21: 1F Proportion of adults, in contact with secondary mental health services, who are in paid employment

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
12.5%	13.5%	14.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
9.3%	7.0%	B		

## Indicator Description

The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Adults here are defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The measure is focused on 'paid' employment. Voluntary work is to be excluded for the purposes of this measure.

Calculation:  
 $(X/Y) \times 100$

Where:

X: Number of working age adults (18-69 years) who are receiving secondary mental health services and who are on the CPA recorded as being in employment. The most recent record of employment status for the person during the previous twelve months is used.

Y: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the CPA at the end of the month.

## Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

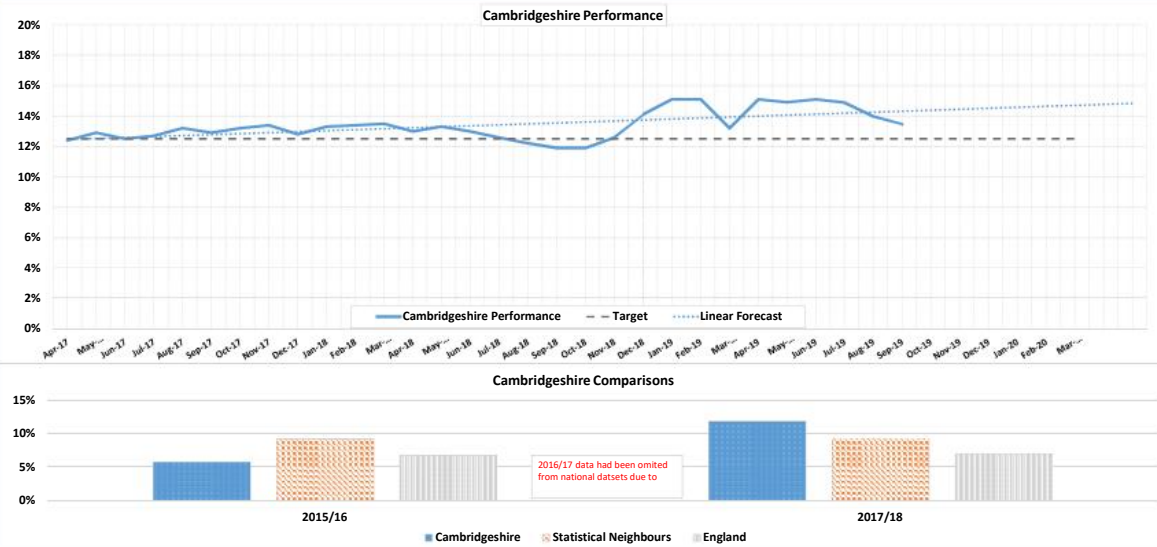
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

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(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

## Indicator 105: Percentage of adult safeguarding enquiries where outcomes were at least partially achieved

[Return to Index](#)

December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
87.0%	95.3%	94.2%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
96.0%	94.0%	B		

## Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, upon conclusion of the safeguarding enquiry the achievement of these outcomes is reported.

This data is collected as part of the statutory Safeguarding Adults Collection.

Calculation:  
 $(X/Y) \times 100$

Where:

X: The number of concluded enquiries where outcomes were either achieved or partially achieved.

Y: The number of concluded enquiries where the adult(s) expressed desired outcomes.

## Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

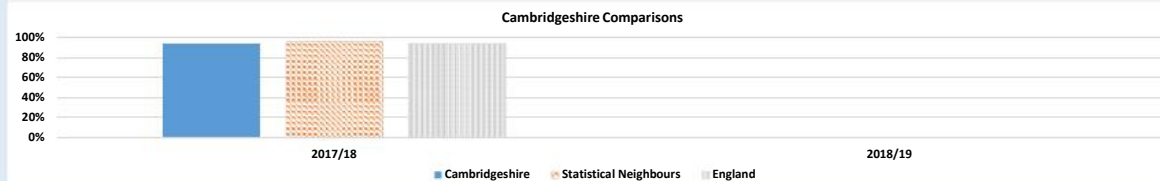
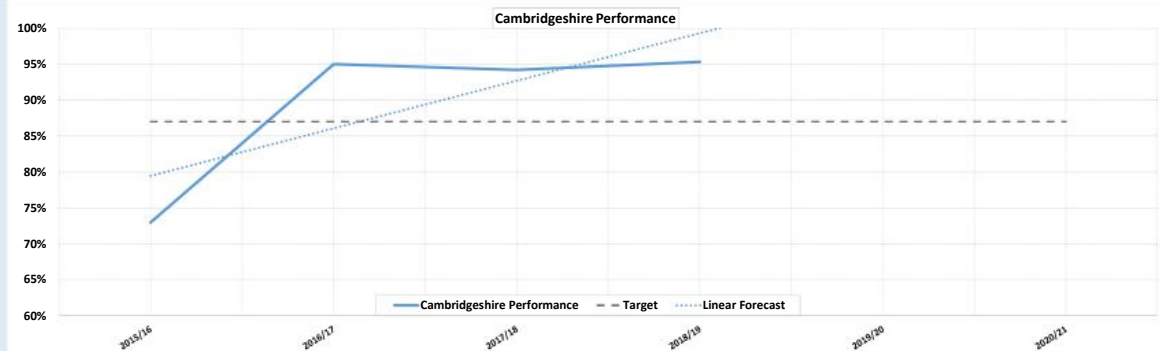
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

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(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

Performance at this measure is strong and remains consistent with national performance and that of statistical neighbours. There is room for improvement in the number of adults at risk being asked to express their desired outcomes. In 2017/18, approximately 17% of adults at risk who were subject to a S42 enquiry were not asked for their desired outcomes.

## Indicator 126: 1C(2A) Proportion of adults receiving Direct Payments

[Return to Index](#)

December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
24.0%	21.6%	21.5%	↑	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
31.7%	28.5%	R		

## Indicator Description

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes.

The implementation of the SALT return has enabled this measure to be strengthened. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils' progress in delivering personalised services for users and carers. Both measures for self-directed support and direct payments have also been split into two, focusing on users and carers separately.

This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:  
 $(X/Y) \times 100$

X: The number of users receiving direct-payments and part-direct payments at the financial year end.

Y: Clients aged 18 or over accessing long term support at the financial year end.

## Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

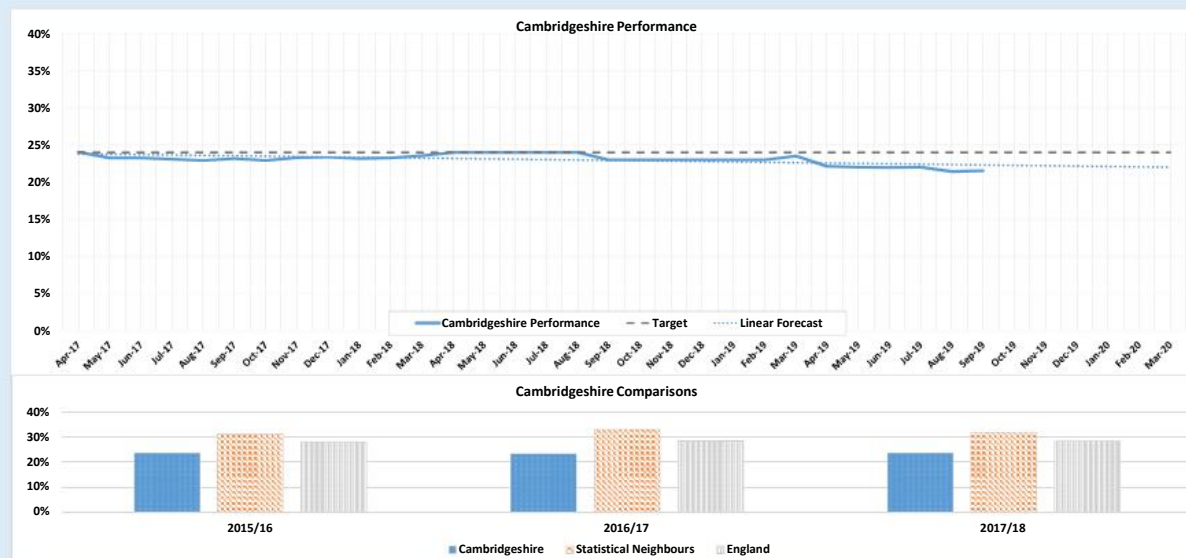
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/87208/Final\\_ASCOF\\_handbook\\_of\\_definitions\\_2018-19\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/87208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf)



(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

The proportion of adults receiving Direct Payments increased slightly at the end of 2018/19 bring this indicator to within 10% variance of target. The target for this indicator was increased during 2018 in order to reflect the eastern region average, causing the indicator to be below target. Performance in September climbed slightly compared to the previous month.

Work is underway to investigate why uptake of direct payments has reduced and put steps in place to address any issues as we would hope to increase use of direct payments as part of the move towards a more personalised approach.

## Indicator 140: 2D Percentage of new clients where the sequel to Reablement was not a long-term service

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December 2019

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
77.8%	91.2%	93.0%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
79.5%	77.8%	B		

## Indicator Description

This measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since short-term services aim to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services.

Short-term support is defined as 'short-term support which is designed to maximise independence', and therefore will exclude carer contingency and emergency support. This prevents the inclusion of short-term support services which are not reablement services.

Calculation:  
 $(X/Y) \times 100$

Where:

X: Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support"; "Short Term Support (Other)"; "No Services Provided - Universal Services/Signposted to Other Services"; "No Services Provided - No identified needs".

Y: Number of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation due to a life event, or those who have had needs identified but have either declined support or are self-funding should be subtracted from this total.

## Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

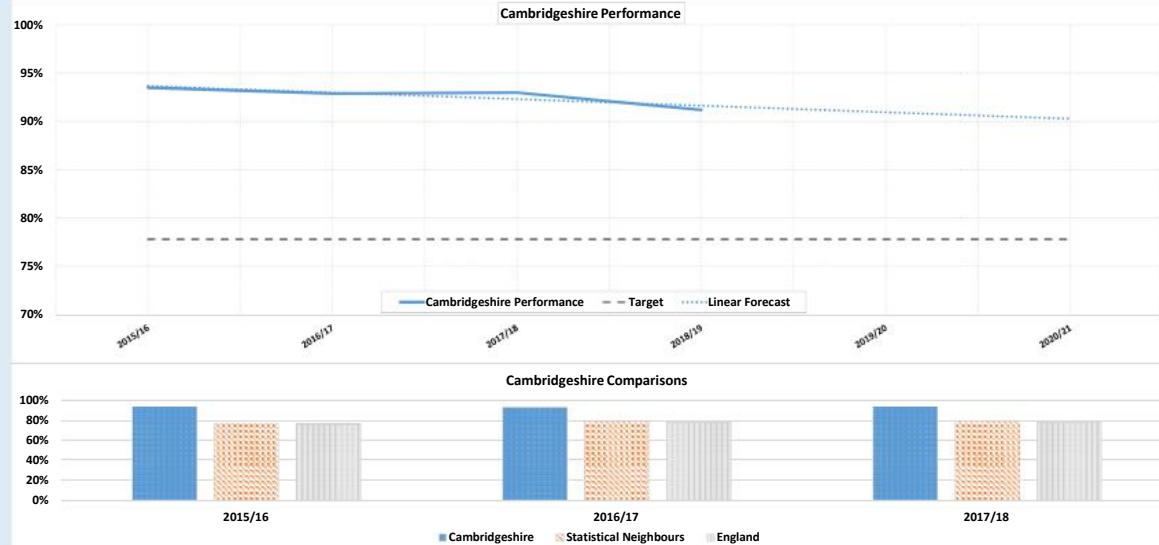
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/687208/Final\\_AScof\\_handbook\\_of\\_definitions\\_2018-19\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_AScof_handbook_of_definitions_2018-19_2.pdf)



(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

Performance has dipped slightly in 2018/19 but is still comfortably above target, as well as the national and statistical neighbour averages.

**Indicator 161: Number of people receiving long term care in community based (non residential/prison settings) per 100,000 of the population**[Return to Index](#)**December 2019**

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
804	823	824	↓	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
875	1031	A		

**Indicator Description**

This metric is reported to the Adult Positive Challenge trajectory board. The goal is to minimise the reliance on Council funded support but also to keep the balance of Council funded supported weighted toward community rather than residential settings.

The method used in the calculation of this measure is as follows:

$$R = X/Y * 100000$$

Where R is the rate per 100 000 members of the population.

X is the sum of all clients receiving long-term support in a community setting as defined in the Social Care SALT Return at the end of the period.

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS001b, Tables 1a and 1b

**Useful Links**

NHS Digital 2017/18 Data:

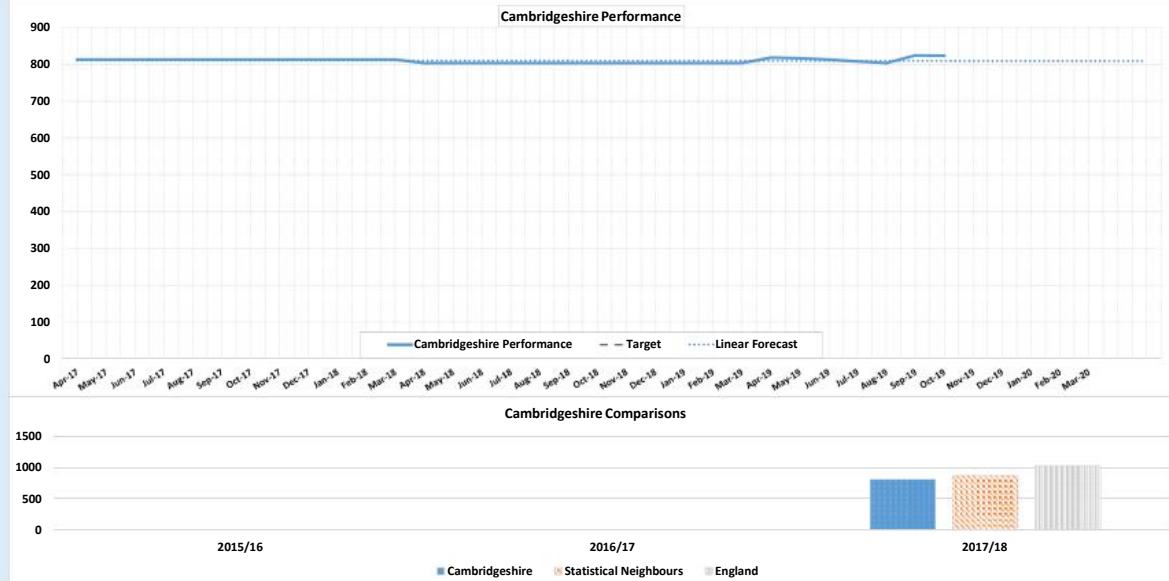
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

LG Inform:

<https://lginform.local.gov.uk/>



(Mean England and Statistical Neighbour data obtained from NHS Digital)

**Commentary**

The number of clients receiving long-term support in the community continues to fall. This is likely to be caused by the success of preventative and early intervention services. The target is set as the 2018/19 baseline with a view to reduce this number further in 2019/20. Some apparent fluctuations in recent months is likely to be related to migration of services to the new social care system, Mosaic.

## Indicator 162: Number of carers receiving Council funded support per 100,000 of the population

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December 2019

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
271	37	34	↓	n/a
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
280	249	B		

## Indicator Description

Carers assessment and targeted support can enable carers to continue caring for family members in their own homes and prevent carer breakdown.

The method used for calculating this measure is as follows:

$$R = X/Y * 100000$$

Where R is the rate per 100 000 members of the population.

X is the sum of all carers supported by the following the following delivery mechanisms (as defined by the Social Care SALT Return): "Direct Payment only", "Part Direct Payment", "CASSR Managed Personal Budget", and "CASSR Commissioned Support only".

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS003, Table 1

## Useful Links

NHS Digital 2017/18 Data:

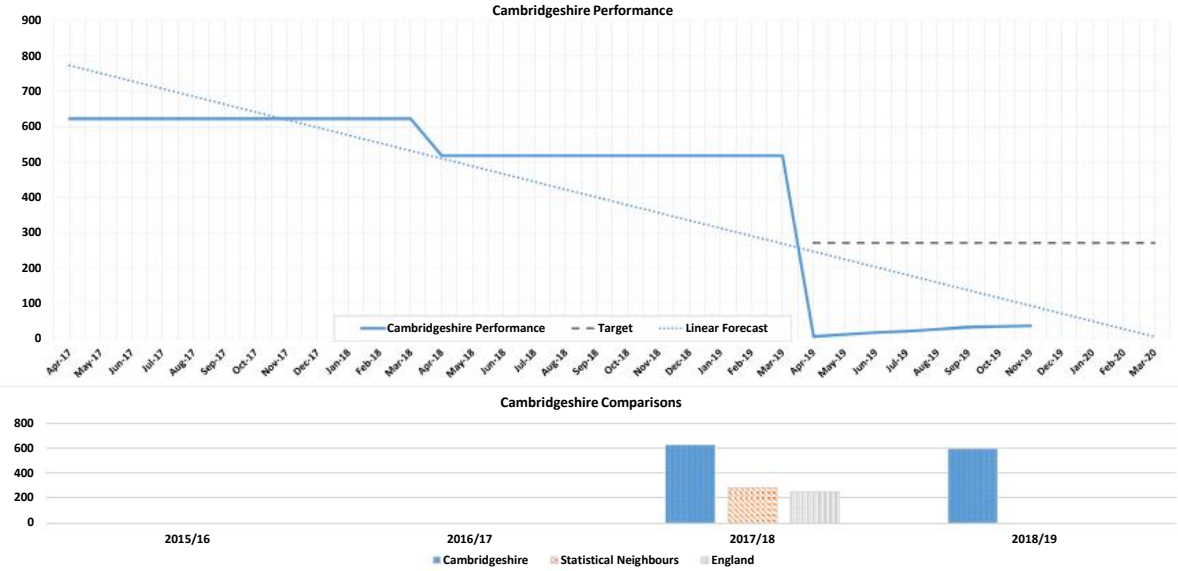
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

LG Inform:

<https://lginform.local.gov.uk/>



(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

Recent performance (end of year figures in 2017/18 and 2018/19) has shown CCC to be much higher than statistical neighbours and the national average for the number of carers receiving Council-funded support per 100,000 population.

In previous years, Direct Payments were often used as a standard delivery mechanism for support for a carer. Nearly all of the carers supported by the Council received a Direct Payment. There is now a greater focus on targeting support to carers in more varied ways which do not necessarily involve one-off grant payments.

Therefore, we are expecting to see a reduction in the number of carers supported on this measure. The performance target represents an ambitious 50% reduction of Direct Payments from the 2018/19 baseline (from around 2,500 Direct Payments issued in 2018/19 to 1,270). Administrative data about the issue of Direct Payments suggests that the new approach is working, as between April - September 2019, the average number of Direct Payments issued to carers has fallen to 28 per month, from an average of 75 per month in Jan-Mar 2019. This has resulted in much better performance than target.

## Note on indicators:

The values for 2017/18 and 2018/19 use the statutorily defined indicator which CCC submits annually as part of the national adults social care returns. This allows comparison to other areas. Following the migration to Mosaic further work is needed to ensure that the data extraction processes comprehensively include all types of support provided to carers. Therefore the indicator values reported here for 2019/20 use administrative data about Direct Payments (which made up 95% of the services provided in 2018/19). The values for this indicator will accumulate through the year which is why 'change in performance' is not applicable from month to month using this indicator.

## Indicator 163: Percentage of requests from new clients that ended in ongoing low level support (TEC and Equipment)

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December 2019

Target	2018/19	2017/18	Direction for Improvement	Change in Performance
12.3%	12.3%	27.5%	↑	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
11.1%	16.8%	G		

## Indicator Description

A metric to measure the promotion of TEC as a means of preventing people from deteriorating and requiring long term care and support.

The method used in the calculation of this measure is as follows:

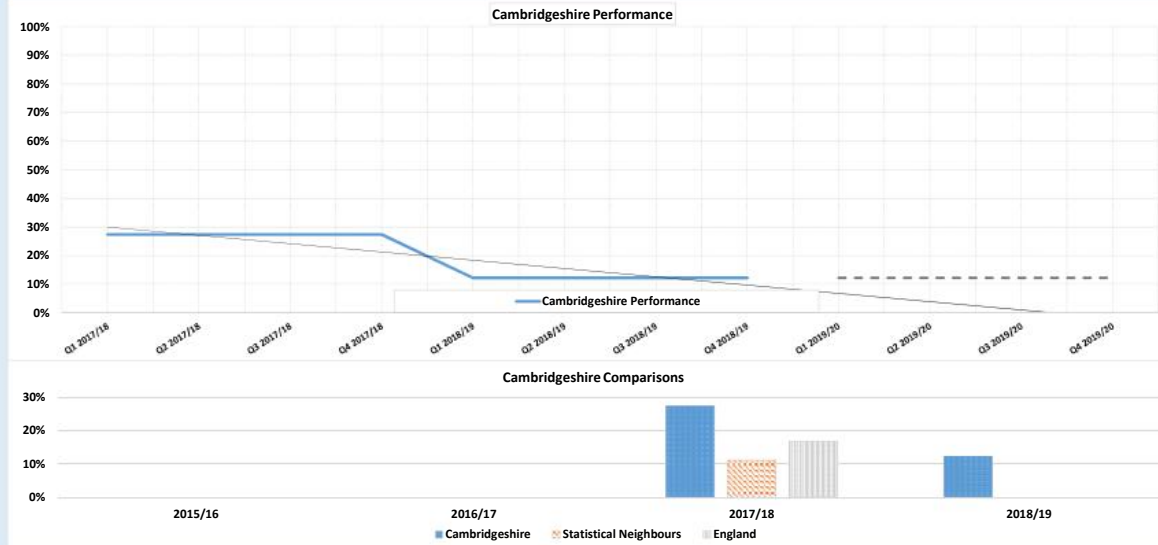
$$\% = X/Y$$

Where X is the number of requests for support received in the period where the sequel to that request was "Ongoing Low Level Support" as defined by the Social Care SALT Return.

And Y is the total number of requests for support received by the county during the period.

Source: SALT STS001, Tables 1a and 1b

## Useful Links



(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

2019/20 data is not currently available.

The number of requests for support resulting in ongoing low-level support was lower in 2018/19 than in the preceding year, however the percentage change was magnified by the fact that there was a significant increase in requests recorded in general. This is due in part to the implementation of more robust recording processes for contacts and Adult Early Help, with a large increase in the proportion of requests resulting in signposting to universal services/information/advice.

It is also important to note, this is a measure of requests resulting in only ongoing low-level support. TEC & equipment will be incorporated into the support plans of clients receiving long term services, and reablement - these outcomes will not be counted here.

Furthermore, the number of referrals to TEC has been increasing consistently throughout 2019, with November seeing the highest monthly figures to date for referrals and equipment provision.

The target is set at the 2018/19 baseline with a view to increasing this figure in 2019/20.

**NOTE:** Data for 2018/19 may be understated due to issues merging data from new and old social care IT systems when completing the annual statutory returns which inform this measure

**ADULTS COMMITTEE REVIEW OF DRAFT REVENUE AND CAPITAL BUSINESS  
PLANNING PROPOSALS FOR 2020/21 TO 2024/25**

*To:* **Adults Committee**

*Meeting Date:* **18 December 2019**

*From:* **Executive Director for People & 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:* **It is requested that:**

- a) The Committee note the overview and context provided for the 2020/21 to 2024/25 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October.**
- b) The Committee comment on the draft budget and savings proposals that are within the remit of the Adults Committee for 2020/21 to 2024/25, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.**
- c) The Committee comment on the changes to the capital programme that are within the remit of the Adults Committee and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.**

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## **1. PURPOSE AND BACKGROUND**

- 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 outcomes we want for people. This paper presents an overview of the proposals being put forward as part of the Council's draft revenue and capital budgets, with a focus on those which are relevant to this Committee. The 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.
- 1.2 In developing our plan we are responding to a combination of cost increases and continuing resource pressures following a decade of sustained reductions in Government funding. To balance the budget whilst still delivering for communities we need to identify savings or additional income of £21.4m for 2020-21, and totaling £68.5m across the full five years of the Business Plan.

## **2. FINANCIAL OVERVIEW UPDATE**

- 2.1 In October, Committees received information about emerging draft proposals to respond to this challenge – at that point we had identified 44% of the savings required and the remaining budget gap for 2020/21 was £12.6m. Additional gaps also existed for the later years of the business plan.
- 2.2 Since October, work on the business plan has continued with a focus on;
  - Further exploring the existing schemes, refining the business cases and seeking to push schemes further wherever possible
  - Identifying mitigation measures for the identified pressures – aiming to minimise their impact on the savings requirement for the organisation
  - Incorporating revised forecasts of the grant funding which the Council expects to receive following the announcement of the 2019 Spending Round in September
- 2.3 We are continuing as an authority to explore every avenue to identify further efficiency or to bring in more funding to the local economy and public sector. In particular;
  - We continue to drive forward our Fairer Funding Campaign – arguing for Cambridgeshire to receive a higher and fairer allocation of national funding for education, social care and a range of other services.
  - In collaboration with Cambridgeshire District Authorities and Peterborough City Council, we have submitted a joint bid for a business rates pooling arrangement which would allow the Council to share the benefit of a reduced levy on business rates growth in Cambridgeshire.
  - We are developing a growing portfolio of commercial investments which is expected to deliver a net benefit of £7.3m to the Council's budget by 2024/25 to support the delivery of frontline services.
  - We continue to work closely with care providers to manage the rising costs of care placements through outcomes based performance management, developing placement capacity to respond to the changing needs of

service users and exploring joint commissioning arrangements with Peterborough City Council.

- We are driving forward innovative cross-service approaches to delivering Adult Social Care through our Adults Positive Challenge Programme, helping us to address the challenge of growing demand for services.

- 2.4 Similar to councils nationally, cost pressures are being faced by adult social care services in Cambridgeshire. These are being faced most acutely within care for Older People, where the weekly costs of residential and nursing placements are increasing on average by around 10% per year. This is coupled with a national focus on reducing delayed transfers of care out of hospitals, resulting in higher numbers of placements as more people are discharged.

Care costs for working age adults are also increasing by more than expected. These are relatively static cohorts of people whose needs are increasing year on year, and there continues to be progress made in discharging people out of secure hospitals and into community placements as part of the Transforming Care agenda.

Good progress has been made with mitigating the increasing demand for services through the Adults Positive Challenge Programme, which is focusing on maximising the use of technology, Reablement and other preventative services to ensure people stay as independent as possible. We have also relied on government grant funding to offset care pressures similar to many councils, and have welcomed announcements that these will continue into 2020/21, but there remains uncertainty thereafter.

- 2.5 Within Children's services, although reducing, numbers of children in care remain higher than expected based on the performance of Cambridgeshire's statistical neighbours. This continues to place pressure on directly related budgets – those associated with placement costs, supervised contact and legal costs. Additionally, the foster placement capacity both in house and externally is very stretched by demand both locally and nationally. Over 18 unaccompanied asylum seeking children (UASC) also continues to be a pressure due to the increased number of children turning 18 and acquiring care leaver status and the ongoing disparity between the costs associated with supporting this group of young people and the level of grant received from the Home Office.
- 2.6 Within Education we have seen an 11% increase in pupils with Education, Health and Care Plans (EHCPs) between October 2018 and October 2019 and a continuing increase in pupils attending special schools and units over the same period. This continuing rise in numbers, and complexity of need, has increased pressures on the High Needs Block element of the Dedicated Schools Grant (DSG) and associated Special Educational Needs & Disability (SEND) budgets such as transport.

We are seeing more pupils with SEND being transported and, due to local provision reaching capacity, pupils are being transported significant distances to access education which results in higher transport costs. An increase in complexity of needs has also contributed to this pressure with more pupils

needing specialist equipment or passenger assistants to assist their travel. This is against a backdrop of a challenging transport market with quoted costs for routes being significantly higher than in previous years.

- 2.7 The table below provides a summary of the various material (£100k or greater) changes since October in the overall business planning position for 2020/21. It reflects both the positive impact of the new proposals and transformation agenda and the growing pressures we face as a sector. As shown below, the level of unidentified savings has reduced by £8.7m to £3.9m. Work to identify and work up further ideas to fill the gap is ongoing and the pressures emerging are still under review as we monitor trends and develop mitigating strategies.

Description	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000
<b>Remaining Unidentified Savings at October Committees</b>	<b>12,565</b>	<b>10,435</b>	<b>9,658</b>	<b>12,538</b>	<b>9,741</b>
Increased needs of working age adults with disabilities in previous years	600				
Increasing Home to School Transport – Special	210				
Children in Care – Secure Accommodation	190				
Coroner Service – increasing demand and complexity of cases	391	-37			
Impact of National Living Wage (NLW) on Contracts		920	920		
Guided Busway Defects – litigation delay	1,300	-1,300			
Winter Highway Maintenance – contractual pressure	463				
Repatriation of LGSS services, revised funding mechanism & loss of income, following agreement	400	750			
Updated estimate of nationally negotiated pay award (admin band)	250				
Updated calculation of pension contribution (vacant posts)		-480	-240	-240	-240
Miscellaneous pressures <£100k	-39				
<b>Subtotal revised pressures</b>	<b>16,330</b>	<b>10,288</b>	<b>10,338</b>	<b>12,298</b>	<b>9,501</b>
Investment in Social Care Capacity	2,600		-1,300		
Commercial Team		258			
<b>Subtotal new investments</b>	<b>18,930</b>	<b>10,546</b>	<b>9,038</b>	<b>12,298</b>	<b>9,501</b>
Home to School Transport savings as per GPC case	-600				
Review of commissioned domiciliary care	-300				
Learning Disabilities Commissioning	-250	-400			
Mental Health Commissioning	-144	-24	-24		
Improved Better Care Fund uplift	-170				
Income from utilisation of vacant block care provision by self-funders	-150				

Registration Service – Certificate Income (national price changes)	-140				
Review of commissioning approaches for accommodation based care		-175	-175		
Revised commissioning approach for interim bed provision		-150			
Adults Positive Challenge Programme		-100	-100	-100	
<b>Subtotal P&amp;C savings and income proposals</b>	<b>17,176</b>	<b>9,697</b>	<b>8,739</b>	<b>12,198</b>	<b>9,501</b>
Waste – demand management	-400				
Public Health – uplift in ring-fenced grant to fund Public Health directorate	-191				
Increase in ESPO (Purchasing Organisation) dividend	-250				
Soham Solar Farm	-118	-83	-29	-14	-13
Commercial income related to Commercial team	-105	-758	-500	-750	-750
Sharing with other Councils – updated to match pressure	110				
Cambis 2020: spokes buildings net operating costs/saving	395	-605			
Revised income expectation from Energy projects		-401	1,418	-157	-249
Miscellaneous savings and income proposals <£100k	-135	196	-175	-96	
<b>Subtotal PH, P&amp;E, C&amp;I and CS savings and income proposals</b>	<b>16,482</b>	<b>8,046</b>	<b>9,453</b>	<b>11,181</b>	<b>8,489</b>
Social Care Grant Funding (Spending Round 2019)	-8,453				
Local taxation grants - updated assumptions	-1,050	-650			
Debt charges - cost of financing capital expenditure	-3,738	-1,555	-2,367	-330	1,804
Additional changes to funding forecasts and/or holding reserves at policy level	703	-851	1,277	-11	4
<b>Total Financing Adjustments</b>	<b>-12,538</b>	<b>-3,056</b>	<b>-1,090</b>	<b>-341</b>	<b>1,808</b>
<b>Revised Gap at December Committees</b>	<b>3,944</b>	<b>4,990</b>	<b>8,363</b>	<b>10,840</b>	<b>10,297</b>

2.8 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:

	2020-21 £'000	2021-22 £'000	2022-23 £'000	2022-24 £'000	2024-25 £'000
Total Saving Requirement	21,248	13,107	11,070	12,058	10,860
Identified Savings	-11,841	-3,991	-705	80	327
Identified additional Income Generation	-5,463	-4,126	-2,002	-1,298	-890
<b>Residual Savings to be identified</b>	<b>3,944</b>	<b>4,990</b>	<b>8,363</b>	<b>10,840</b>	<b>10,297</b>

2.9 The following funding options are available to the council to contribute towards closing the gap for 2020/21 and beyond:

Item	2020-21	2021-22	Recurring/ non-recurring	Confirmed/ unconfirmed
Further 2% Council tax increase	£5.8m	£0.4m	Recurring	Local Decision
Revenue investment of recurring MRP savings	£2.0m		Recurring but diminishing, at least £2m until 2025	Local Decision
<b>Subtotal - locally controlled/recurrent</b>	<b>£7.8m</b>	<b>£0.4m</b>		

In addition to the broad areas of focus set out in section 2.2, the following savings and income generation proposals are currently being developed to contribute towards closing the gap:

- **Horizons funding:** the Council may receive a small one-off revenue allocation from the Horizons Rolling Fund, subject to approval from the Horizons Board
- **Learning Disability Partnership (LDP):** General Purposes Committee will be asked to consider a transformation bid to fund a detailed case review of partner contributions to the LDP pooled budget. The work will ensure that LD clients eligible to receive free NHS healthcare consistently receive the support to which they are entitled.
- **Organisational and business support review:** an organisation-wide review of staffing and business support capacity is proposed to ensure that Council resources are deployed efficiently and effectively to support the delivery of frontline services

The revenue impacts of the above proposals will be included in the budget as work progresses to establish timeframes and expected income or savings.

### 3. ASSUMPTIONS AND RISKS

- 3.1 In the business planning tables the level of savings required is based on a 2% increase in Council Tax in 2020-21, through levying the Adult Social Care precept. The Council's Medium Term Financial Strategy assumes 2% increases in the Adult Social Care precept from 2021-22 onwards, however there has been no confirmation as yet that the precept will be available beyond 2020-21. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.9m.
- 3.2 There is currently a limit on the increase of Council Tax to 3.99%, above which approval must be sought from residents through a positive vote in a local referendum. The estimated cost of a referendum in May 2020 would be £742k with further costs incurred if the public reject the proposal as new bills would need to be issued.
- 3.3 There are also a number of risks which are not included in the numbers above, or accompanying tables. These will be incorporated (as required) as the Business Plan is developed and the figures can be confirmed:
  - Movement in current year pressures – Work is ongoing to manage our in-year pressures downwards; however any change to the outturn 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.

- Public Sector pay inflation – the business plan assumes that staff pay will increase by 2% in 2020-21 and 2021-22 and by 1% thereafter. Pay awards across the public sector are widely in excess of 2% from 2020-21 and have followed an upward trajectory in recent years. It is therefore possible that the Council could face additional costs as a result of nationally negotiated pay settlements.
- The Government announced additional one-off funding allocations for Social Care in the 2018 Autumn Budget and more recently in the 2019 Spending Round. Due to the postponement of the Fair Funding Review, the funding outlook from 2021/22 remains unclear. The Council is assuming, in line with other Local Authorities, that the additional funding announced for Social Care will continue for the duration of the business plan period.
- From 2021/22, Local Authorities will retain 75% of locally generated income from business rates. The tier split of business rates between Counties and Districts is subject to change, and the funding baselines for Local Authorities will be reassessed. There is therefore a significant level of uncertainty around the accuracy of our funding assumptions from 2021/22 onwards. The Council's future funding position will remain unclear until Government provides an indicative allocation of business rates in Spring 2021.

#### **4. CAPITAL PROGRAMME UPDATE**

- 4.1 The draft capital programme was reviewed individually by service committees in October and was subsequently reviewed in its entirety, along with the prioritisation of schemes, by GPC in November. As a result further work was required on a handful of schemes, as well as further work ongoing to revise and update the programme in light of continuing review by the Capital Programme Board, changes to overall funding or to specific circumstances surrounding individual schemes.
- 4.2 The Council is still awaiting funding announcements regarding various capital grants, plus the ongoing nature of the capital programme inevitably means that circumstances are continually changing. Therefore Services will continue to make any necessary updates in the lead up to the January GPC meeting at which the Business Plan is considered.

#### **5. OVERVIEW OF ADULTS DRAFT REVENUE PROGRAMME**

- 5.1 This section provides an overview of the updated savings and income proposals within the remit of the Committee and those which have been added to the draft plan since the proposals were presented in October or where the business case has altered materially.
- 5.2 All of the proposals within the remit of the Committee, including those which are unaltered since October, are described in the business planning tables (Appendix 1) and business cases (Appendix 2). The October papers are available to view [here](#).

5.3 The Committee is asked to comment on these proposals, and endorse them to GPC for consideration as part of the Council's development of the Business Plan for the next five years. Although now well developed, the proposals are still draft at this stage and it is only at Full Council in February 2020 that proposals are finalised and become the Council's Business Plan. The following proposals can be found in Appendix 2.

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

The following new proposals have been added:

5.5 **A/R.6.114 – Learning Disabilities Commissioning (-250k)**

- Increasing independence & resilience when meeting the needs of people with learning disabilities
- Delivering more outcomes when meeting the needs of people with learning disabilities

5.6 **A/R.6.178 – Improved Better Care Fund (-170k)**

5.7 **A/R.6.179 - Mental Health Commissioning (-24k)**

5.8 **A/R.6.181 – Review of commissioned domiciliary care (-300k)**

5.9 **A/R.7.215 - Income from utilisation of vacant block care providers by self-funders (-150k)**

5.10 Full five-year budgets for all of P&C services are provided in table 1 of the budget table appendix, and summary changes to budgets in 2020/21 are in table 2. Table 3 provides more detail about each specific budget change.

5.11 In order to assist committee with understanding the changes to budgets in Adults Services in 2020/21, the following summary table can be referred to:

£000	Gross budget			
	2020/21	2019/20	Change	Notes
Learning Disability Partnership	90,715	87,254	3,461	
Older People's Care	74,908	64,255	10,654	
Mental Health Care	18,927	18,149	778	
Strategic Management and Central Services	9,225	18,499	-9,274	1
Physical Disabilities Care	13,278	12,968	310	
Commissioning Staff and Key Contracts	10,590	11,095	-505	
Prevention & Early Intervention	9,362	9,176	186	
Community Equipment Service	3,312	3,266	46	
Transfers of Care	1,901	1,836	65	
Principal Social Worker Services	1,443	1,404	39	
Autism Care	1,137	1,014	123	
Carers Direct Payments	416	416	0	
Local Assistance Scheme	300	300	0	
<b>Total</b>	<b>235,514</b>	<b>229,632</b>	<b>5,882</b>	
<b>Funded by:</b>	<b>2020/21</b>	<b>2019/20</b>	<b>Change</b>	<b>Notes</b>
Better Care Fund - NHS	-16,950	-16,112	-838	
Improved Better Care Fund Grant - MHCLG	-12,401	-12,401	0	
Winter Pressures Grant - MHCLG	-2,324	-2,324	0	
Public Health Grant – Dept. for Health	-69	-69	0	
Other Grants	-345	-345	0	
Social Care Support Grant – MHCLG, allocated by GPC	-1,006	-2,656	1,650	2
Corporate funding to mitigate pressures –one-off in 2019/20	0	-1,350	1,350	2
NHS pooled budget contributions	-22,124	-21,704	-421	3
Client contributions – social care service-users	-24,114	-23,641	-473	4
Core Council funding – council tax, business rates, non-ringfenced grants etc.	-156,181	-149,030	-7,151	
<b>Total</b>	<b>-235,514</b>	<b>-229,632</b>	<b>-5,882</b>	

5.12 The following notes to the above should be considered, and it should be remembered that the above is a summary and the full information can only be found in the full budget tables:

- Changes to budgets are predominantly due to investments to meet pressures, offset by savings, as detailed in tables 2 and 3
1. The strategic management line is affected by several changes – a. the Adults Positive Challenge Programme saving (£3.8m) is allocated here ahead of detailed work to determine which budgets it should be distributed to; b. a number of grants used to offset pressures in 2019/20 have been replaced by core council budget going to meet pressures in care budgets directly; c. increase to the BCF in line with national guidance.
  2. Corporate funding and non-ringfenced grants were allocated to Adults Services in 2019/20 to mitigate pressures. For 2020/21, most of this is replaced by core council funding against care budgets that are facing the pressures.
  3. Pooled budgets are assumed to proportionately increase, notwithstanding any other negotiations that may be ongoing
  4. At this stage it is assumed that client contributions will increase by inflation only

## 6. TRANSFORMATION FUND INVESTMENTS

- 6.1 A transformation programme of this scale requires additional investment and so services are identifying where transformation funding is needed to support delivery. GPC has responsibility for oversight and management of the Transformation Fund and will be asked to approve the necessary investments associated with the proposals at January committee.

## 7. OVERVIEW OF PEOPLE & COMMUNITIES DRAFT CAPITAL PROGRAMME

- 7.1 The capital programme is shown in full in Appendix 1 as part of the finance tables. Since the Capital programme was presented at Service Committee in October the following significant changes have been made:

**East Cambridgeshire Adults Service Development** – A proposal to develop a specialist unit to support people with Learning Disabilities in order to provide some additional capacity in Cambridgeshire for people with high needs, reducing the need to place people in very expensive accommodation in the independent sector outside of the county. This is part funded through a capital grant from the NHS.

## 8. NEXT STEPS

- 8.1 Following December service committees, GPC will review the overall programme before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

December	GPC will review the budget tables for all service areas for the first time  Local Government Financial Settlement Published, although there is a likelihood this could be delayed contingent on the outcome of the general election
January	GPC 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 equality impact assessments, included within Appendix 1.

### **9.3 The best start for Cambridgeshire's children**

The impact of these proposals is summarised in the equality impact assessments, included within Appendix 1.

## **10. SIGNIFICANT IMPLICATIONS**

### **10.1 Resource Implications**

The proposals set out the response to the financial context 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 as an appendix

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

There are no significant implications within this category.

### **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.

### **10.4 Equality and Diversity Implications**

The Community Impact Assessments describe the impact of each proposal, in particular any disproportionate impact on vulnerable or minority 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 Adult's Committee.

Draft Community Impact Assessments (CIAs) for the savings proposals are included within the business cases attached to this paper for consideration by the Committee, and where applicable these are 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 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.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Gus De Silva
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Yes Monitoring Officer: Fiona McMillan, LGSS Law
<b>Are there any Equality and Diversity implications?</b>	Covered in Business Case impact assessments. Owen Garling
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Matthew Hall
<b>Are there any Localism and Local Member involvement issues?</b>	No Julia Turner
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Laurence Gibson

<b>Source Documents</b>	<b>Location</b>
October 2019 Committee Business Planning Papers	<a href="https://cambridgeshire.cmis.uk.com/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1026/Committee/4/Default.aspx">https://cambridgeshire.cmis.uk.com/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1026/Committee/4/Default.aspx</a>

**Appendix 1a Finance Tables 1 – 3**

**Appendix 1b (CONFIDENTIAL) Finance Tables 4 & 5**

**Appendix 2 Adults Draft Business Cases**

**Appendix 3 P&C Fees & Charges**

## Section 3 - A: People & Communities

**Table 1: Revenue - Summary of Net Budget by Operational Division**

Budget Period: 2020-21 to 2024-25

Net Revised Opening Budget 2019-20 £000	Policy Line	Gross Budget 2020-21 £000	Fees, Charges & Ring-fenced Grants 2020-21 £000	Net Budget 2020-21 £000	Net Budget 2021-22 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000
-20,815	<b>Director of Adults and Safeguarding</b>	-21,050	-2,724	-23,774	-21,005	-19,312	-18,539	-17,766
1,868	Strategic Management - Adults	1,944	-43	1,901	1,901	1,901	1,901	1,901
8,837	Transfers of Care	9,482	-472	9,010	9,010	9,010	9,010	9,010
1,325	Prevention & Early Intervention	1,692	-345	1,347	1,415	1,415	1,415	1,415
1,015	Principal Social Worker, Practice and Safeguarding	1,137	-27	1,110	1,198	1,287	1,378	1,470
416	Autism and Adult Support	416	-	416	416	416	416	416
	Carers							
	<i>Learning Disability Partnership</i>							
5,781	Head of Service	6,286	-148	6,138	5,640	5,542	5,444	5,446
35,304	LD - City, South and East Localities	38,408	-1,626	36,782	38,165	39,544	40,919	42,289
28,298	LD - Hunts and Fenland Localities	30,366	-1,736	28,631	28,949	29,264	29,577	29,888
7,921	LD - Young Adults Team	9,052	-106	8,946	9,991	11,070	12,184	13,335
6,396	In House Provider Services	6,994	-402	6,592	6,592	6,592	6,592	6,592
-19,109	NHS Contribution to Pooled Budget	-387	-19,142	-19,530	-19,891	-20,252	-20,613	-20,974
	<i>Older People and Physical Disability Services</i>							
11,496	Physical Disabilities	14,237	-2,043	12,195	12,566	13,007	13,366	13,769
20,398	OP - City & South Locality	31,189	-7,172	24,017	25,703	27,754	30,031	32,036
6,587	OP - East Cambs Locality	11,673	-3,112	8,561	9,470	10,563	11,682	12,664
7,727	OP - Fenland Locality	13,641	-3,216	10,425	11,461	12,702	13,971	15,088
10,853	OP - Hunts Locality	19,522	-5,722	13,800	15,148	16,771	18,432	19,888
	<i>Mental Health</i>							
1,871	Mental Health Central	1,906	-20	1,886	1,886	1,886	1,886	1,886
5,361	Adult Mental Health Localities	5,907	-453	5,454	5,514	5,573	5,656	5,739
5,788	Older People Mental Health	7,403	-858	6,545	6,960	7,409	7,898	8,345
<b>127,319</b>	<b>Subtotal Director of Adults and Safeguarding</b>	<b>189,818</b>	<b>-49,366</b>	<b>140,452</b>	<b>151,089</b>	<b>162,142</b>	<b>172,606</b>	<b>182,437</b>
	<b>Director of Commissioning</b>							
510	Strategic Management - Commissioning	615	-100	515	515	515	515	515
1,795	Access to Resource & Quality	1,903	-83	1,820	1,820	1,820	1,820	1,820
300	Local Assistance Scheme	300	-	300	300	300	300	300
	<i>Adults Commissioning</i>							
10,773	Central Commissioning - Adults	40,877	-30,287	10,590	10,493	10,546	10,599	10,652
1,024	Integrated Community Equipment Service	5,919	-4,849	1,070	1,101	1,134	1,170	1,209
3,881	Mental Health Commissioning	4,074	-304	3,770	3,770	3,770	3,770	3,770
	<i>Childrens Commissioning</i>							
23,469	Children in Care Placements	21,703	-	21,703	20,117	22,691	25,473	28,480
245	Commissioning Services	245	-	245	245	245	245	245
<b>41,997</b>	<b>Subtotal Director of Commissioning</b>	<b>75,636</b>	<b>-35,623</b>	<b>40,012</b>	<b>38,360</b>	<b>41,020</b>	<b>43,891</b>	<b>46,990</b>

## Section 3 - A: People & Communities

**Table 1: Revenue - Summary of Net Budget by Operational Division**

Budget Period: 2020-21 to 2024-25

Net Revised Opening Budget 2019-20 £000	Policy Line	Gross Budget 2020-21 £000	Fees, Charges & Ring-fenced Grants 2020-21 £000	Net Budget 2020-21 £000	Net Budget 2021-22 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000
	<b>Director of Community &amp; Safety</b>							
15	Strategic Management - Communities & Safety	54	-69	-15	-15	-15	-15	-15
1,102	Youth Offending Service	1,997	-870	1,127	1,127	1,127	1,127	1,127
386	Central Integrated Youth Support Services	1,595	-1,204	391	391	391	391	391
836	Safer Communities Partnership	1,583	-739	845	845	845	845	845
462	Strengthening Communities	573	-104	469	479	479	479	479
180	Cambridgeshire Skills	2,292	-2,292	-	-	-	-	-
694	Trading Standards	694	-	694	694	694	694	694
<b>3,676</b>	<b>Subtotal Director of Community &amp; Safety</b>	<b>8,789</b>	<b>-5,278</b>	<b>3,511</b>	<b>3,521</b>	<b>3,521</b>	<b>3,521</b>	<b>3,521</b>
	<b>Director of Cultural &amp; Community Services</b>							
163	Strategic Management - Cultural & Community Services	166	-	166	166	166	166	166
3,409	Public Library Services	4,404	-960	3,445	3,494	3,494	3,494	3,494
107	Cultural Services	343	-234	109	109	109	109	109
440	Archives	481	-36	445	445	445	445	445
-516	Registration & Citizenship Services	1,037	-1,677	-641	-641	-641	-641	-641
1,117	Coroners	2,147	-614	1,533	1,516	1,536	1,556	1,576
<b>4,721</b>	<b>Subtotal Director of Cultural &amp; Community Services</b>	<b>8,577</b>	<b>-3,520</b>	<b>5,057</b>	<b>5,089</b>	<b>5,109</b>	<b>5,129</b>	<b>5,149</b>
	<b>Director of Children &amp; Safeguarding</b>							
3,355	Strategic Management - Children & Safeguarding	3,456	-18	3,438	3,438	3,438	3,438	3,438
2,241	Safeguarding and Quality Assurance	2,420	-146	2,275	2,190	2,190	2,190	2,190
12,711	Children in Care	16,492	-3,037	13,456	14,087	14,769	15,506	16,303
1,974	Integrated Front Door	2,220	-208	2,012	2,012	2,012	2,012	2,012
6,590	Children's Disability Service	7,213	-585	6,628	6,578	6,478	6,378	6,378
-141	Children's Centres Strategy	29	-170	-141	29	29	29	29
56	Support to Parents	1,638	-1,577	61	61	61	61	61
5,772	Adoption	6,249	-	6,249	6,692	7,217	7,840	8,578
1,970	Legal Proceedings	2,009	-	2,009	2,009	2,009	2,009	2,009
	<i>District Delivery Service</i>							
3,710	Safeguarding Hunts and Fenland	3,763	-	3,763	3,763	3,763	3,763	3,763
4,247	Safeguarding East & South Cambs and Cambridge	4,344	-36	4,308	4,308	4,308	4,308	4,308
5,345	Early Help District Delivery Service - North	5,493	-59	5,434	5,434	5,434	5,434	5,434
4,616	Early Help District Delivery Service - South	3,976	-24	3,952	3,952	3,952	3,952	3,952
<b>52,444</b>	<b>Subtotal Director of Children &amp; Safeguarding</b>	<b>59,303</b>	<b>-5,859</b>	<b>53,443</b>	<b>54,552</b>	<b>55,659</b>	<b>56,919</b>	<b>58,454</b>

### Section 3 - A: People & Communities

**Table 1: Revenue - Summary of Net Budget by Operational Division**

Budget Period: 2020-21 to 2024-25

Net Revised Opening Budget 2019-20 £000	Policy Line	Gross Budget 2020-21 £000	Fees, Charges & Ring-fenced Grants 2020-21 £000	Net Budget 2020-21 £000	Net Budget 2021-22 £000	Net Budget 2022-23 £000	Net Budget 2023-24 £000	Net Budget 2024-25 £000
	<b>Director of Education</b>							
593	Strategic Management - Education	3,420	-3,031	389	389	389	389	389
1,930	Early Years Service	2,246	-284	1,961	1,961	1,961	1,961	1,961
151	Schools Curriculum Service	469	-318	151	166	166	166	166
969	Schools Intervention Service	1,445	-458	987	987	987	987	987
537	Schools Partnership Service	1,969	-1,403	566	566	566	566	566
2,910	Redundancy & Teachers Pensions	3,385	-489	2,896	2,896	2,896	2,896	2,896
	<i>SEND Specialist Services (0 - 25 years)</i>							
9,582	SEND Specialist Services	10,804	-172	10,632	10,639	10,639	10,639	10,639
24,796	Funding to Special Schools and Units	24,796	-	24,796	24,796	24,796	24,796	24,796
19,428	High Needs Top Up Funding	19,428	-	19,428	19,428	19,428	19,428	19,428
9,973	SEN Placements	10,863	-891	9,973	9,973	9,973	9,973	9,973
1,519	Out of School Tuition	1,519	-	1,519	1,519	1,519	1,519	1,519
	<i>0-19 Place Planning &amp; Organisaion Service</i>							
4,060	0-19 Organisation & Planning	4,992	-922	4,070	4,070	4,070	4,070	4,070
94	Early Years Policy, Funding & Operations	96	-	96	96	96	96	96
178	Education Capital	277	-99	179	179	179	179	179
9,821	Home to School Transport - Special	11,780	-97	11,684	12,670	13,713	14,816	15,983
2,005	Children in Care Transport	2,185	-	2,185	2,318	2,461	2,614	2,779
9,189	Home to School/ College Transport - Mainstream	9,733	-182	9,551	9,833	10,154	10,393	10,599
<b>97,734</b>	<b>Subtotal Director of Education</b>	<b>109,408</b>	<b>-8,346</b>	<b>101,061</b>	<b>102,484</b>	<b>103,991</b>	<b>105,486</b>	<b>107,024</b>
	<b>P&amp;C Executive Director</b>							
882	P&C Executive Director	2,728	-255	2,473	3,996	4,170	4,170	4,170
91	Central Financing	91	-	91	91	91	91	91
<b>973</b>	<b>Subtotal P&amp;C Executive Director</b>	<b>2,818</b>	<b>-255</b>	<b>2,563</b>	<b>4,086</b>	<b>4,260</b>	<b>4,260</b>	<b>4,260</b>
-72,150	DSG Adjustment	-	-72,150	-72,150	-72,150	-72,150	-72,150	-72,150
	<b>Future Years</b>							
-	- Inflation	-	-	-	5,406	9,710	13,710	17,790
-	- Savings	-	-	-				
<b>256,714</b>	<b>P&amp;C BUDGET TOTAL</b>	<b>454,349</b>	<b>-180,399</b>	<b>273,950</b>	<b>292,438</b>	<b>313,263</b>	<b>333,373</b>	<b>353,476</b>

## Section 3 - A: People & Communities

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2020-21

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
<b>Director of Adults and Safeguarding</b>							
Strategic Management - Adults	-20,815	39	-	972	-	-3,970	-23,774
Transfers of Care	1,868	33	-	-	-	-	1,901
Prevention & Early Intervention	8,837	172	-	-	-	-	9,010
Principal Social Worker, Practice and Safeguarding	1,325	22	-	-	-	-	1,347
Autism and Adult Support	1,015	8	75	12	-	-	1,110
Carers	416	-	-	-	-	-	416
<i>Learning Disability Partnership</i>							
Head of Service	5,781	6	-	602	-	-250	6,138
LD - City, South and East Localities	35,304	37	612	829	-	-	36,782
LD - Hunts and Fenland Localities	28,298	12	321	-	-	-	28,631
LD - Young Adults Team	7,921	6	910	109	-	-	8,946
In House Provider Services	6,396	197	-	-	-	-	6,592
NHS Contribution to Pooled Budget	-19,109	-33	-	-387	-	-	-19,530
<i>Older People and Physical Disability Services</i>							
Physical Disabilities	11,496	23	514	161	-	-	12,195
OP - City & South Locality	20,398	762	1,236	1,772	-	-150	24,017
OP - East Cambs Locality	6,587	397	621	957	-	-	8,561
OP - Fenland Locality	7,727	383	690	1,625	-	-	10,425
OP - Hunts Locality	10,853	499	928	1,520	-	-	13,800
<i>Mental Health</i>							
Mental Health Central	1,871	14	-	-	-	-	1,886
Adult Mental Health Localities	5,361	28	5	84	-	-24	5,454
Older People Mental Health	5,788	366	278	112	-	-	6,545
<b>Subtotal Director of Adults and Safeguarding</b>	<b>127,319</b>	<b>2,968</b>	<b>6,190</b>	<b>8,368</b>	<b>-</b>	<b>-4,394</b>	<b>140,452</b>
<b>Director of Commissioning</b>							
Strategic Management - Commissioning	510	5	-	-	-	-	515
Access to Resource & Quality	1,795	25	-	-	-	-	1,820
Local Assistance Scheme	300	-	-	-	-	-	300
<i>Adults Commissioning</i>							
Central Commissioning - Adults	10,773	60	-	57	-	-300	10,590
Integrated Community Equipment Service	1,024	17	29	-	-	-	1,070
Mental Health Commissioning	3,881	9	-	-	-	-120	3,770
<i>Childrens Commissioning</i>							
Children in Care Placements	23,469	437	2,241	190	-	-4,634	21,703
Commissioning Services	245	-	-	-	-	-	245
<b>Subtotal Director of Commissioning</b>	<b>41,997</b>	<b>553</b>	<b>2,270</b>	<b>247</b>	<b>-</b>	<b>-5,054</b>	<b>40,012</b>

## Section 3 - A: People & Communities

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2020-21

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
<b>Director of Community &amp; Safety</b>							
Strategic Management - Communities & Safety	15	0	-	-	-	-30	-15
Youth Offending Service	1,102	25	-	-	-	-	1,127
Central Integrated Youth Support Services	386	5	-	-	-	-	391
Safer Communities Partnership	836	9	-	-	-	-	845
Strengthening Communities	462	7	-	-	-	-	469
Cambridgeshire Skills	180	-	-	-	-	-180	-
Trading Standards	694	-	-	-	-	-	694
<b>Subtotal Director of Community &amp; Safety</b>	<b>3,676</b>	<b>45</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-210</b>	<b>3,511</b>
<b>Director of Cultural &amp; Community Services</b>							
Strategic Management - Cultural & Community Services	163	3	-	-	-	-	166
Public Library Services	3,409	36	-	-	-	-	3,445
Cultural Services	107	2	-	-	-	-	109
Archives	440	5	-	-	-	-	445
Registration & Citizenship Services	-516	15	-	-	-	-140	-641
Coroners	1,117	4	20	391	-	-	1,533
<b>Subtotal Director of Cultural &amp; Community Services</b>	<b>4,721</b>	<b>65</b>	<b>20</b>	<b>391</b>	<b>-</b>	<b>-140</b>	<b>5,057</b>
<b>Director of Children &amp; Safeguarding</b>							
Strategic Management - Children & Safeguarding	3,355	83	-	-	-	-	3,438
Safeguarding and Quality Assurance	2,241	34	-	-	-	-	2,275
Children in Care	12,711	186	594	-35	-	-	13,456
Integrated Front Door	1,974	38	-	-	-	-	2,012
Children's Disability Service	6,590	89	-	-	-	-50	6,628
Children's Centres Strategy	-141	-	-	-	-	-	-141
Support to Parents	56	5	-	-	-	-	61
Adoption	5,772	99	377	-	-	-	6,249
Legal Proceedings	1,970	39	-	-	-	-	2,009
<i>District Delivery Service</i>							
Safeguarding Hunts and Fenland	3,710	53	-	-	-	-	3,763
Safeguarding East & South Cambs and Cambridge	4,247	61	-	-	-	-	4,308
Early Help District Delivery Service - North	5,345	89	-	-	-	-	5,434
Early Help District Delivery Service - South	4,616	86	-	-	-	-750	3,952
<b>Subtotal Director of Children &amp; Safeguarding</b>	<b>52,444</b>	<b>863</b>	<b>971</b>	<b>-35</b>	<b>-</b>	<b>-800</b>	<b>53,443</b>

## Section 3 - A: People & Communities

**Table 2: Revenue - Net Budget Changes by Operational Division**

Budget Period: 2020-21

Policy Line	Net Revised Opening Budget £000	Net Inflation £000	Demography & Demand £000	Pressures £000	Investments £000	Savings & Income Adjustments £000	Net Budget £000
<b>Director of Education</b>							
Strategic Management - Education	593	17	-	-	-	-221	389
Early Years Service	1,930	31	-	-	-	-	1,961
Schools Curriculum Service	151	0	-	-	-	-	151
Schools Intervention Service	969	18	-	-	-	-	987
Schools Partnership Service	537	29	-	-	-	-	566
Redundancy & Teachers Pensions	2,910	-14	-	-	-	-	2,896
<i>SEND Specialist Services (0 - 25 years)</i>							
SEND Specialist Services	9,582	49	-	501	500	-	10,632
Funding to Special Schools and Units	24,796	-	-	-	-	-	24,796
High Needs Top Up Funding	19,428	-	-	-	-	-	19,428
SEN Placements	9,973	-	-	-	-	-	9,973
Out of School Tuition	1,519	-	-	-	-	-	1,519
<i>0-19 Place Planning &amp; Organisation Service</i>							
0-19 Organisation & Planning	4,060	11	-	-	-	-	4,070
Early Years Policy, Funding & Operations	94	2	-	-	-	-	96
Education Capital	178	1	-	-	-	-	179
Home to School Transport - Special	9,821	318	934	1,010	-	-400	11,684
Children in Care Transport	2,005	58	123	-	-	-	2,185
Home to School/ College Transport - Mainstream	9,189	299	263	-	-	-200	9,551
<b>Subtotal Director of Education</b>	<b>97,734</b>	<b>817</b>	<b>1,320</b>	<b>1,511</b>	<b>500</b>	<b>-821</b>	<b>101,061</b>
<b>P&amp;C Executive Director</b>							
P&C Executive Director	882	11	-	1,579	-	-	2,473
Central Financing	91	-	-	-	-	-	91
<b>Subtotal P&amp;C Executive Director</b>	<b>973</b>	<b>11</b>	<b>-</b>	<b>1,579</b>	<b>-</b>	<b>-</b>	<b>2,563</b>
DSG Adjustment	-72,150	-	-	-	-	-	-72,150
<b>P&amp;C BUDGET TOTAL</b>	<b>256,714</b>	<b>5,323</b>	<b>10,771</b>	<b>12,061</b>	<b>500</b>	<b>-11,419</b>	<b>273,950</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>1</b>	<b>OPENING GROSS EXPENDITURE</b>	<b>415,630</b>	<b>454,349</b>	<b>472,932</b>	<b>494,135</b>	<b>514,628</b>		
A/R.1.001	Increase in expenditure funded from external sources	9,230	-	-	-	-	- Increase in expenditure budgets (compared to published 2019-24 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 Place & Economy	8,763	-	-	-	-	- 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	4,304	-	-	-	-	- Revised High Needs Block DSG (Dedicated Schools grant) 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	-	-	-	-	- This adjustment represents the IBCF grant's contribution to meeting funding pressures in adult social care. These pressures are outlined in the sections below and are predominantly due to demand increases.	Adults
A/R.1.006	Social Care Support Grant	-1,650	-	-	-	-	- The Social Care Support Grant is unringfenced - in 2019/20 a portion of it was allocated to P&C to mitigate in year pressures. For 2020/21 some of this is replaced by specific pressure funding in the sections below.	Adults, C&YP
A/R.1.007	Better Care Fund (BCF)	1,175	-	-	-	-	- BCF funding is expected to rise in line with NHS funding. The additional income is shown in section 7 below, with this line reflecting additional budget available to adults services to mitigate existing pressures.	Adults
<b>1.999</b>	<b>REVISED OPENING GROSS EXPENDITURE</b>	<b>436,441</b>	<b>454,315</b>	<b>472,932</b>	<b>494,135</b>	<b>514,628</b>		
<b>2</b>	<b>INFLATION</b>							
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	1,664	1,664	832	832	832	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.	C&P, C&YP, Adults
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 cost of the rising minimum wage to be factored into rates paid to providers. This line includes a challenging trajectory to bring care home inflation back to RPI by 2024/25.	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%.	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%.	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.	C&P, C&YP, Adults
<b>2.999</b>	<b>Subtotal Inflation</b>	<b>5,705</b>	<b>5,794</b>	<b>4,682</b>	<b>4,383</b>	<b>4,468</b>		

## 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>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 2020/21 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 demand funding requested to £75k for 2020/21.	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. We're therefore allocating a total of £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 2020/21, in line with the trend of increasing prevalence of mental health needs and having some regard to district councils' housing plans. This represents an increase of around 1.4% each year.	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. We estimate that numbers will increase by about 2.7% each year. 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 school transport for pupils attending mainstream schools. This additional funding is required due to the anticipated 2.99% increase in the number of pupils attending Cambridgeshire's schools 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.3.009	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 number of school-aged Children in the Care population in 2020/21	C&YP
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 (SEN). The additional funding is needed as there are increasing numbers of children with SEN and there is a trend towards increasingly complex needs, often requiring bespoke transport solutions. The cost of transport is directly linked to the availability, 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 looked after children. (LACs) Along with many other local authorities, we have experienced a steady rise in the number of LACs in recent years, compounded by increasing complexity of need and therefore increasing cost of suitable placements. This additional investment will ensure we can fully shoulder 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 the numbers of children in care 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 service users supported to live independently, through the provision of community equipment and home adaptations. This requirement is patent in the context of a rising population and the increasing complexity of the needs of the people in question.	Adults
A/R.3.018	Coroner Service	20	20	20	20	20	Extra costs associated with an increasing population and thus 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	4,011	3,935	3,015	3,015	The NLW is expected by the Office of Budgetary Responsibility to rise steadily from its 2019/20 rate of £8.21 up to £9.79 by 2024/25, 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. If the NLW rises to more than £9.79 following recent government announcements, the resulting pressure will be higher.	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.4.011	Increased needs of working age adults with disabilities in previous years	600	-	-	-	-	- The needs of adults with disabilities have increased in 2019/20 by more than expected when budgets for demand were set, resulting in a projected opening pressure if not addressed. Much of this increased demand is from young people transitioning into adulthood, an area which is a key focus of the Adults Positive Challenge Programme to manage in future years.	Adults

## 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.4.019	Home to School Transport - Special	1,010	-	-	-	-	- A greater than anticipated increase in the number of pupils requiring SEND Home to School Transport has resulted in an ongoing pressure of £1,010k	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
A/R.4.022	Dedicated Schools Grant Contribution to Combined Budgets	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. Schools Forum is required to approve the spend on an annual basis and, following national changes, the expectation is that these historic commitments/arrangements will unwind over time. This pressure reflects the potential reduction in the contribution to combined budgets in future years, although is subject to a decision by Schools Forum, to be taken during the autumn term.	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
A/R.4.029	Coroner Service	391	-37	-	-	-	- Pressure funding for the Coroner Service, recognising historical and ongoing increases in demand, cost and complexity of cases.	C&P
A/R.4.030	Children in Care - Secure Accommodation	190	-	-	-	-	- Pressure related to an increased number of Children in Care requiring placement in secure accommodation as a result of gang related crime.	C&YP
<b>4.999</b>	<b>Subtotal Pressures</b>	<b>12,061</b>	<b>5,438</b>	<b>3,935</b>	<b>3,015</b>	<b>3,015</b>		
<b>5</b>	<b>INVESTMENTS</b>							
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
<b>5.999</b>	<b>Subtotal Investments</b>	<b>500</b>	<b>1,000</b>	<b>174</b>	<b>-</b>	<b>-</b>		
<b>6</b>	<b>SAVINGS</b>							
	<b>Adults</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
A/R.6.114	Learning Disabilities Commissioning	-250	-400	-	-	-	- A programme of work commenced in Learning Disability Services in 2016/17 to ensure service-users had the appropriate level of care; some additional work remains, particularly focussing on high cost placements outside of Cambridgeshire and commissioning approaches, as well as the remaining part-year impact of savings made part-way through 2019/20.	Adults
A/R.6.176	Adults Positive Challenge Programme	-3,800	-100	-100	-100	-	- 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. The programme also has a focus of working collaboratively with partner organisations in 2020/21. In later years, the effect of the Preparing for Adulthood workstream will continue to have an effect by reducing the level of demand on services from young people transitioning into adulthood.	Adults
A/R.6.179	Mental Health Commissioning	-144	-24	-24	-	-	- A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes have taken place in 2019/20 that have enabled a saving to be taken.	Adults
A/R.6.180	Review of commissioning approaches for accommodation based care	-	-175	-175	-	-	- We are exploring alternative models of delivery for residential and nursing care provision, including a tenancy based model that should deliver savings to the council.	Adults
A/R.6.181	Review of commissioned domiciliary care	-300	-	-	-	-	- A review will be undertaken to ensure that the hours of domiciliary care we provide are required to meet people's needs, particularly ensuring that care is tailored to individuals' lifestyles. This should allow fewer hours to be commissioned, for example, where there are care calls that are not needed, and release some capacity to use elsewhere. This is associated with a transformation fund investment, providing capacity to undertake this work.	Adults
A/R.6.182	Improved Better Care Fund	-170	-	-	-	-	- A review has been conducted of expenditure funded by ringfenced social care grants, particularly the IBCF. A number of areas of spend (those not achieving sufficient outcomes) are proposed to be discontinued.	Adults
A/R.6.184	Revised commissioning approach for interim bed provision	-	-150	-	-	-	- Provision of interim beds, particularly in older people's services, is being reviewed. A new approach to interim bed provision should reduce delayed discharges from hospital and improve the reablement of people on leaving hospital. Therefore, more people will be able to return home instead of needing permanent residential or nursing care.	Adults
A/R.6.201	<b>C&amp;P</b> Cambridgeshire Skills	-180	-	-	-	-	- 'Cambridgeshire Learning & Skills' is being transformed into 'Cambridgeshire Skills' a new stand-alone, self-financing service which aims to deliver more substantial, direct delivery of adult learning and skills, particularly targeted at those furthest away from learning and work to support their social and economic wellbeing.	C&P
A/R.6.202	<b>C&amp;YP</b> 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
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 (thus reducing our use of Independent Foster Agencies) 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.	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.6.257	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
A/R.6.270	Home to School Transport	-600	-	-	-	-	- Review of Home to School Transport processes and provision to include procurement, shared services, demand management and supporting independence	C&YP
6.999	<b>Subtotal Savings</b>	<b>-11,129</b>	<b>-4,867</b>	<b>-399</b>	<b>-200</b>	<b>-</b>		
	<b>TOTAL GROSS EXPENDITURE</b>	<b>454,349</b>	<b>472,932</b>	<b>494,135</b>	<b>514,628</b>	<b>535,119</b>		
7	<b>FEES, CHARGES &amp; RING-FENCED GRANTS</b>							
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-160,694	-180,399	-180,494	-180,872	-181,255	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.	C&P, C&YP, Adults
A/R.7.002	Changes to fees, charges and schools income compared to 2019-20	-13,232	-	-	-	-	- Adjustment for permanent changes to income expectation from decisions made in 2019-20.	C&P, C&YP, Adults
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.	C&P, C&YP, Adults
	<b>Changes to fees &amp; charges</b>							
A/R.7.102	Registration Service - Certificate Income	-140	-	-	-	-	- An increase in statutory charges for certificates has resulted in an increase in income collected by the Registration Service.	C&P
A/R.7.105	Income from utilisation of vacant block care provision by self-funders	-150	-	-	-	-	- We currently have some vacancies in block purchased provision in care homes. Income can be generated to offset the vacancy cost by allowing people who pay for their own care to use these beds	Adults
	<b>Changes to ring-fenced grants</b>							
A/R.7.201	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.	C&P, C&YP, Adults
A/R.7.209	High Needs Block DSG funding	-4,304	-	-	-	-	- Revised High Needs Block Dedicated schools grant (DSG) baseline, following increases in funding and transfers from Schools Block in 2019/20.	C&YP
A/R.7.214	Better Care Fund	-1,497	-	-	-	-	- Additional funding transfer expected due to the nationally set, annual uplift to the NHS contribution to local authorities, through the Better Care Fund.	Adults
7.999	<b>Subtotal Fees, Charges &amp; Ring-fenced Grants</b>	<b>-180,399</b>	<b>-180,494</b>	<b>-180,872</b>	<b>-181,255</b>	<b>-181,643</b>		
	<b>TOTAL NET EXPENDITURE</b>	<b>273,950</b>	<b>292,438</b>	<b>313,263</b>	<b>333,373</b>	<b>353,476</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>FUNDING SOURCES</b>								
<b>8</b>	<b>FUNDING OF GROSS EXPENDITURE</b>							
A/R.8.001	Budget Allocation	-273,950	-292,438	-313,263	-333,373	-353,476	Net spend funded from general grants, business rates and Council Tax.	C&P, C&YP, Adults
A/R.8.002	Fees & Charges	-65,579	-65,967	-66,345	-66,728	-67,116	Fees and charges for the provision of services.	C&P, C&YP, Adults
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)	-72,150	-72,150	-72,150	-72,150	-72,150	The DSG is directly managed by P&C.	C&YP
A/R.8.005	Better Care Fund (BCF) Allocation for Social Care	-16,950	-16,950	-16,950	-16,950	-16,950	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	-14,725	-14,725	-14,725	-14,725	-14,725	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.8.401	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.	C&P, C&YP, Adults
<b>8.999</b>	<b>TOTAL FUNDING OF GROSS EXPENDITURE</b>	<b>-454,349</b>	<b>-472,932</b>	<b>-494,135</b>	<b>-514,628</b>	<b>-535,119</b>		



## Business Case

### A/R.6.176 Adults Positive Challenge Programme (2020-21)

#### Project Overview

<b>Project Title</b>	A/R.6.176 Demand management savings in adult services (Adults Positive Challenge Programme)		
<b>Savings for 2020-21</b>	-£3,800k	<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 maximising the potential of the Care Act.		
<b>Senior Responsible Officer</b>	Charlotte Black		

#### Project Approach

##### Background

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

The programme is entering its second year having delivered significant financial benefits during 2019/20, and is projecting to have delivered the full delivery of the £7.6m target in 2020/21. By 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods.

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.

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 full 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 £1.867m of financial benefit delivered during the first two quarters of the 2019/20 financial year, with improved outcomes and savings identified across the programme.

Conservatively, it is currently forecast that the programme will deliver £3.1m of benefit in year, with the programme focus for the coming period on ensuring the year end position is as close as possible to the £3.8m target. The forecast shortfall is the product of challenges in confidently being able to measure some of the impact delivered as well as a later improvement in outcomes, for some interventions, than expected. This means it is likely the real benefit delivered is greater than we can measure, and that for the remainder of 2019/20 a larger proportion of savings will carry over into 2020/21 than initially expected. This benefit is built on positive system change shifts in demand, outcomes and independence. Cambridgeshire residents have been supported to maximise their independence through 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 several of the current opportunities 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 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 2020/21.

During the 2019/20 financial year APCP has activity is aligned to eight key work streams:

- 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) – maximizing independence for young people moving into adult services
- 5) Neighbourhood based operating model
- 6) Increasing access to Carers support
- 7) Targeted Reablement
- 8) Panels

Programme delivery plans for 2020/21 are well advanced. It is anticipated that whilst some key workstreams (changing the conversation, TEC, reablement) will continue into the next financial year, others (Panels, Neighbourhoods, Commissioning for outcomes) will be delivered outside the programme either as business as usual or under separate governance arrangements.

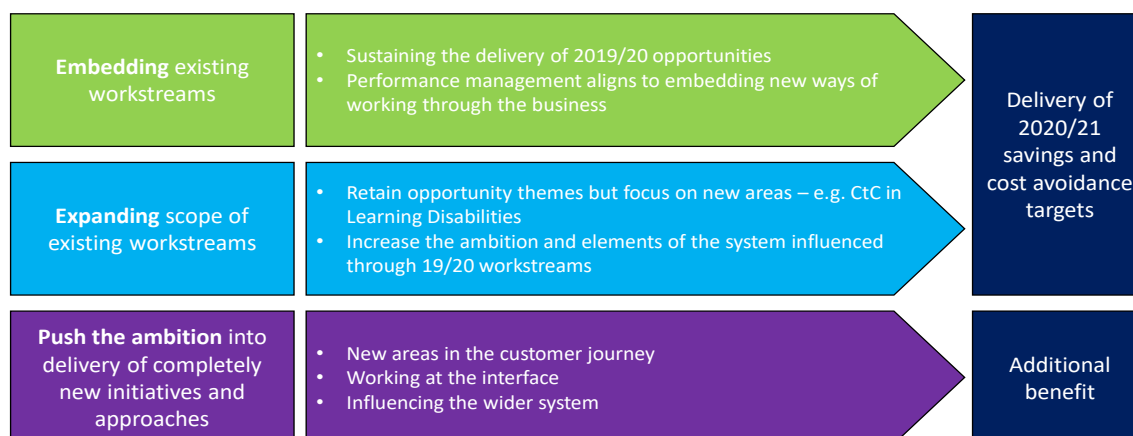
In 2020/21 the vision for the APC programme ‘broaden its horizons looking to influence the approach taken by colleagues, partners and providers; as well as developing a targeted approach that works for all individuals, both adults and young people, to ensure all aspects of Adult Services are independence, community and neighbourhoods focused’

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, This work will align closely to Think Communities and reflect the learning and good practice delivered through the Neighbourhood Cares work
- Preparing for Adulthood delivery,
- Broadening the remit of Changing the Conversation beyond the internal ASC teams, and
- Focusing TEC on specific client groups and horizon scanning for new TEC opportunities.

In 2020/21 it is anticipated that the programme will be aligned to three tiers of activity – embedding existing workstreams, expanding the scope of existing workstreams, and pushing ambition into new delivery areas as set out in the diagram below;

# Adults opportunities will deliver at three levels in 2020/21



The current planning assumption is that the target programme benefit of an additional £3.8m in 2020/21, will be delivered through the top two tiers of activity, with additional opportunity and potential benefit coming from the new ambition areas.

There are several factors that give the APC programme confidence in this delivery assumption;

- Sustaining the delivery of 2019/20 interventions is forecast to realise £4m of benefit
- Benefits delivered into 2020/21 from activity completed in 2019/20 is expected to be around £1.4m
- Total Mobile reablement solution being in place to deliver benefit in 2020/21
- Changing the Conversation and TEC focus on Learning Disability and Mental Health support – this represents 48% of ASC client spend in CCC and has not been a programme focus in 2019/20
- New workstreams focusing on Tier 1 (community support to help you to help yourself) and Tier 2 (time limited support), will have a positive impact on incoming demand both in terms of cost and volume of new packages, together will helping to flexibly meet increasing needs from current clients

## 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 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
<b>Scope</b>
<b>What is within scope?</b>
Demand management savings resulting from APCP interventions Cashable benefits resulting from APCP interventions
<b>What is outside of scope?</b>

Project Dependencies
<b>Title</b>
Support from Enablers

Cost and Savings
See accompanying financial information in Table 3

Non Financial Benefits
<b>Non Financial Benefits Summary</b>
The overarching benefits for the programme include: <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>
<b>Title</b>

Risks
<b>Title</b>

Project Impact
<b>Equality Impact Assessment</b>
<b>Who will be affected by this proposal?</b>
<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.</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:

1. The support people receive will build on their current strengths
2. People are supported in the community, by the community
3. People receive the right package of care and support which targets what they want to achieve and maximises their independence
4. People are not waiting to receive care and support
5. Better evidenced decision making, with local people consistently informing commissioning decisions
6. Carers experience stability, are able to look after themselves, get the right support and have good well-being
7. 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).

**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.

# Business Case

## A/R.6.114 BP 20-21: Learning Disabilities Commissioning

### Project Overview

Project Title	A/R.6.114 BP 20-21: Learning Disabilities Commissioning: Increasing independence & resilience when meeting the needs of people with LD		
Savings for 2020-21	-£250k	Business Planning Reference	A/R.6.114
Business Planning Brief Description	An extension to an expiring three-year programme of work undertaken in Learning Disability Services from 2016/17 to ensure service-users had the appropriate level of care. This £250k saving is the newly scoped level for 2020/21		
Senior Responsible Officer	Fiona Adley / Tracy Gurney		

### Project Approach

#### Background

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

Following the final year of a programme of reassessment work for all people open to the Learning Disability Partnership (LDP) undertaken by the Project Assessment Team (PAT) 2016-18, the focus in 2019/20, was on continuing to develop independence and resilience of individuals and their networks through the Transforming Lives approach and the application of policy lines approved by Adults Committee in 2016.

The PAT had achieved savings using a combination of social work and specialised brokerage analysis and negotiations. The methodology that they used has been shared with the LDP locality teams and the commissioning directorate. This approach will be applied again to achieve further savings from the remaining cases which have not yet been reviewed. A review of these cases has identified that there is scope to save a further £250k.

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

Some people with learning disabilities may be over-supported and/or not fully utilise community resources, inhibiting their level of independence. Some people with learning disabilities may not achieve the level of independence of which they are capable, and community and care resources may not be used to their full potential, reducing the Council's ability to provide the best support possible to those who require it and putting pressure on Council budgets.

#### Approach

##### Aims / Objectives

To ensure that all support packages for people with learning disabilities meet the needs of the people with learning disabilities whilst supporting aspirations to live as independently as possible and offer value for

money for the Council.

#### Project Overview - What are we doing

The existing programme of service user care reassessments which requires each person's care needs to be reassessed in line with the Transforming Lives model and within the revised policy framework, with a view to identifying ways to meet their needs at reduced overall cost and giving a stronger focus on promoting independence and a strengths based approach in line with the Adults Positive challenge. Packages will also be reviewed to take account of the consequence of service users living together so that the support provided overall is optimized, maximizing any core funding and minimizing any shared costs associated with vacant places.

Savings will be delivered through the remaining effect of care costs that have been reduced in 2019/20. Where savings are made in-year, the remaining part of the 12 month effect is seen in the following financial year. Savings achieved are monitored as part of the monthly process of monitoring package changes that social work teams engage in.

#### What assumptions have you made?

1. The saving is based on a set of assumptions about the phasing of the reassessment work - this is being monitored and may be subject to change.
2. The primary levers used to drive savings may not work in cases and consequently a standard saving per case is not predicted.
3. Implementation of changes will add more risk into care and support packages.

#### What constraints does the project face?

The main constraint continues to relate to the capacity of the team delivering the reassessment work. A continuation of a small dedicated resources improves the team's focus and consequently mitigates any risk of scope creep.

### Delivery Options

Has an options and feasibility study been undertaken?

### Scope / Interdependencies

#### Scope

##### What is within scope?

75 highest cost packages of support for people with learning disabilities. Packages of support for people living in the same setting as those with high cost packages. Packages of support may be out of the county.

##### What is outside of scope?

Packages of support for other people with learning disabilities. Packages of support that have already been reassessed by the LDP locality teams in the previous 24 months.

### Project Dependencies

#### Title

Transforming Lives

Adult Positive Challenge

## Cost and Savings

See accompanying financial information in Table 3

## Non Financial Benefits

### Non Financial Benefits Summary

#### Benefits to Service Users

1. Increasing levels of independence.
2. Increased choice and control within support levels.
3. Assessed and eligible needs under the Care Act will still be met.

#### Benefits to LDP commissioning team

1. Minimises' under-utilised market capacity.
2. Supports delivery of efficiencies required.

Title

## Risks

Title

## Project Impact

### Equality Impact Assessment

#### Who will be affected by this proposal?

People with learning disabilities with eligible social care needs receiving a funded care package.

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

The intention is to meet people's care needs whilst maximising their independence. The care model focusses on building on people's existing strengths, their natural support networks, the use of technology and new care models to meet needs.

Reducing the overall cost of care packages will also produce a financial benefit for people who contribute to the cost of their own care (in full or in part). Social care costs can be substantial for families and so making care more cost effective can produce very significant financial benefits for families. Council resources will be targeted at those with the highest needs.

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

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model than potentially could be pursued, reducing the level of efficiencies possible. Decisions about the best care setting for an individual will always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.

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

No neutral impacts have been identified at this time

**Disproportionate impacts on specific groups with protected characteristics**

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

The project is focused on people with a learning disability with an eligible care need, therefore they are likely to be disproportionately affected by this proposal.

# Business Case

## A/R.6.114 BP 21-22: Learning Disabilities Commissioning

### Project Overview

Project Title	A/R.6.114 BP 20-21: Learning Disabilities Commissioning - Delivering more outcomes when meeting the needs of people with learning disabilities		
Savings for 20-21	2020-21 £0 / 21-22 -£400k	Business Planning Reference	A/R.6.114
Business Planning Brief Description	Work will take place to refine how service users' assessed needs are translated into care and support plan outcomes and then achieved. This will be approached on a case-by-case basis and will involve close working with families and providers in addition to the person we support. The result will improve the benefits delivered for the person we support at a lower cost. The forecast 2020/21 saving is £NIL, and 2021/22 savings is £400k.		
Senior Responsible Officer	Fiona Adley / Tracy Gurney		

### Project Approach

#### Background

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

Anecdotal evidence suggests outcomes based commissioning in a learning disability environment is expected to deliver significant benefits to service users and the Council. This type of commissioning has been implemented across the country to differing levels. Although outcomes based commissioning is strongly advocated within national policy, Initial desktop research did not provide unequivocal evidence that outcomes based commissioning delivers significant financial or qualitative benefits. This is corroborated with advice from IMPOWER.

All of the 1,600 care and support plans managed by the Learning Disabilities Partnership specify high level outcomes. It is unclear when the outcomes are fully met which leads to resource levels being maintained.

A small proportion of care and support plans specify some short term outcomes that are specific and measurable. Consequently the resources required are controllable and can be reduced when the outcome is met. Increasing the number of care and support plans with short term outcomes which are specific, attainable and measurable will lead to the delivery of more outcomes. This improves the likelihood of reducing resources when the outcomes are met. It is necessary to determine what changes are required to deliver these benefits.

All adults with a learning disability should have care and support in place where this is an assessed and eligible need that promotes their skills and therefore their independence. It is noted, however, that not all of those in receipt of LD commissioned care would be able to achieve outcomes that result in a reduction in Care and Support. The intention of this work is to initially focus on individuals with Care and Support plans where commissioning against short term outcomes would reduce care and support needs e.g. independent travel training or cooking skills.

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

Some people with learning disabilities may not develop as fast as they would want to. Care resources may

not be used to their full potential, and some people with learning disabilities may be less independent than they could be.

## Approach

### Aims / Objectives

To ensure that all support packages for people with learning disabilities are appropriate to meet the needs of the people with learning disabilities with a focus on SMART outcomes and offer value for money for the Council.

### Project Overview - What are we doing

The work required will be grouped into phases as follows:

1: Discovery phase – to quantify the benefits potential more accurately

This will carry out a detailed desk top analysis to generate a savings hypothesis and possible quick wins and identify risks. Work will be necessary to search the evidence base. Benchmarking should include at least four county councils and three other organisations. It will determine whether should include alliance of providers in initial phase. Consequently this will lead to the design of a pilot phase and a best practice report.

2: Pilot phase – to determine the design characteristics of a scaled solution

Work will take place with a small group comprising of one social worker, eight to twelve service users, one to two providers, one commissioner and one project manager. The focus will be in one county district. All parts of a target operating model which includes people, organisations, technology and information flows will be considered. The pathway will start from a referral to the service to confirming the benefits after service delivery. This should lead to some quick wins and a scaled solution design.

3. Roll out phase – to realise the benefits

Based on the findings from the pilot phase and a best practice report, a fully scaled roll out will be designed

### What assumptions have you made?

1. The saving is based on a set of assumptions about the phasing of the reassessment work - this is being monitored and may be subject to change.
2. Work will take place at scheduled annual review dates.
3. We only expect a proportion of care plans to change. This is because not all needs require new solutions.

### What constraints does the project face?

The main constraint continues to relate to the capacity of the team delivering the reassessment work. A train the trainer approach will be used to disseminate best practice rapidly. Human factors, including the fact that the intended outcomes are dependent on individuals achieving goals within care plans, albeit it with support, will have a significant impact on project outcomes. There may be issues relating to capacity in commissioning and operations to complete data analysis. In this case, business support/business intelligence support or the Transformation Team support already allocated will be accessed.

## Delivery Options

### Has an options and feasibility study been undertaken?

Scope / Interdependencies
<b>Scope</b>
<b>What is within scope?</b>
1,600 Learning Disabilities Partnership care and support plans
<b>What is outside of scope?</b>
Packages of support for other people without learning disabilities. Packages of support that have already been reassessed by the LDP locality teams in the previous 6 months.

Project Dependencies
<b>Title</b>
Transforming Lives
Adult Positive Challenge

Cost and Savings
See accompanying financial information in Table 3

Non Financial Benefits
<b>Non Financial Benefits Summary</b>
<b>Benefits to Service Users</b> <ol style="list-style-type: none"> <li>1. Increasing levels of independence.</li> <li>2. Increased choice and control in support levels.</li> </ol> <b>Benefits to Service Carers:</b> <ol style="list-style-type: none"> <li>1. Increasing levels of independence for their loved one.</li> <li>2. Increased choice and control in support levels for their loved one.</li> <li>3. Reduced demands/pressure from caring roles.</li> </ol> <b>Benefits to LDP commissioning team</b> <ol style="list-style-type: none"> <li>1. Better utilization of provider resources</li> <li>2. Delivery of identified efficiencies</li> <li>3. Potential to share lessons learnt to OP/PD/MH teams</li> <li>4. A step change which will enable providers to differentiate capabilities.</li> </ol>
<b>Title</b>

Risks
<b>Title</b>

Project Impact
Equality Impact Assessment
<p><b>Who will be affected by this proposal?</b></p> <p>People with learning disabilities with eligible social care needs receiving a funded care package.</p>
<p><b>What positive impacts are anticipated from this proposal?</b></p> <p>The intention is to meet people's care needs whilst maximising their independence by focusing on outcomes. The care model builds on people's existing strengths, their natural support networks, and the provider's resources. Reducing the overall cost of care packages (where this is possible) will also produce a financial benefit for people who contribute to the cost of their own care (in full or in part). Social care costs can be substantial for families and so making care more cost effective can produce very significant financial benefits for families.</p>
<p><b>What negative impacts are anticipated from this proposal?</b></p> <p>This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make changes more frequently when outcomes are met. It might therefore represent a less risk-averse model than potentially could be pursued, reducing the level of efficiencies possible. Decisions about the best review period for an individual will always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.</p>
<p><b>Are there other impacts which are more neutral?</b></p> <p>No neutral impacts have been identified at this time</p>
Disproportionate impacts on specific groups with protected characteristics
<p><b>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</b></p> <p>The project is focused on people with a learning disability with an eligible care need, therefore they are likely to be disproportionately affected by this proposal.</p>

# Business Case

## A/R.6.178 Improved Better Care Fund

### Project Overview

Project Title	A/R.6.178 Improved Better Care Fund		
Savings for 2020-21	-£170k	Business Planning Reference	A/R.6.178
Business Planning Brief Description	The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system.		
Senior Responsible Officer	Caroline Townsend		

### Project Approach

#### Background

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

The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system. Priority areas of focus are protecting frontline services, preventing avoidable admissions to hospital and ensuring people can leave hospital safely when their medical needs have been met.

The Cambridgeshire BCF plan provides vital support to mainstream services, and also funds a range of new schemes in areas including: preventing falls, increasing independence, investment in suitable housing for vulnerable people and enhanced intermediate care, reablement and homecare for people leaving hospital.

The Better Care Fund includes an element of funding intended to protect Adult Social Care Services, as the revenue support grant has decreased and demand continues to increase. On this basis a proportion of the overall BCF spend is proposed to be taken as savings, in order to protect services and avoid the need for any service reductions in Adult Social Care Services.

Cambridgeshire and Peterborough's full BCF plan is contained within the papers for the Health and Wellbeing Board, [available here](#)

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

If we did not use the BCF to adequately protect social care services there is a significant risk that adult social care services would become unsustainable, creating safeguarding risks to adult social care service users.

#### Approach

##### Aims / Objectives

The aim of Cambridgeshire's BCF is to move to a system in which health and social care help people to help themselves, and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.

This shift means moving money away from acute health services, typically provided in hospital, and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a

demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises. However, this is required if services are to be sustainable in the medium and long term.

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

The BCF creates a pooled budget between health, social care and housing services in each Health and Wellbeing Board area. Cambridgeshire has a single Health and Wellbeing Board. Plans are developed and agreed by local authorities and NHS commissioners, and signed off by the Health and Wellbeing Board.

BCF contains elements of funding that:

- provide mainstream health, social care and housing services.
- supports the development and delivery of transformation projects that will support a shift away from acute health care and long term social care towards care that is more preventative and personalised and focused on keeping people well.
- supports the sustainability of the care market and protects social care services from reductions.

It is proposed that the current Improved Better Care Fund investment in supporting Delayed Transfers of Care (DTOCS) of £2,417k is reviewed with a view to reducing investment in this area to release additional savings from the BCF which can be repurposed to address adult pressures. This will be dependent on negotiations with the CCG, wider system partners and approvals by NHS England and will enable £170k of savings to be made in 2020/21.

#### **What assumptions have you made?**

We have made the assumption that BCF plans will be fully approved by NHS England.

#### **What constraints does the project face?**

Better Care Fund plans, including this proposed saving, must be agreed by a range of partners through the Health and Wellbeing Board; and signed off by NHS England and the Department for Communities and Local Government.

### **Delivery Options**

Has an options and feasibility study been undertaken?

### **Scope / Interdependencies**

#### **Scope**

##### **What is within scope?**

Social care services for adults; health services for older people and adults with long-term conditions

##### **What is outside of scope?**

Social care and health services for children 0-18

### **Project Dependencies**

Title

### **Cost and Savings**

See accompanying financial information in Table 3

Non Financial Benefits
Non Financial Benefits Summary
Title

Risks
Title

Project Impact
Equality Impact Assessment
Who will be affected by this proposal?
Patients and social care service users
What positive impacts are anticipated from this proposal?
Better coordinated care and more sustainable care market promoting better outcomes for service users and patients
What negative impacts are anticipated from this proposal?
No negative impacts have been identified
Are there other impacts which are more neutral?
<p>This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However the Better Care Fund is predicated on shifting demand by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. The evidence suggests that service users living within the community and semi-independently supports better outcomes - with the community focus supporting effective recovery and a greater chance of them returning to good mental health sustained over the longer term. However living more independently does by definition mean that intensive help is not available as readily as it would be in a 24 hour setting for example. Decisions about the best care setting for an individual will of course always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.</p>

Disproportionate impacts on specific groups with protected characteristics
Details of Disproportionate Impacts on protected characteristics and how these will be addressed
Each protected characteristics / group of people have been considered and no foreseeable risks of them being disproportionately impacted by implications of this proposal have been identified.

# Business Case

## A/R.6.179 Mental Health Commissioning.

### Project Overview

Project Title	A/R.6.179 Mental Health Commissioning.		
Savings for 2020-21	-£24k	Business Planning Reference	A/R.6.179
Business Planning Brief Description	Establishment of a Mental Health and Autism Accommodation Framework: A retender of supported living contracts gives an opportunity to increase capacity and prevent escalation to higher cost services, over several years. In addition, a number of contract changes have taken place in 2019/20 that have enabled a saving to be taken.		
Senior Responsible Officer	Fiona Adley Sarah Bye		

### Project Approach

#### Background

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

Through 2018/19 Commissioners have been reviewing the current arrangements for mental health accommodation providers. As part of this work, it was identified that there was a need to also review the arrangements for accommodation based services for adults with autism. The current situation (which applies to both service areas) 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
- Placements are being made in Out of County services
- No long term strategic approach to accommodation services and development of capacity and models
- No opportunity to link up Cambridgeshire County Council and Peterborough City Council contracting arrangements
- The current Learning Disability accommodation frameworks and associated service specifications do not include a provision for Mental Health/Autism placements.

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

The current situation outlined above would continue under current contracting arrangements with gaps within provision and no ability to strategically manage the market and associated costs.

#### Approach

##### Aims / Objectives

Procurement of a Mental Health and Autism Framework will allow Cambridgeshire County Council and Peterborough City Council to develop a more robust contracting mechanism for provision which provides

accommodation and support for the specific cohorts. The proposed procurement will also address the following gaps identified through the initial development phase:

1. Availability of Supported Accommodation which will 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 and those on the Transforming Care Pathway.
2. Developing the geographical range of services – the current geographical spread of Mental Health Supported and Residential services does not provide adequate coverage reducing choice for service users from less resourced parts of the county to remain near their families and local connections.
3. Developing the offer of services that can meet the needs of Adults with Autism (who do not also have a Learning Disability) ensuring the providers have the specialist expertise in supporting this cohort. There are service users currently being supported by the Adults with Autism team 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 expertise within the current arrangements to support these individuals

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

Carrying out a procurement exercise for a Mental Health and Autism Accommodation Framework for Adults. The aim of the procurement is to meet the current and future needs of people with 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 Framework will also provide:

- Consistent contract arrangements
- Clear pricing structure
- Additional completion to the market
- New level of support for people with complex needs

#### **What assumptions have you made?**

As part of the procurement a cumulative saving of £96,000 has been identified across the first three years of the contract. This has been modelled through the introduction of the Complex Needs Supported Accommodation. This will enable more people to be placed in a lower cost but appropriate setting rather than in a higher cost residential service. Commissioners for Autism anticipate that there will be further cost avoidance benefit through building capacity and expertise within county rather than seeking costly out of county placements in the future.

Based on current activity into Mental Health residential settings it is assumed that of the four new placements per year, two of these placements will be diverted away from residential setting into Complex Supported Living. The commissioning approach of hourly rate for support will provide a more cost-effective and outcome focused approach to support rather than a higher, weekly fee for residential services.

By introducing a Complex Supported Living lot to the procurement and provider market the Council should be able to realise a saving from mental health budgets of £24,000 in 20/21.

The modelling of this is outlined below based on the assumptions that two mental health placements per year will be diverted away from residential setting into Complex Supported Living

Savings calculation:	Annual	Cumulative
Year 1 (part year)	24,000	24,000
Year 2 (Yr 1 FYE + Yr 2 part year)	48,000	72,000
Year 3 (Yr 2 FYE)	24,000	96,000

#### What constraints does the project face?

The possibility that there is insufficient interest from providers in the Complex Supported Living lot.

### Delivery Options

Has an options and feasibility study been undertaken?

### Scope / Interdependencies

#### Scope

##### What is within scope?

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

##### What is outside of scope?

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 20th September 2020 with an option for 1 further year. Following the introduction of the Framework this service will be reviewed to establish whether this will move onto the Framework from 2021 onwards

### Project Dependencies

Title

### Cost and Savings

See accompanying financial information in Table 3

### Non Financial Benefits

#### Non Financial Benefits Summary

- Improved contracting mechanism for accommodation and support for the specific cohorts will improve access and therefore outcomes.
- Increased choice for service users living in parts of the county that have to travel further to access suitable accommodation, enabling them to remain near their families and local connections.

- Needs of service users will be better met with improved outcomes including for those presenting with dual diagnosis, co-occurring mental health and substance misuse needs, histories of evictions from other settings, forensic histories, complex risk histories and those on the Transforming Care Pathway.
- Significantly improved access to providers who have specialist expertise in supporting this cohort for adults with autism who do not have a learning disability.

Title

## Risks

Title

## Project Impact

### Equality Impact Assessment

#### Who will be affected by this proposal?

Adults with Mental Health needs

Adults with Autism

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

- More appropriate levels of support
- More appropriate accommodation
- More responsive/timely access to accommodation and support
- More local/community based response
- Consistent contracting arrangements
- Improved oversight of providers and associated spend
- Increased geographical spread of accommodation based services

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

Increased number of providers to manage/monitor but no negative impacts anticipated for service users.

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

None identified at this stage

### Disproportionate impacts on specific groups with protected characteristics

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

The impact on protected characteristics is not disproportionate - the services concerned can be accessed by anyone who has mental health with this level of need or autism.

# Business Case

## A/R.6.181 Review of commissioned domiciliary care

### Project Overview

Project Title	A/R.6.181 Review of commissioned domiciliary care		
Savings for 2020-21	-£300k	Business Planning Reference	A/R.6.181
Business Planning Brief Description	Learning from the success of a review that was carried out in Peterborough, this project will review the domiciliary care provision across Cambridgeshire to improve the quality of the domiciliary care provided by ensuring a more fluid transition to permanent care, which will result in reduced costs and better outcomes for users. A project team is necessary to deliver this project and a drawdown of £305k of Transformation Funding is required.		
Senior Responsible Officer	Leesa Murray		

### Project Approach

#### Background

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

Across Cambridgeshire, there are around 2,400 users a week receiving Domiciliary Care via services that are either directly commissioned by the County Council or through direct payments. Total expenditure for Domiciliary Care in Cambridgeshire is around £20m.

There is a waiting list for long term domiciliary care in Cambridgeshire, which means that some people who need a long-term package are spending longer than they need to in a temporary arrangement. This arrangement varies from inappropriate settings such as an acute or community hospital, reablement bridging, short term block arrangements including interim beds and support from families which is unsustainable in the longer term.

Whilst interim care is a necessary step in providing long-term solutions for users of domiciliary care, time spent within interim care should be reduced as it is typically a minimum of £2/hour more expensive for private providers, and for reablement bridging, a minimum of £10 per hour more than the cost of providing long-term. Reablement should be accessible to those people who will benefit from a period of reablement. Furthermore, in order to manage the market for domiciliary care it is essential that the flow of people transitioning to long-term care is managed effectively and that we prioritise identification of market capacity

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

Unless we can release capacity of our domiciliary care, people who need a long-term care package will spend longer than they need to in temporary arrangements, which is more expensive to provide and is not a permanent solution for service users (which creates challenges when a reliance and relationship with the temporary care needs to come to an end).

#### Approach

##### Aims / Objectives

- To improve the quality of the domiciliary care provided by ensuring a more fluid transition to permanent care

- To reduce the cost of providing domiciliary care through reducing the need to provide more expensive, interim care solutions
- To identify savings through reviewing existing arrangements

#### Project Overview - What are we doing

Domiciliary care is brokered for individuals as the need arises. Providers bid for care packages based on their capacity at that specific time. Care needs and capacity changes over time and this can mean that care rounds are not optimal, for example travel between calls increases thereby decreasing carers direct contact time. We have identified that several providers are delivering care in the same area, often the same street. Using a mapping tool called power B.I, we are able to illustrate each service user by care provider and identify opportunities to optimise direct contact time.

Forecasting using evidence from the review carried out in Peterborough and adjusting to take into account different local contexts, it is expected this project will:

- Identify clients who need assessments to be prioritised to facilitate capacity release
- Identify provider capacity that can be used to support placement of those people waiting for care. This will also support further improvements in Delayed Transfer of Care (DToC)
- Support conversations with providers where operational opportunities are identified thus improving provider relationships, support to increase sustainability where issues with call coordination are identified, and prepare for development of place based commissioning
- Identify opportunities where providers can rationalise care calls by reviewing care provision geographically across all providers and re allocating care across to optimise care rounds.

We know that in Cambridgeshire, there are issues with the availability of domiciliary care which means that people spend longer in inappropriate settings than necessary. Preliminary investigations have already taken place which has identified additional capacity could be released as well as savings through auditing existing care transactions.

The brokerage team in Cambridgeshire has insufficient capacity to deliver this review. Consideration has been given to the review being delivered entirely or in part by external consultants, however it was decided that the best approach would be used utilising the existing team in Peterborough as, not only was this the lowest cost option, this team is familiar with the tasks required and has a proven track record of delivery.

The project team in Peterborough are resourced from the Peterborough Care Placement Team with leadership from the Senior Quality Improvement resource. However, resourcing from the Care Placement (brokerage) team is not sustainable. The proposal would be to second the Senior Quality Improvement Officer who has managed the Peterborough project to lead the Cambridgeshire project with fixed term employment for 1 member of staff who has been delivering the project from an agency and then to ask for expressions of interest within CCC. Additionally we are proposing to use the project as an opportunity to up-skill our internal contracts team and include this process as part of the ongoing contract management process.

Forecasting using evidence from the review carried out in Peterborough, it is expected this project will deliver savings of £600k per annum with a stretch target of £1.1million. These figures are based on the reconciliation of the ECM and the Care Notes data. Sampling has been carried out within Cambridgeshire, which has indicated that there are savings to be achieved through this work. The project will also be looking at [add any additional work], which may result in additional savings in future years.

It is proposed that resources of £305k are funded from Cambridgeshire's Transformation Fund in order to pay for a team to deliver this work.

#### What assumptions have you made?

We have assumed that the approach taken by the project in Peterborough will be transferable to Cambridgeshire and will yield similar benefits. However, we have undertaken sampling within the brokerage team of some domiciliary care providers and evidence suggest that the objectives of the project can be achieved.

#### What constraints does the project face?

The resources to deliver this work are specialist and being able to secure the key individual from the team that delivered the work in Peterborough will be important to the projects success. As such, it is important that this work is not delayed.

### Delivery Options

Has an options and feasibility study been undertaken?

### Scope / Interdependencies

#### Scope

What is within scope?

What is outside of scope?

### Project Dependencies

Title

### Cost and Savings

See accompanying financial information in Table 3

### Non Financial Benefits

#### Non Financial Benefits Summary

- Users of domicilliary care will spend less time in temporary arrangements
- There will be a better match of the care being received and the care required
- Expertise from the review carried out in PCC will be shared with CCC and staff upskilled

Title

### Risks

Title

<b>Project Impact</b>
<b>Equality Impact Assessment</b>
<b>Who will be affected by this proposal?</b> All people who are in receipt of domiciliary care and eligible for social care support. All providers who deliver domiciliary care to people eligible for social care support.
<b>What positive impacts are anticipated from this proposal?</b> <ul style="list-style-type: none"> <li>• Capacity for domiciliary care will be released and available to those people who are waiting for care</li> <li>• People whose needs have changed will have a prioritised review and where applicable have reduced client contributions</li> </ul>
<b>What negative impacts are anticipated from this proposal?</b> There are no negative impacts anticipated for people who are in receipt of domiciliary care and eligible for social care support. Provider relationships will need to be managed to ensure that any released capacity is utilised. Increased or re prioritisation of care and support reviews will impact on social workers planning.
<b>Are there other impacts which are more neutral?</b>
<b>Disproportionate impacts on specific groups with protected characteristics</b>
<b>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</b>

# Business Case

## A/R.7.215 Income from utilisation of vacant block care provision by self-funders.

### Project Overview

Project Title	A/R.7.215 Income from utilisation of vacant block care provision by self-funders.		
Savings for 2020-21	-£150k	Business Planning Reference	A/R.7.215
Business Planning Brief Description	Activation of the agreement to place self-funders in commissioned block beds. The model ceases local authority payment of the block bed and includes an agreed percentage income from the self-funder contribution.		
Senior Responsible Officer	Leesa Murray		

### Project Approach

#### Background

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

We currently pay for a number of block beds when they are empty, we need to maintain flexibility of our block bed base as it does support budget management and forecasting. However, we have varied our block bed contracts to allow the voids to be filled with self-funders. This would cease our block bed payment and also allow us to receive a percentage of the payment providers receive from self-funders over and above our block bed price. Analysis tells us that we could deploy this contract variation for some of our residential beds without compromising access and flow into placements.

We are currently changing our approach to the brokerage of self-funders following concerns that have been raised about current processes which are managed by a private brokerage service. This change will allow us to ensure that self-funders have the widest choice of placements including our block bed provision.

We have seen a reduction in referrals of self-funders to social care teams and cannot be fully assured that capacity and best interest assessments are being undertaken.

The current self-funder brokerage provider may not be determining the point where service users will reach threshold and be eligible for funded care and in that advising service users which homes will not accept LA funded placements. This means that when they reach threshold, we need to move them to another placement

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

We would continue to pay for voided block beds

#### Approach

##### Aims / Objectives

To reduce expenditure on block bed voids and create an income stream

### Project Overview - What are we doing

We will activate the self-funder option through our brokerage service and monitor through routine contract management meetings

### What assumptions have you made?

We have assumed how much each home could charge self-funders based on location, facilities and some intelligence of self-funder charges (see financial analysis document)

### What constraints does the project face?

Self-funders can choose which homes they would like to commission. Some of our block beds are located in ex local authority homes which do not have and cannot upgrade the provision en suite facilities in all rooms. This can reduce the attractiveness for self-funders

We are not accountable for the brokering of self-funders, so they can choose to source their own placements.

## Delivery Options

Has an options and feasibility study been undertaken?

## Scope / Interdependencies

### Scope

#### What is within scope?

Residential block beds that are not occupied and not in areas of known regular demand

#### What is outside of scope?

Nursing and residential dementia beds due to high utilisation and regular demand

## Project Dependencies

### Title

Brokerage capacity to support Self Funders from acute and community settings

Assessment support from social workers to determine service users have capacity

Notification of self-funders from health partners

## Cost and Savings

See accompanying financial information in Table 3

## Non Financial Benefits

### Non Financial Benefits Summary

Increased choice for self-funders

Self-funders will not need to move to another home when they become eligible for social care funded placement

Referrals of self-funders will be through social work teams which ensures that capacity is assessed and best interest decisions are consistently made

**Title**

## **Risks**

**Title**

## **Project Impact**

### **Equality Impact Assessment**

**Who will be affected by this proposal?**

People who require self-funded placements

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

Increased choice for self-funders

Referrals of self-funders will be through social work teams which ensures that capacity is assessed and best interest decisions are consistently made

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

No negative impacts identified

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

No neutral impacts identified

### **Disproportionate impacts on specific groups with protected characteristics**

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

No disproportionate impacts identified.



## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Adults & Safeguarding	Adult Social Care	Deferred payment set up / administration charge	Non-Statutory	£125 for setting up the agreement £20 for a change in the agreement £20 for closing	£130 for setting up the agreement £25 for a change in the agreement £25 for closing	Partial	
People & Communities	Adults & Safeguarding	Adult Social Care	Self funder arrangement fee	Non-Statutory	£75 one off fee	Being reviewed Jan 2020		For those that have capital above the LA funding threshold (£23k) but would like their care arranged by CCC
People & Communities	0-19 Organisation & Planning	<b>0-19 Place and Planning organisation service</b>						
People & Communities	0-19 Organisation & Planning	0-19 Place and Planning organisation service	School Admissions Academy Service Level Agreement (SLA)	Non-Statutory	Service Package 1a Transitions Validation: Remains unchanged until 31.8.2019: £395.00 net/Academic Year (Primary) £1995.00 net/Academic Year (Secondary)  Service Package 2a and 2b Appeals: With effect from 1.9.2019 there will be no charge for this service	Service Package 1a under review Feb 2020  Service Packages 2a and 2b- there is no longer a charge for this service with effect from 01/09/19		Package 1a Prices tbc
People & Communities	0-19 Organisation & Planning	0-19 Place and Planning organisation service	School Admissions Voluntary Aided & Foundation School Service Level Agreement (SLA)	Non-Statutory	Service Package 1a Transitions Validation: Remains unchanged until 31.8.2019: £395.00 net/Academic Year (Primary) £1995.00 net/Academic Year (Secondary)  Service Package 2a and 2b Appeals: With effect from 1.9.2019 there will be no charge for this service	Service Package 1a under review Feb 2020  Service Packages 2a and 2b- there is no longer a charge for this service with effect from 01/09/19		Package 1a Prices from September tbc
People & Communities	0-19 Organisation & Planning	Home to School Transport - Mainstream	Mainstream Transport	Statutory	Free	Free		Providing the student meets the Home to School/College Travel Assistance Policy criteria there is no charge to the family for their transport. For students not meeting the criteria please see Spare Seats
People & Communities	0-19 Organisation & Planning	Home to School Transport - Mainstream	Mainstream Spare seats	Non-Statutory	£240 per term (£720 per academic year) September 2019 to August 2020	under review February 2020		Prices per academic year

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	0-19 Organisation & Planning	Home to School Transport - Mainstream	Post 16 Transport - low income households	Non-Statutory	£120 per term (£360 full academic year) September 2019 to August 2020	under review February 2020		Prices per academic year
People & Communities	0-19 Organisation & Planning	Home to School Transport - Special	SEND Post 16 payers	Non-Statutory	£195 per tem (£585 per academic year) September 2019 to August 2020	under review February 2020		Prices per academic year
People & Communities	0-19 Organisation & Planning	Education Welfare Benefits	Free Schools Meals for Primary and Secondary Academy schools	Non-Statutory	£9 per eligible child	under review February 2020		Prices cover academic year
People & Communities	Schools Intervention Service	Primary Schools Adviser Support						
People & Communities	Schools Intervention	Adviser Support	Primary Adviser / Associate Support	Non-Statutory	£100	£100 / £103		Per hour
People & Communities	Schools Intervention	Adviser Support	Primary Adviser / Associate Support	Non-Statutory	£480	£480 / £494.40		Per day
People & Communities	Schools Intervention Service	Adviser Support	Primary School Improvement Offer Service Level Agreement (SLA) Subscription LA Schools	Non-Statutory	£2050 - £3105	Under Review		Per Annum
People & Communities	Schools Intervention Service	Adviser Support	Primary School Improvement Offer Service Level Agreement (SLA) Subscription Academies	Non-Statutory	£2250 - £3415	Under Review		Per Annum
People & Communities	Schools Intervention Service	Adviser Support	Primary School Improvement Courses, conferences and Briefings	Non-Statutory	Multiple charging structure	Under Review		Per course/conference/briefing
People & Communities	Cultural & Community Services	Libraries	Borrowing Charges					
People & Communities	Cultural & Community Services	Libraries	Books	Statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	eBooks	Non-statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	Magazines	Non-statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	eMagazines/eNewspapers	Non-statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	Home energy meter	Non-statutory	N/A	N/A		

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	Audio book or language course- junior/ young adult	Non-statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	Audio book or language course - adult	Non-statutory	£1.60	£1.60		No change due to rise last year slightly above % inc
People & Communities	Cultural & Community Services	Libraries	eAudio book	Non-statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	DVD	Non-statutory	£1	£1		Competition from other soures i.e. Netflix means rise could reduce income.
People & Communities	Cultural & Community Services	Libraries	Music CD	Non-statutory	£1.10	£1.10		As with DVDs other cheaper sources
People & Communities	Cultural & Community Services	Libraries	<b>Overdue Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Books and magazines- Junior	Non-statutory	5p per day (maximum £1)	5p per day (maximum £1)		Other debt recovery methods being used to increase income from fines
People & Communities	Cultural & Community Services	Libraries	Books and magazines- Adult	Non-statutory	25p per day (maximum £5)	25p per day (maximum £5)		Other debt recovery methods being used to increase income from fines
People & Communities	Cultural & Community Services	Libraries	eBooks/eMagazines/eNews papers	Non-statutory	N/A	N/A		
People & Communities	Cultural & Community Services	Libraries	Audio book or language course- Junior	Non-statutory	5p per day (maximum £1)	5p per day (maximum £1)		Other debt recovery methods being used to increase income from fines
People & Communities	Cultural & Community Services	Libraries	Audio book or language course- Adult	Non-statutory	65p (maximum £13)	70p (maximum £13)		Other debt recovery methods being used to increase income from fines
People & Communities	Cultural & Community Services	Libraries	eAudio book	Non-statutory	N/A	N/A		
People & Communities	Cultural & Community Services	Libraries	DVD	Non-statutory	65p per day (20p per short) (Maximum £13 or £5 short)	70p per day (20p per short) (Maximum £13 or £5 short)		Other debt recovery methods being used to increase income from fines
People & Communities	Cultural & Community Services	Libraries	Music CD	Non-statutory	45p per day (Max. £9)	50p per day (Max. £9)		Other debt recovery methods being used to increase income from fines

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	CD Rom	Non-statutory	75p per day (maximum £15)	N/A		Redundent technology no longer stocked in libraries.
People & Communities	Cultural & Community Services	Libraries	<b>Membership</b>					
People & Communities	Cultural & Community Services	Libraries	Memership Card	Statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	Replacement card-adult/junior	Non-statutory	£2.10/£1.10	£2.25/£1.25	Full	
People & Communities	Cultural & Community Services	Libraries	Lost/damaged load items	Non-statutory	Variable rate dependent on item value. Full cost recovery	Variable rate dependent on item value. Full cost recovery	Full	
People & Communities	Cultural & Community Services	Libraries	Reading Groups	Non-statutory	£31	£35	Partial	Include offer to take part in district reading group set purchases.
People & Communities	Cultural & Community Services	Libraries	<b>Requests</b>					
People & Communities	Cultural & Community Services	Libraries	Vocal scores	Non-statutory	Under 25 copies £11 internal, £21 external	Under 25 copies £11 internal, £21 external		Compared to nearest neighbours and could lose buisness if too high
People & Communities	Cultural & Community Services	Libraries	Vocal scores	Non-statutory	25 - 50 copies £21 internal, £41 external	25 - 50 copies £21 internal, £41 external		Compared to nearest neighbours and could lose buisness if too high
People & Communities	Cultural & Community Services	Libraries	Vocal scores	Non-statutory	Over 50 copies £31 internal, £62 external	Over 50 copies £31 internal, £62 external		Compared to nearest neighbours and could lose buisness if too high
People & Communities	Cultural & Community Services	Libraries	Items not in Cambridgeshire stock	Non-statutory	£8.50	£8.50		
People & Communities	Cultural & Community Services	Libraries	British Library Loan	Non-statutory	£16.00	£18.00	Full cost recovery	Rise matching charges from British Library
People & Communities	Cultural & Community Services	Libraries	Reservation of Cambridgeshire adult stock	Non-statutory	£1.00	£1.00		
People & Communities	Cultural & Community Services	Libraries	Reservation of SPINE stock	Non-statutory	£2.00	£2.00		
People & Communities	Cultural & Community Services	Libraries	<b>Printing and Copying</b>					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	A4 black and white	Non-statutory	20p	20p		Additional print from any device to be offered in 2020. Need to ensure it remains competitive to launch servicem ensure take up and generate additional income.
People & Communities	Cultural & Community Services	Libraries	A4 colour	Non-statutory	75p	75p		Additional print from any device to be offered in 2020. Need to ensure it remains competitive to launch servicem ensure take up and generate additional income.
People & Communities	Cultural & Community Services	Libraries	A3 black and white (copying only)	Non-statutory	40p	40p		Additional print from any device to be offered in 2020. Need to ensure it remains competitive to launch servicem ensure take up and generate additional income.
People & Communities	Cultural & Community Services	Libraries	A3 colour (copying only)	Non-statutory	£1.25	£1.25		Additional print from any device to be offered in 2020. Need to ensure it remains competitive to launch servicem ensure take up and generate additional income.
People & Communities	Cultural & Community Services	Libraries	A4/A3 microfilm	Non-statutory	75p/£1.25	75p/£1.25		Additional print from any device to be offered in 2020. Need to ensure it remains competitive to launch servicem ensure take up and generate additional income.
People & Communities	Cultural & Community Services	Libraries	<b>Fax</b>					
People & Communities	Cultural & Community Services	Libraries	UK first page/ extra page	Non-statutory	£1.25/65p	£1.25/65p		Declining service, not being maintained in libraries as replaced by scanning.
People & Communities	Cultural & Community Services	Libraries	Europe first page/ extra page	Non-statutory	£2.25/£1.00	£2.25/£1.00		Declining service, not being maintained in libraries as replaced by scanning.
People & Communities	Cultural & Community Services	Libraries	World first page/ extra page	Non-statutory	£2.85/£1.10	£2.85/£1.10		Declining service, not being maintained in libraries as replaced by scanning.
People & Communities	Cultural & Community Services	Libraries	Receiving first page/ extra page	Non-statutory	60p/25p	60p/25p		Declining service, not being maintained in libraries as replaced by scanning.
People & Communities	Cultural & Community Services	Libraries	<b>Internet and Email</b>					
People & Communities	Cultural & Community Services	Libraries	Online reference resources	Statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	Internet and email access	Non-statutory	Free	Free		Free from 1 April 2019

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	Wi-Fi access	Non-statutory	Free	Free		
People & Communities	Cultural & Community Services	Libraries	<b>Events</b>					
People & Communities	Cultural & Community Services	Libraries	Adult	Non-statutory	£5 - £10 donation	£5 - £10 donation		For general use and/or attendance at free events. Added new web page, self service card donations and staff awareness on importance.
People & Communities	Cultural & Community Services	Libraries	Children	Non-statutory	50p donation	50p donation		For general use and/or attendance at free events. Added new web page, self service card donations and staff awareness on importance.
People & Communities	Cultural & Community Services	Libraries	<b>Central Library - Cambridge Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£26.30 ph (commercial) £14.70 ph (Council partner) £12.10 ph (community)	£26.50 ph (commercial) £15.00 ph (Council partner) £12.25 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 2	Non-statutory	£26.30 ph (commercial) £14.70 ph (Council partner) £12.10 ph (community)	£26.50 ph (commercial) £15.00 ph (Council partner) £12.25 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 3	Non-statutory	£44.05 ph (commercial) £23.65 ph (Council partner) £21.00 ph (community)	£44.50 ph (commercial) £24.00 ph (Council partner) £21.00 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Conference room	Non-statutory	£51.25 ph (commercial) £29.85 ph (Council partner) £23.65 ph (community)	£50.50 ph (commercial) £30.00 ph (Council partner) £24.00 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Exhibition space	Non-statutory	£196.05 pw (commercial) £119.45 pw (Council partner) £95.25 pw (community)	£200.00 pw (commercial) £120.00 pw (Council partner) £96.00 pw (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Chatteris Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Cherry Hinton Library Room Hire Charges</b>					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	Community Space	Non-statutory	£5.75 ph (not for profit groups in the local community) £14.25 ph (all other bookings)	£5.75 ph (not for profit groups in the local community) £14.25 ph (all other bookings)		
People & Communities	Cultural & Community Services	Libraries	<b>Ely Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		To be reviewed following layout cahnges at Ely Library for Skills and Learning
People & Communities	Cultural & Community Services	Libraries	Interview room 1	Non-statutory	£14.60 ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £5.75 ph (community)		To be reviewed following layout cahnges at Ely Library for Skills and Learning
People & Communities	Cultural & Community Services	Libraries	<b>Huntingdon Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£18 ph (commercial) £9.45 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 2	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 1 and 2	Non-statutory	£25.75 ph (commercial) £14.70 ph (Council partner) £8.40 ph (community)	£26.00 ph (commercial) £14.75 ph (Council partner) £8.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Interview Rooms & Pods	Non-statutory	£14.90ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Exhibition space	Non-statutory	£60.00 pw (commercial) £47.50pw (Council partner) £35 pw (community)	£60.00 pw (commercial) £47.50 pw (Council partner) £35.00 pw (community)		
People & Communities	Cultural & Community Services	Libraries	<b>March Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£22 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Interview room	Non-statutory	£14.60 ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £5.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Milton Road Library Room Hire Charges</b>					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	Meeting Room 1&2	Non-statutory	£30 ph (commercial) £15 ph (Council partner) £11 ph (community)	£30 ph (commercial) £15 ph (Council partner) £11 ph (community)		New service launched late 2019 so prices frozen
People & Communities	Cultural & Community Services	Libraries	Meeting Room 3	Non-statutory	£40 ph (commercial) £20 ph (Council partner) £15 ph (community)	£40 ph (commercial) £20 ph (Council partner) £15 ph (community)		New service launched late 2019 so prices frozen
People & Communities	Cultural & Community Services	Libraries	Kitchen	Non-statutory	£10 ph (commercial) £5 ph (Council partner) Free (community)	£10 ph (commercial) £5 ph (Council partner) Free (community)		New service launched late 2019 so prices frozen
People & Communities	Cultural & Community Services	Libraries	Whole Lib	Non-statutory	£50 ph (commercial) £25 ph (Council partner) £20 ph (community)	£50 ph (commercial) £25 ph (Council partner) £20 ph (community)		New service launched late 2019 so prices frozen
People & Communities	Cultural & Community Services	Libraries	<b>Ramsey Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Interview room	Non-statutory	£14.90ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Rock Road Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Community Space	Non-statutory	£5.75 ph (not for profit groups in the local community) £14.40 ph (all other bookings)	£5.75 ph (not for profit groups in the local community) £14.40 ph (all other bookings)		
People & Communities	Cultural & Community Services	Libraries	<b>Soham Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£18 ph (commercial) £9.45 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.25 ph (community)		
People & Communities	Cultural & Community Services	Libraries	<b>St Ives Library Room Hire Charges</b>					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 2	Non-statutory	£18 ph (commercial) £9.45 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Foyer Space	Non-statutory	£56.50 pw (commercial) £35.75 pw (Council partner) £23.50 pw (community)	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)		
People & Communities	Cultural & Community Services	Libraries	<b>St Neots Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£11.80 ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£12.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 2	Non-statutory	£11.80 ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£12.00 ph (commercial) £7.50 ph (Council partner) £6.00 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Community space 1	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Community space 2	Non-statutory	£21.85 ph (commercial) £12.10 ph (Council partner) £7.35 ph (community)	£22.50 ph (commercial) £12.50 ph (Council partner) £7.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Exhibition space	Non-statutory	£56.50 pw (commercial) £35.75 pw (Council partner) £23.50 pw (community)	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)		
People & Communities	Cultural & Community Services	Libraries	Foyer space	Non-statutory	£56.50 pw (commercial) £35.75 pw (Council partner) £23.50 pw (community)	£58.00 pw (commercial) £37.00 pw (Council partner) £25.00 pw (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Whittlesey Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	Non-statutory	£18 ph (commercial) £9.45 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Wisbech Library Room Hire Charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	non-statutory	£18 ph (commercial) £9.45 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Meeting room 2	non-statutory	£18 ph (commercial) £9.45 ph (Council partner) £6.25 ph (community)	£18.50 ph (commercial) £9.50 ph (Council partner) £6.50 ph (community)		

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	Meeting room 1 and 2	non-statutory	£26.25 ph (commercial) £14.10 ph (Council partner) £8.40 ph (community)	£26.50 ph (commercial) £14.50 ph (Council partner) £8.50 ph (community)		
People & Communities	Cultural & Community Services	Libraries	Interview room	non-statutory	£14.60 ph (commercial) £7.35 ph (Council partner) £5.75 ph (community)	£15.00 ph (commercial) £7.50 ph (Council partner) £5.75 ph (community)		
People & Communities	Cultural & Community Services	Libraries	<b>Yaxley Library Room hire charges</b>					
People & Communities	Cultural & Community Services	Libraries	Meeting room 1	non-statutory	£9.00 ph (not for profit groups in the local community) £7.35 ph (all other bookings)	£9.00 ph (not for profit groups in the local community) £7.35 ph (all other bookings)		
People & Communities	Cultural & Community Services	Libraries	<b>Local Studies Research Services charges</b>					
People & Communities	Cultural & Community Services	Libraries	30 mins	Non-statutory	Free	Free		Updated in 2019
People & Communities	Cultural & Community Services	Libraries	1 hour	Non-statutory	£32	£32	Full	Updated in 2019
People & Communities	Cultural & Community Services	Libraries	1.5 hours	Non-statutory	£48	£48		Updated in 2019
People & Communities	Cultural & Community Services	Libraries	2 hours	Non-statutory	£64	£64	Full	Updated in 2019
People & Communities	Cultural & Community Services	Libraries	Each Additional 30 min	Non-statutory	£16	£16		Updated in 2019
People & Communities	Cultural & Community Services	Libraries	Adopt a Book Scheme	Non-statutory	£25 per annum	£25 per annum		New scheme 2019
People & Communities	Cultural & Community Services	Libraries	<b>Libraries Extra</b>					
People & Communities	Cultural & Community Services	Libraries	Libraries Extra	Non-statutory	£40 Individual,	£40 Individual,		New scheme 2019 - needs further work to develop offer.
People & Communities	Cultural & Community Services	Libraries	<b>Archives Services charges</b>					
People & Communities	Cultural & Community Services	Archives	1 hour	Non-statutory	£32	£35	Full	

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	2 hours	Non-statutory	£64	£70	Full	
People & Communities	Cultural & Community Services	Archives	Specialist research for business or professional clients	Non-statutory	£75	£80	Full	
People & Communities	Cultural & Community Services	Archives	Replacement of lost CARN ticket	Non-statutory	£1.50	£5.00	Full	
People & Communities	Cultural & Community Services	Archives	<b>Reproduction Fees</b>					
People & Communities	Cultural & Community Services	Archives	Local, limited distribution publications (1-10 pictures)	Non-statutory	£5 per image or see additional info	£5 per image or see additional info		Reproduction online: £20 for 1-5 images, £30 for 6-10 images. Negotiable over 10 images.
People & Communities	Cultural & Community Services	Archives	Other publications and media use	Non-statutory	£100	£100		
People & Communities	Cultural & Community Services	Archives	<b>Outreach fees</b>					
People & Communities	Cultural & Community Services	Archives	Group Visits to Archives	Non-statutory	£60	£60	Partial	
People & Communities	Cultural & Community Services	Archives	Talks to groups outside the office	Non-statutory	£75	£75	Partial	
People & Communities	Cultural & Community Services	Archives	<b>Archives and Local Studies: Digitisation</b>					
People & Communities	Cultural & Community Services	Archives	Document up to A3	Non-statutory	£7.50	£7.75	Full	
People & Communities	Cultural & Community Services	Archives	Document between A3 and A1	Non-statutory	£12.50	£12.75	Full	
People & Communities	Cultural & Community Services	Archives	Document larger than A1	Non-statutory	£30.00	£31.00	Full	Requires two scans

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	35mm transparency	Non-statutory	£7.50	£7.50	Full	At a specific DPI
People & Communities	Cultural & Community Services	Archives	C19 lantern slide	Non-statutory	£7.50	£7.50	Full	At a specific DPI
People & Communities	Cultural & Community Services	Archives	C19 glass plate	Non-statutory	£10.00	£10.00	Full	At a specific DPI
People & Communities	Cultural & Community Services	Archives	Pre-digitised A4-A2	Non-statutory	£5.00	£5.00	Full	
People & Communities	Cultural & Community Services	Archives	Pre-digitised A1-A0	Non-statutory	£11.00	£11.00	Full	
People & Communities	Cultural & Community Services	Archives	Inclosure / tithe / estate maps	Non-statutory	£25.00	£25.00	Full	
People & Communities	Cultural & Community Services	Archives	Bulk scanning / large projects / volumes	Non-statutory	£25.00	£25.00	Full	Hourly rate
People & Communities	Cultural & Community Services	Archives	Image retouching	Non-statutory	£40.00	£40.00	Full	Per image
People & Communities	Cultural & Community Services	Libraries	<b>Local Studies: Non-digitised images (from negatives)</b>					
People & Communities	Cultural & Community Services	Libraries	6 x 4 BW	non-statutory	£7.50	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	6 x 4 Sepia	non-statutory	£7.50	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	7 x 5 BW	non-statutory	£6.00	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	7 x 5 Sepia	non-statutory	£8.50	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	8 x 6 BW	non-statutory	£7.00	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Libraries	8 x 6 Sepia	non-statutory	£9.50	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	10 x 8 BW	non-statutory	£8.00	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	10 x 8 Sepia	non-statutory	£10.50	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	12 x 9 BW	non-statutory	£10.00	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	12 x 9 Sepia	non-statutory	£12.50	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Libraries	16 x 12	non-statutory	£18.00	Will be reviewed after move to Ely Site in Autumn 2019.		Rates will remain the same as 2018-19 until the new site in Ely has been opened.
People & Communities	Cultural & Community Services	Archives	35 mm slides	non-statutory	£2	£2		
People & Communities	Cultural & Community Services	Archives	Negatives of privately owned images	non-statutory	£6	£7		
People & Communities	Cultural & Community Services	Archives	Conservation work	non-statutory	£30 per hour, plus materials	£35 per hour, plus materials	Full	
People & Communities	Cultural & Community Services	Archives	Photocopies and print outs in the search room					
People & Communities	Cultural & Community Services	Archives	A4 photocopy	Non-statutory	£0.75	£0.75	£0.75	
People & Communities	Cultural & Community Services	Archives	A3 photocopy	Non-statutory	£1.00	£1.00	£1.00	
People & Communities	Cultural & Community Services	Archives	A4 Microform print self service	Non-statutory	£0.75	£0.75	£0.75	
People & Communities	Cultural & Community Services	Archives	A3 Microform print self service	Non-statutory	£1.20	£1.20	£1.20	
People & Communities	Cultural & Community Services	Archives	IT printout black and white	Non-statutory	£0.20	£0.20	£0.20	

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Archives	IT printout colour	Non-statutory	£0.50	£0.50	£0.50	
People & Communities	Cultural & Community Services	Archives	<b>Photocopies and print outs by post</b>					
People & Communities	Cultural & Community Services	Archives	Photocopies or printouts	non-statutory	Minimum Charge of £6 (including postage) for up to 5 pages then £1 for each additional page	Minimum Charge of £6 (including postage) for up to 5 pages then £1 for each additional page		
People & Communities	Cultural & Community Services	Archives	Certified Copies	non-statutory	£20	£20	Full	
People & Communities	Cultural & Community Services	Archives	Photo permit - use of own camera in the search room	non-statutory	£10	£10		
People & Communities	Cultural & Community Services	Archives	<b>Digital Photography by post</b>					
People & Communities	Cultural & Community Services	Archives	A4 Colour print	non-statutory	£5.50	£5.50	Full	
People & Communities	Cultural & Community Services	Archives	A3 Colour print	non-statutory	£8.50	£8.50	Full	
People & Communities	Cultural & Community Services	Archives	Plus Handling Charge	non-statutory	UK: £3.50 Europe: £6.50 Rest of the world: £10.00 or actual postage if in excess	UK: £3.50 Europe: £6.50 Rest of the world: £10.00 or actual postage if in excess	Full	
People & Communities	Cultural & Community Services	Archives	<b>Digital Photography by email</b>					
People & Communities	Cultural & Community Services	Archives	Per Photograph	non-statutory	£5.50	£5.50		
People & Communities	Cultural & Community Services	Archives	Per email (max. 5jpegs per email)	non-statutory	£2.50	£2.50		
People & Communities	Cultural & Community Services	Archives	Specialist photography by FSB Scanning Bureau	non-statutory	Prices available on application	Prices available on application	Full	Prints larger than A3 have to be done by an external company and are quoted for on spec.
People & Communities	Cultural & Community Services	Registrations	<b>Ceremonies</b>					
People & Communities	Cultural & Community Services	Registrations	Room 1 (stat fee ceremonies)	Statutory	£46	£46		A statutory ceremony only

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	Venue marriage or CP Mon-Sat	non-statutory	£540	£560		
People & Communities	Cultural & Community Services	Registrations	Venue marriage or CP Sun & current B/H	non-statutory	£635	£655		
People & Communities	Cultural & Community Services	Registrations	Ceremonies-Marriage or CP #					
People & Communities	Cultural & Community Services	Registrations	Council Ceremony room Mon to Thurs all day	non-statutory	£225	£235		
People & Communities	Cultural & Community Services	Registrations	Council Ceremony room Friday & Sat all day	non-statutory	£320	£355		
People & Communities	Cultural & Community Services	Registrations	Council Ceremony room Sunday	non-statutory	£400	£410		Being considered as part of relocations
People & Communities	Cultural & Community Services	Registrations	Ceremonies- Naming/ Renewals					
People & Communities	Cultural & Community Services	Registrations	All Council Ceremony room fees as per marriage / cp	non-statutory	Usual Council Ceremony Room fees	Usual Council Ceremony Room fees		
People & Communities	Cultural & Community Services	Registrations	Any venue Mon to Sat	non-statutory	Usual venue fees apply	Usual venue fees apply		
People & Communities	Cultural & Community Services	Registrations	Any venue Sun or B/H	non-statutory	Usual venue fees apply	Usual venue fees apply		
People & Communities	Cultural & Community Services	Registrations	Ceremonies-Private Citizenship					
People & Communities	Cultural & Community Services	Registrations	Then # applies	non-statutory	Usual Council Ceremony Room fees (No Sat Ceremonies)	Usual Council Ceremony Room fees (No Sat Ceremonies)		
People & Communities	Cultural & Community Services	Registrations	Approved Premise Approvals					
People & Communities	Cultural & Community Services	Registrations	Approval fee	non-statutory	£1,750	£1,800		for a three year approval but can be extended to five years at no extra charge if Terms & Conditions are met
People & Communities	Cultural & Community Services	Registrations	General Search					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	S.31(2)(a), B&D Regn Act 1953; S.64(2)(a), Mge Act 1949- A general search in	Statutory	£18	£18		Search in registration index books (free search available on-line via CAMDEX anyway)
People & Communities	Cultural & Community Services	Registrations	<b>Certificates- Superintendent Registrar</b>					
People & Communities	Cultural & Community Services	Registrations	S.31(2)(c), B&D Regn Act 1953; S.64(2)(c), Mge Act 1949- Issuing a standard	Statutory	£10	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.10, Savings Bank Act 1887, as amended; S.178(1), Factories Act	Statutory	£10	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.33(1), B&D Regn Act 1953- Issuing a short certificate of birth	Statutory	£10	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	<b>Certificates- Registrar</b>					
People & Communities	Cultural & Community Services	Registrations	S.32(c), B&D Regn Act 1953; S.63(1)(b), Mge Act 1949- Issuing a standard	Statutory	£4	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.32(c), B&D Regn Act 1953; S.63(1)(b), Mge Act 1949- Issuing a standard	Statutory	£7	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.10, Savings Bank Act 1887, as amended; S.178(1), Factories Act	Statutory	£4	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.10, Savings Bank Act 1887, as amended; S.178(1), Factories Act	Statutory	£7	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.33(1), B&D Regn Act 1953- Any other short certificate of birth at the	Statutory	£4	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	S.33(1), B&D Regn Act 1953- Any other short certificate of birth after the	Statutory	£7	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	<b>Marriages-Superintendent Registrar</b>					
People & Communities	Cultural & Community Services	Registrations	S.27(7), Mge Act 1949- Attending outside his/her office to be given notice of	Statutory	£47 (housebound) £68 detained	£47 (housebound) £68 detained		Attending to take notice away from office
People & Communities	Cultural & Community Services	Registrations	S.27(6), Mge Act 1949- Entering a notice of marriage in a marriage	Statutory	£35	£35		Giving legal notice. Additional £12 per person if not exempt

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	S.17(2), Marriage (Registrar General's Licence) Act 1970- Entering a notice of	Statutory	£3	£3		Giving legal notice.
People & Communities	Cultural & Community Services	Registrations	S.51(2), Mge Act 1949- Attending a marriage at the residence of a house-bound	Statutory	£84 housebound, £94 detained	£84 housebound, £94 detained		Attending to take notice away from office
People & Communities	Cultural & Community Services	Registrations	S.17(2), Marriage (Registrar General's Licence) Act 1970- Attending a marriage	Statutory	£2	£3		Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Cultural & Community Services	Registrations	S.51(1A)(b), Mge Act 1949; Reg 12(6), The Marriages and Civil Partnerships	Statutory	As set by the local authority	As set by the local authority		See non stat fees
People & Communities	Cultural & Community Services	Registrations	<b>Marriages- Registrar</b>					
People & Communities	Cultural & Community Services	Registrations	S.51(1), Mge Act 1949- Attending a marriage at the register office	Statutory	£46	£46		Marriage registration - statutory ceremony
People & Communities	Cultural & Community Services	Registrations	S.51(1), Mge Act 1949- Attending a marriage at a registered building or the	Statutory	£88 (Detained person) £81 Housebound	£88 (Detained person) £81 Housebound		Marriage registration - church / chapel / housebound / detained (prison / secure health unit)
People & Communities	Cultural & Community Services	Registrations	S.17(2), Marriage (Registrar General's Licence) Act 1970- Attending a marriage	Statutory	£2	£2		Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Cultural & Community Services	Registrations	<b>Certification for Worship and Registration for Marriage-Superintendent</b>					
People & Communities	Cultural & Community Services	Registrations	S.5, Place of Worship Registration Act 1855- Certification of a place of	Statutory	£29	£29		Legal notification of a church / chapel being registered for worship
People & Communities	Cultural & Community Services	Registrations	S.41(6), Mge Act 1949- Registration of a building for the solemnization of	Statutory	£123	£123		Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Cultural & Community Services	Registrations	S.43D Mge Act 1949- Registration of a building for the solemnization of	Statutory	£64	£64		Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Cultural & Community Services	Registrations	S.43D Mge Act 1949- Registration of a building for the solemnization of	Statutory	£123	£123		Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Cultural & Community Services	Registrations	S.43D Mge Act 1949- Registration of a building for the solemnization of	Statutory	£64	£64		Legal notification of a church / chapel being registered for such ceremonies
People & Communities	Cultural & Community Services	Registrations	S.43D Mge Act 1949- Joint application for the registration of a building for	Statutory	£123	£123		Legal notification of a church / chapel being registered for such ceremonies

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	<b>Certificates</b>					
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified copy	Statutory	£4	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified copy	Statutory	£10	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified extract	Statutory	£4	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified extract	Statutory	£10	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- For a certified copy	Statutory	9.25	£11		Certificate
People & Communities	Cultural & Community Services	Registrations	<b>Notices</b>					
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attestation by an	Statutory	£35	£35		Giving legal notice. Additional £12 per person if not exempt
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attendance of an	Statutory	£47 (housebound) £68 detained	£47 (housebound) £68 detained		Attending to take notice away from office
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attestation by an	Statutory	£3	£3		Additional process
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Application to	Statutory	£60	£60		Application to reduce the normal 28 day period - exceptional reasons only
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Issue of Registrar-	Statutory	£15	£15		Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- On giving notice to a	Statutory	£35	£35		Giving legal notice. Additional £12 per person if not exempt
People & Communities	Cultural & Community Services	Registrations	<b>Registration</b>					
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Signing by the civil	Statutory	£46	£46		Statutory minimum required

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attendance of the	Statutory	£81 housebound, £88 detained	£81 housebound, £88 detained		Attendance at church / chapel / housebound / detained (prison / secure health unit)
People & Communities	Cultural & Community Services	Registrations	Civil Partnership Act 2004c.33, Pt 2 c.1s. 34(1) & 36(4)- Attendance of the	Statutory	£2	£2		Exceptional circumstances marriage (one person with very limited life expectancy)
People & Communities	Cultural & Community Services	Registrations	Consideration by a Superintendent Registrar of a divorce/civil partnership	Statutory	£50	£50		All decree absolutes in this category require checking process
People & Communities	Cultural & Community Services	Registrations	Consideration by the Registrar General of a divorce/civil partnership	Statutory	£75	£75		All decree absolutes in this category require checking process
People & Communities	Cultural & Community Services	Registrations	Forename added within 12 months of birth registration (Space 17)	Statutory	£40	£40		Where a child's name is changed via "Space 17" amendment
People & Communities	Cultural & Community Services	Registrations	Consideration by Registrar / Superintendent Registrar of a correction application	Statutory	£75	£75		All formal corrections in this category require additional process
People & Communities	Cultural & Community Services	Registrations	Consideration by the Registrar General of a correction application	Statutory	£90	£90		All formal corrections in this category require additional process
People & Communities	Cultural & Community Services	Registrations	Waiver per individual notice	Statutory	£60 each	£60 each		Application to reduce the normal 28 day period - exceptional reasons only
People & Communities	Cultural & Community Services	Registrations	Letter provided by the Registrar General confirming that, on the	Statutory	£50	£50		
People & Communities	Cultural & Community Services	Registrations	Other Fees (inc. VAT where applicable)					
People & Communities	Cultural & Community Services	Registrations	Premium appointment	non-statutory	£40	£40		Not yet in use
People & Communities	Cultural & Community Services	Registrations	Post & handling (standard)	non-statutory	£4.00	£4.50		

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	Signed for post & handling (UK)	non-statutory	£5.00	£5.00		
People & Communities	Cultural & Community Services	Registrations	Signed for post & handling (Non-UK)	non-statutory	£10.50	£11.00		
People & Communities	Cultural & Community Services	Registrations	Express A (next working day, excludes stat cert fee)	non-statutory	£40.00	No longer available		Ceased to be able to offer this service - see line below
People & Communities	Cultural & Community Services	Registrations	Express	statutory	£35.00	£35.00		New statutory fee Feb 2019 - no longer able to offer any option other than express or standard
People & Communities	Cultural & Community Services	Registrations	Express B (1 working hour, excludes stat cert fee)	non-statutory	£50	No longer available		Ceased to be able to offer this service - see line above
People & Communities	Cultural & Community Services	Registrations	Media use of ceremony room	non-statutory	£135	£140		
People & Communities	Cultural & Community Services	Registrations	Ceremony amendment fee	non-statutory	£40	£40		
People & Communities	Cultural & Community Services	Registrations	Ceremony cancellation fee - More than six months before the ceremony date	non-statutory	You will receive a full refund of the fees paid (subject to the inclusion of an administration fee).	You will receive a full refund of the fees paid (subject to the inclusion of an administration fee).		

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	Ceremony cancellation fee - Between six months and 3 months before the ceremony date	non-statutory	You will receive a 75% refund of the fees paid (subject to the inclusion of an administration fee).	You will receive a 75% refund of the fees paid (subject to the inclusion of an administration fee).		
People & Communities	Cultural & Community Services	Registrations	Ceremony cancellation fee - Between three months and 30 day before the ceremony date	non-statutory	You will receive a 50% refund of the fees paid (subject to the inclusion of an administration fee).	You will receive a 50% refund of the fees paid (subject to the inclusion of an administration fee).		
People & Communities	Cultural & Community Services	Registrations	Ceremony cancellation fee - Less than 30 days before the ceremony or failure to cancel in writing before the ceremony date	non-statutory	no refund will be made on any fees paid.	no refund will be made on any fees paid.		
People & Communities	Cultural & Community Services	Registrations	Notice admin fee (applies only if T & Cs not met), per notice	non-statutory	£35	£35		Will be revised as and when statutory notice fee is updated.
People & Communities	Cultural & Community Services	Registrations	Ceremony discussion (30 mins) A - Normal weekday opening hours (in an RO, not with person conducting)	non-statutory	£60	£60		
People & Communities	Cultural & Community Services	Registrations	Ceremony discussion (30 mins) B - Saturday (in an RO, not with person conducting)	non-statutory	£85	£85		
People & Communities	Cultural & Community Services	Registrations	Request from Approved Premise to review / amend numbers / rooms (inc VAT)	non-statutory	£135	£140		
People & Communities	Cultural & Community Services	Registrations	Request from Approved Premise to issue duplicate documentation (inc VAT)	non-statutory	£35	£40		Plus postage & handling if by post instead of e-mail
People & Communities	Cultural & Community Services	Registrations	Passport PD2 form	non-statutory	£36	£37		
People & Communities	Cultural & Community Services	Registrations	European Passport Return Service (EPRS)	non-statutory	no longer available	no longer available		Home office removed service at the end of 2018
People & Communities	Cultural & Community Services	Registrations	Additional fee for an "anywhere" non-statutory ceremony	non-statutory	£105	£105		This is for a new service, not yet available
People & Communities	Cultural & Community Services	Registrations	Notice amendment admin fee, per notice	non-statutory	£40	£40		This is a new fee from 1st Jan 2019, for when a customer has to attend for such an amendment

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge(£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Cultural & Community Services	Registrations	Duplicate authority, per authority	non-statutory	£40	£40		This is a new fee in 18-19. Plus postage & handling
People & Communities	Cultural & Community Services	Registrations	Name change deed (inc 1 certificate)	non-statutory	£68	£70		This is for a new service
People & Communities	Cultural & Community Services	Registrations	Additional name change deed certificates	non-statutory	£10.50	£11.00		This is for a new service
People & Communities	Cultural & Community Services	Coroners	Document disclosed by a coroner by email to an interested person	Statutory	Free	Free		Fees set by national legislation. We are not aware of any planned increases.
People & Communities	Cultural & Community Services	Coroners	Recording of Inquest provided to PIP on CD	Statutory	£5	£5		Fees set by national legislation. We are not aware of any planned increases.
People and Communities	Environment & Commercial	Trading Standards	<b>Primary Authority Fees</b>					
People and Communities	Environment & Commercial	Trading Standards	Annual fee of 4 hours; to include 3 hours of bespoke business advice, with the balance contributing to the overall management of the scheme.	Non - Statutory	£264	£272.00	Full	VAT is not applicable
People and Communities	Environment & Commercial	Trading Standards	Work undertaken under the formal Primary Authority Agreement	Non - Statutory	£66 p/h	£68 p/h	Full	VAT is not applicable
People and Communities	Environment & Commercial	Trading Standards	Out of county mileage to be charged on Primary Authority-related journeys	Non - Statutory		45p per mile	Full	New charge introduced to allow the Authority to recover its extensive mileage costs. This is inline with the charging practices of other Authorities.
People and Communities	Environment & Commercial	Trading Standards	<b>Business Advice Fees</b>					
People & Communities	Environment & Commercial	Trading Standards	Business advice provided outside of a Primary Authority agreement	Non - Statutory	£66 p/hr plus VAT, charged in 15 minute intervals	£68 p/hr plus VAT charged in 15 minute intervals	Full	
People & Communities	Environment & Commercial	Trading Standards	<b>Testing &amp; Verification Fees</b>					
People & Communities	Environment & Commercial	Trading Standards	All equipment and other weights and measures services, including Public Weighbridge Operators	Statutory	£66 per hour (minimum charge £33)	£68 per hour (minimum charge £34)	Full	
People & Communities	Environment & Commercial	Trading Standards	If site visit required	Statutory	Additional charge of £66	Additional charge of £68	Full	
People & Communities	Environment & Commercial	Trading Standards	Certificate of accuracy when requested following routine testing	Statutory	£33.00	£34.00	Full	
People & Communities	Environment & Commercial	Trading Standards	<b>Licensing Fees - Explosives</b>					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	New application where a minimum separation distance is prescribed (1 year duration)	Statutory	£185	£185	Fees set by legislation	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where a minimum separation distance is prescribed (2 year duration)	Statutory	£243	£243	Fees set by legislation	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where a minimum separation distance is prescribed (3 year duration)	Statutory	£304	£304	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where a minimum separation distance is prescribed (4 year duration)	Statutory	£374	£374	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where a minimum separation distance is prescribed (5 year duration)	Statutory	£423	£423	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where <b>NO</b> minimum separation distance is prescribed (1 year duration)	Statutory	£109	£109	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where <b>NO</b> minimum separation distance is prescribed (2 year duration)	Statutory	£141	£141	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where <b>NO</b> minimum separation distance is prescribed (3 year duration)	Statutory	£173	£173	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where <b>NO</b> minimum separation distance is prescribed (4 year duration)	Statutory	£206	£206	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	New application where <b>NO</b> minimum separation distance is prescribed (5 year duration)	Statutory	£238	£238	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	<b>Renewal</b> of licence where a minimum separation distance is prescribed (1 year duration)	Statutory	£86	£86	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (2 year duration)	Statutory	£147	£147	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (3 year duration)	Statutory	£206	£206	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (4 year duration)	Statutory	£266	£266	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where a minimum separation distance is prescribed (5 year duration)	Statutory	£326	£326	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where <b>NO</b> minimum separation distance is prescribed (1 year duration)	Statutory	£54	£54	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where <b>NO</b> minimum separation distance is prescribed (2 year duration)	Statutory	£86	£86	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where <b>NO</b> minimum separation distance is prescribed (3 year duration)	Statutory	£120	£120	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where <b>NO</b> minimum separation distance is prescribed (4 year duration)	Statutory	£152	£152	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Renewal of licence where <b>NO</b> minimum separation distance is prescribed (5 year duration)	Statutory	£185	£185	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Varying name of licensee or address of site	Statutory	£36	£36	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	Any other kind of variation	Statutory	Charged at a reasonable cost to the authority of having the work carried out	Charged at a reasonable cost to the authority of having the work carried out	Full	
People & Communities	Environment & Commercial	Trading Standards	Transfer of licence or registration	Statutory	£36	£36	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Replacement of licence or registration referred to above if lost	Statutory	£36	£36	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Extended Fireworks Licence - Annual licence to sell fireworks outside the permitted periods as stated	Statutory	£500	£500	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual Fee - Certificate to store Petroleum					
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (1 year duration)	Statutory	£44	£44	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (2 year duration)	Statutory	£88	£88	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (3 year duration)	Statutory	£132	£132	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (4 year duration)	Statutory	£176	£176	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (5 year duration)	Statutory	£220	£220	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding 2,500 litres (6 year duration)	Statutory	£264	£264	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding <b>2,500 litres (7 year duration)</b>	Statutory	£308	£308	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding <b>2,500 litres (8 year duration)</b>	Statutory	£352	£352	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding <b>2,500 litres (9 year duration)</b>	Statutory	£396	£396	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity not exceeding <b>2,500 litres (10 year duration)</b>	Statutory	£440	£440	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (1 year duration)</b>	Statutory	£60	£60	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (2 year duration)</b>	Statutory	£120	£120	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (3 year duration)</b>	Statutory	£180	£180	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (4 year duration)</b>	Statutory	£240	£240	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (5 year duration)</b>	Statutory	£300	£300	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (6 year duration)</b>	Statutory	£360	£360	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (7 year duration)</b>	Statutory	£420	£420	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (8 year duration)</b>	Statutory	£480	£480	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (9 year duration)</b>	Statutory	£540	£540	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding 2,500 litres but <b>not exceeding 50,000 litres (10 year duration)</b>	Statutory	£600	£600	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (1 year duration)</b>	Statutory	£125	£125	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (2 year duration)</b>	Statutory	£250	£250	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (3 year duration)</b>	Statutory	£375	£375	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (4 year duration)</b>	Statutory	£500	£500	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (5 year duration)</b>	Statutory	£625	£625	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (6 year duration)</b>	Statutory	£750	£750	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (7 year duration)</b>	Statutory	£875	£875	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (8 year duration)</b>	Statutory	£1,000	£1,000	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (9 year duration)</b>	Statutory	£1,125	£1,125	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Annual fee to keep petroleum spirit of a quantity exceeding <b>50,000 litres (10 year duration)</b>	Statutory	£1,250	£1,250	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	<b>Environmental Searches</b>					
People & Communities	Environment & Commercial	Trading Standards	Fees charged in respect of environmental searches carried out on request will include for up to two hours officer time	Statutory	£66 per hour (minimum charge £33)	£68 per hour (minimum charge £34)	Full	
People & Communities	Environment & Commercial	Trading Standards	Where environmental search requests are made that incur officer's time in excess of two hours, an additional charge of £33 per hour per officer, or part thereof will be charged	Statutory	£32.00	£33 per hour		
People & Communities	Environment & Commercial	Trading Standards	<b>Fees Payable for Approval</b>					

## P&C: Schedule of Fees & Charges

Directorate	Policy Line	Service	Description of charge	Stat / non stat	2019-20 Current charge (£)	2020-21 proposed Charge (£) (Inflation rate 3%)	Full/Partial cost recovery?	Additional information
People & Communities	Environment & Commercial	Trading Standards	Manufacture only, or manufacture and placing on the market, of feed additives referred to in Article 10(1)(a) of Regulation 183/2005 other than those specified in Regulation 2(3), or of premixtures of such additives (Approvals)	Statutory	£451 one off	£451 one off	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	Placing on the market of feed additives referred to in Article 10(1)(a) of Regulation 183/2005 other than those specified in Regulation 2(3), or of premixtures of such (Approvals).	Statutory	£226 one off	£226 one off	Fees set by legislation.	Fees set by legislation. May be subject to increase April 2020
People & Communities	Environment & Commercial	Trading Standards	<b>Investigation fees</b>					
People & Communities	Environment & Commercial	Trading Standards	Hourly rate chargeable for Trading Standards Officer	Statutory	£66 per officer per hour, rounded up to the nearest hour	£68 per officer per hour, rounded up to the nearest hour	Full	
People & Communities	Environment & Commercial	Trading Standards	Hourly rate chargeable for Administrative Officer	Statutory	£39 per officer per hour, rounded up to the nearest hour	£40 per officer per hour, rounded up to the nearest hour	Full	
People & Communities	Environment & Commercial	Trading Standards	Hourly rate chargeable for Accredited Financial Investigator	Statutory	£66 per officer per hour, rounded up to the nearest hour	£68 per officer per hour, rounded up to the nearest hour	Full	



**NEIGHBOURHOOD CARES PILOT FINAL REPORT**

*To:* **Adults Committee**

*Meeting Date:* **18 December 2019**

*From:* **Charlotte Black, Service Director: Adults and Safeguarding**

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

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

*Purpose:* **To share the evaluation of the Neighbourhood Cares pilot and how this approach will be taken forward.**

*Recommendation:* **To endorse the adoption of the Neighbourhood Cares approach and principles through the Council's commitment to 'Think Communities' and the future development of Adult Social Care.**

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## **1. BACKGROUND**

- 1.1 The purpose of this paper is to accompany the external evaluation and summarise the learning from the Neighbourhood Cares Pilot (NCP) that was first conceptualised in August 2016 at a workshop with members, senior officers, NHS colleagues and partners. Funding was approved by the General Purposes Committee (GPC) and the Strategic Management Team (SMT) in November 2017. NCP learning has also been shared with other systems in the UK that were also testing how they could apply the Buurtzorg approach and this has been supported by the East of England Local Government Association and Public World UK /Buurtzorg.
- 1.2 NCP was operational from October 2017 to October 2019 in two communities of 10,000 population- St Ives and Soham. NCP has been externally evaluated by York Consulting and their evaluation report is included in this paper Appendix 1.
- 1.3 NCP updates have been provided to the Adults Committee in March 2017, May 2018 and November 2018.
- 1.4 NCP was set up to deliver the following benefits :
- Improve outcomes for service users.
  - Manage costs by achieving the same or better outcomes in a more cost effective way.
  - Improve job satisfaction for social care staff because they can see the difference they make as they have more direct contact with people enabling them to do the right thing, at the right time in the right place.
  - Increase community capacity where we currently have capacity gaps, particularly in home care.
  - Use the learning from the pilot sites to inform the evolution of placed based models of social care for the wider transformation of the whole system.
- 1.5 This paper will cover :
1. The quality of support provided to people in the NCP pilot areas
  2. The cost effectiveness of this approach and outcomes achieved.
  3. The job satisfaction for the staff concerned.
  4. The impact on community capacity and how the pilot highlighted challenges to the whole health and social care system.
  5. How we are already applying the learning from NCP to Adult Social Care through the Adults Positive Challenge Programme, Think Communities and the Council's joint work with the NHS on the development of a placed based approach and integrated neighbourhoods.

1.6 The learning is evidenced by :

1. York Consulting's external evaluation report Appendix 1
2. Feedback from people directly involved in NCP which has been collated from a range of methods that include the NCP video  
<https://www.youtube.com/watch?v=xmKhoY5wUoM&feature=youtu.be>

This was shown at the last meeting of the Adults Committee as part of a presentation about Think Communities.

## **2. WHAT WORKED WELL**

- 2.1 The Neighbourhood Cares pilot has been a great success and the evaluation report sets this out in detail. It has provided a basis for knowing what really good place based working in Adult Social Care looks like and has set the direction for the future, in a multi-agency context through the Think Communities approach. It has also shown what a collaborative approach between health, social care and the voluntary and community sector (VCS) at a local level looks like. It has shown the benefits of setting up self-managed teams and allowing front line staff to build relationships at a local level and work flexibly to support people to prevent their needs from escalating and maintain independence.
- 2.2 Investing time in initial set up of NCP before it went live meant we developed a recruitment and assessment process that recruited the people with the values and skills needed for NCP. This assessment process is now being used to recruit Social workers across Adults and Safeguarding.
- 2.3 A training and induction programme ensured Neighbourhood Cares Workers (NCWs) were confident and skilled before NCP went live. This time also gave the teams time to listen, learn and build relationships and trust within their respective communities. This meant that NCWs could pick up a phone to access the right support at the right time rather than having to navigate referral process and systems.
- 2.4 Accepting that we needed to use the Council's back office systems, HR, Finance and IT which meant that NCP were truly tested in a live working environment and the staff in the teams could prioritise direct work with individuals and the community.
- 2.5 Testing in two different communities with different boundaries - one linked to place in Soham and the other linked to the practice population of GP patients at the Spinney practice in St Ives. This identified a key learning point- the importance of aligning service to place/community that people relate to rather than the boundaries of a specific service. This approach also demonstrated the benefits of developing a collaborative approach with the VCS networks that exist in each community.
- 2.6 Providing a 'heat shield' in the form of the Neighbourhood Cares Manager post to the teams that dealt with back office issues that allowed them to focus on their jobs and test being a place based team.

- 2.7 Having continuity of support and the commitment at a senior level and through the Portfolio holder for adult social care which also provided critical challenge as a critical friend was key in ensuring we continued to test and learn throughout the life of NCP.
- 2.8 Support of the Buurtzorg community through Public World and East of England Local Government Association (EELGA) ensured we were true to and applied the Buurtzorg principles.
- 2.9 Using the libraries as a work base and a place to deliver drop ins has been a positive example of using an accessible Council building with no stigma attached, that the whole community felt was safe and welcoming to use. It has also demonstrated the value of Libraries as community hubs and an intergenerational space. Although not all communities have a Library many have another suitable communal space.

### **3. KEY CHALLENGES**

- 3.1 A key challenge for NCP was to balance delivering the pilot with providing evidence of impact. Both teams kept a log of people they came into contact with and the range and nature of those conversations and interventions.
- 3.2 The teams focus was also on meeting the expectations of the pilot, carrying out their statutory duty and responding to the needs of the people in their communities. Time and testing was needed to establish a way to provide evidence that the pilot that was both effective and objective. Data and information could not be easily lifted as information was held on a number of platforms. Therefore NCP developed a monitoring tool to collect the evidence needed, this was a crucial part of the test and learn approach.
- 3.3 As health and social care professionals operate with different systems, finding ways of joining up the information about a person's needs and support required the teams to find ways to get the full picture. Those involved in a person's care are often unaware about what others are doing or what conversations are taking place. The person themselves often assumes that health and social care professionals will have access to all the information needed. The people supported by NCWs did not always share pertinent information as they assumed they already had access to this information.
- 3.4 NCWs always ensured they had a conversation with everyone they supported to prevent duplication of support offered or identified needs being missed all together. NCWs therefore had to continually establish for themselves a clear understanding of the current situation. St Ives NCWs had access to NHS System One when they worked from The Spinney surgery. All patients the teams worked with gave their consent. This highlights the difficulties and challenges for staff having to work across more than one system.
- 3.5 It was challenging for the St Ives team whose criteria was to support a population based on a GP practice patient list. This meant their case load was

defined by the practice population and therefore wasn't place based- which has led to a firm conclusion that a defined geographical locality is a better way to work.

- 3.6 The pilots worked hard to identify local bespoke solutions to domiciliary care needs, but found it challenging to identify people interested in registering as a personal care assistants with the Council's direct payment contracted provider. However the teams did see evidence of an increase in small independent businesses and volunteers.

#### **4. WHAT WE LEARNT**

- 4.1 That this model of working achieved high quality outcomes for the people of St Ives and Soham including some outstanding holistic support and care for people and their families. These teams demonstrated best practice in place based delivery of Adult Social Care.

- 4.2 Evidence of this is provided in the external evaluation and case studies submitted in previous papers. Peter's story provides an additional example and this can be found in Appendix 2.

#### **4.3 Improved Job Satisfaction for staff**

- 4.3.1 Staff repeatedly stated that they had higher levels of job satisfaction working in NCP than in previous roles. All NCWs were totally committed to championing the NCP principles and taking forward the learning into their future roles. Neighbourhood Care Workers (NCWs) liked the fact they were trusted to use their professional judgement, and they felt responsible and accountable as teams for their communities and rose to the challenge of self-management.

- 4.3.2 The range of roles that the NCWs have taken up following NCP is a reflection of the skill sets they have gained being part of NCP and the way in which they have developed as individuals by being instrumental in making NCP a success. These are set out in Appendix 3.

#### **4.4 How NCP increased community capacity and also highlighted challenges to the whole health and social care system**

- 4.4.1 NCP was able to increase and maximise community capacity in Soham and St Ives as a result of being based in the community and working in collaboration with the VCS organisations in that community. This gave them the ability to get to know their communities and develop relationships with those who lived, worked and volunteered in them.

- 4.4.2 NCP actively facilitated events that brought people and community providers in the independent and voluntary sector together. This resulted in NCWs connecting people to providers confident they were the appropriate match. They supported people to build an informal circle of support confident that NCWs would respond flexibly to changing needs and have access to the appropriate technology, equipment, benefits and housing options. This saw

people come forward to volunteer, work together and take forward ideas in an informal way to meet local needs.

- 4.4.3 This way of working raised the awareness of those in the community to assets they were previously unaware of and introduced people to each other that allowed them to make connections to both provide and receive support. The external evaluation showed evidence of successful prevention of social isolation and loneliness.
- 4.4.4 NCP demonstrated the value of having conversations with people receiving health care and not assuming they had been made aware of all other areas of support they had a right to that could be of benefit to them and improve their quality of life.
- 4.4.5 For example a husband needing kidney dialysis 3 times a week, whose wife who was at breaking point coping with maintaining a full time job, transporting her husband to the hospital 3 times a week and providing his personal care. He had never been made aware of entitlement to access benefits, equipment and technology, a blue badge and support for his wife as a carer until they had a conversation with a NCW. They had assumed that they would have been told by those providing his health care if they had been eligible for any other types of support. This case was not untypical with people often being unaware of advice and information that could improve their daily living and positively impact their long term wellbeing and outcomes.
- 4.4.6 It proved to be a significant challenge to change how the domiciliary care market operates and increase the number of social enterprises and individual personal care workers. This is despite Care Network delivering the Connected Community Programme which aimed to prompt and support the development of social enterprises and increase the number of people interested in becoming personal care assistants. This was funded by the Council's Innovate and Cultivate grant. It became evident that the number of people interested in this work who were not already doing it is very small. Low unemployment levels and the fact that this line of work cannot always guarantee a constant level of income, meant some people considered it too risky a job option.

## **5. THE NEIGHBOURHOOD CARES LEGACY IN SOHAM AND ST IVES**

- 5.1 In both Soham and St Ives we are continuing to use the libraries as places to continue to bring people together. This will include weekly drop ins where people can meet. A worker from each Locality Team will provide continuity and ensure relationships are maintained and developed in Soham and St Ives and extended to surrounding communities in East Cambridgeshire and Huntingdonshire. Discussions are underway with the District Councils and other partner agencies about identifying support for these drop ins.
- 5.2 Groups established will continue. In Soham these will be supported by the newly formed Soham Community Association and will include:

- The monthly Diabetic peer support group
- The friendly dog group
- The Repair café
- The Monday club
- Nellie the Tuk Tuk

In St Ives:

- The Men's Interest Group is being run by the Norris Museum
- The Intergenerational project is continuing with Eastfields Infant School, Rheola, Eden Place and Broadleas. The children have written letters again recently with a 1960s theme and will be performing Christmas carols to the Adults.

5.3 People who have become volunteers in both communities as a result of NCP plan to continue to volunteer. They now want to support local people and support others to 'have a life' and therefore not to 'need a service'.

5.4 The Locality Team managers responsible for both St Ives and Soham have worked closely with the NCP to ensure that there is a seamless transfer for people to being supported by their teams. The Think Communities place based leads and the Neighbourhood Cares Manager are working with the relevant PCNs in Soham and St Ives to ensure relationships established continue, particularly in developing the roles of their social prescribers.

## **6. HOW LEARNING FROM NCP IS BEING APPLIED BEYOND ADULT SOCIAL CARE**

### **6.1 Think Communities**

6.1.1 As a test and learn pilot Neighbourhood Cares has had a wide impact beyond adult social care and has become the precursor for Think Communities which is focussed on establishing a place-based, person-centred approach to wider public sector reform.

6.1.2 The Think Communities approach is focussed on :

- People – resilient communities where people feel connected
- Places – that are integrated, possess a sense of place and support resilience
- Systems – in which partners listen, engage and align.

6.1.3 In Neighbourhood Cares we talk about:

- Relationships – being human and connecting people to share their passions
- The power of the library – a place where people feel comfortable to come and connect
- Collaboration – working with our community partners to support and enable people to discover what a good life means to them

6.1.4 The penny dropped:

- People = Relationships
- Place = Library (or café, church, park bench)
- Systems = Collaboration

- 6.1.5 The pilots have informed the wider Think Communities approach that will be applied to all public services and is endorsed by the Public Service Board. To fully roll out the NCP principles across the county we need to have collaborative systems that give people choice and control to avoid statutory intervention and build on existing strengths and networks in communities.
- 6.1.6 The Think Communities principles align very well with the approach of the Neighbourhood Cares pilot as Think Communities is built on the key principles of enabling communities to become resilient, safe, healthy, connected and able to help themselves.
- 6.1.7 Think Communities will be applying 3 key elements of the learning from NCP: A different conversation, workforce reform and use of place based data.
- 6.1.8 **A different conversation** - Individual, family and neighbourhood strengths are considered in all interventions. Working with partners to listen, engage and align with communities and each other to maximise community-led independence and wellbeing opportunities.
- 6.1.9 **Good conversations matter** - It's important to have good conversations with those we are supporting, so that we can find out what really matters to them. These need to be positive conversations that are 'strengths based' and help people to help themselves. We've learnt this doesn't happen by accident or osmosis – and we need to put in place a training programme and tools, to make this happen across the partnership.
- 6.1.10 **Workforce reform** -The Think Communities approach requires us to support a workforce with new and different skills, giving autonomy to innovate and having different conversations with our communities and our partners. We need to develop a culture where staff are encouraged, enabled, empowered, trusted and supported to take different approaches to resolving entrenched and long-term issues.

- 6.1.11 **Data** –we are rich in data but poor in our use of it to show what is going on in a community.
- 6.1.12 **A single picture** - we have learnt a lot about how all partners need to have the same picture and access to ‘place-based’ data. For example, there are many factors which drive demand for adult social care. Housing, health, loneliness, benefits and the need for financial advice all play their part. It’s crucial when commissioning local services that we involve all public and voluntary sector agencies, and use the same data, to get that full, accurate, single picture. This is at the heart of the Think Communities approach.
- 6.1.13 The Think Communities approach provides a great opportunity to use the breadth of data we hold across the partnership – to allow a truly ‘place based’ approach that is based on real evidence. It is about everyone across the system working in the same direction, at the same time, from the same single version of the truth.
- 6.1.14 1500 datasets are being brought together to create a tool to inform decision making, service design, delivery and crucially to help realign resources. This data is being hosted on [‘Cambridgeshire Insight’](#) and includes health data, demographic data, data about jobs, benefits and local assets. Tools will be designed that make relevant local place-based data available for Place Based Boards to support intelligence led conversations.

## 6.2 **Library Transformation Programme**

- 6.2.1 Cambridgeshire County Council has continued to invest in its libraries infrastructure, and, through Think Communities, is developing proposals to refocus libraries as the beating heart of communities. We are developing a new, ambitious vision for libraries that will see them positioned as the ‘junction boxes’ in the system: where people can connect; which give places access to civic infrastructure; and, where the system can work together for the benefit of all. Building on the NC work in Soham in particular, the new vision will establish a ‘Libraries First’ approach, where libraries are the assets of choice for service delivery and for commissioned service provision, as well as places from which partners can be based. Rather than working in isolation, providers would see themselves as part of a network based around each of our library buildings. The draft vision will be presented to the Communities and Partnerships Committee in December 2019.
- 6.2.2 As part of the development of this new vision, the council is working in partnership with Civic as part of the Future Libraries Initiative, which will further develop libraries in Cambridgeshire and Peterborough to play a powerful role at the heart of communities. The project is led by Cambridgeshire County Council, Vivacity, (with Peterborough City Council) and social enterprise Civic. Seven pilots are being launched in Wisbech, Soham, Cambridge Central, Northstowe (future library), Brampton, Peterborough Central and Thorney libraries enabling us to work with communities and partners to develop our new model for libraries. Soham Library was chosen to build on the work

developed through NCP. All of the pilots will build on the approach that the Neighbourhood Cares team took to develop a deep understanding of their communities and understand the role of libraries as key assets for the community.

- 6.2.3 The project is working closely with the Neighbourhood Cares Manager and the Adults Positive Challenge programme to identify how it can take forward the learning from the Neighbourhood Cares pilots. Library staff will receive the 'Changing the Conversation' training. This will re-inforce the importance of holding strengths-based conversations with members of the public that our staff work with. The first tranche of the training is being held at St Ives library.
- 6.2.4 The Future Libraries Initiative will take a 'libraries first' approach to engaging with people and communities, with different services and organisations working together based around place. As part of this work, there will be an opportunity to take forward the concepts and practice around self-managed teams and explore how libraries can act as the physical 'connector' to other public sector and voluntary sector services. The learning from the Neighbourhood Cares pilots is feeding directly in to the financial modelling and impact assessment of the Future Libraries Initiative

### 6.3 **Adult Positive Challenge Programme**

- 6.3.1 Throughout the life of the NCP it has formed part of APCP and the learning from NCP has and is influencing a number of the work streams as has been referred to in this paper already.
- 6.3.2 The three main opportunities going forward will be in the continued development and delivery of:
  - Changing the conversation
  - Preventing carer breakdown
  - Commissioning.

### 6.4 **Commissioning - the approach taken with all contracted providers**

- 6.4.1 The Commissioning Team has recognised the importance of utilising learning and outcomes achieved within the Neighbourhood Cares pilot where this will ensure delivery of best value and improved outcomes for people. More specifically, focus will be given to exploring how the benefits and impact of place based delivery models and commissioning by outcomes could support the Commissioning Directorate to tackle the challenges associated with geographical variances in the availability of homecare.
- 6.4.2 Learning from the Neighbourhood Cares Pilot is being utilised to harness the benefits of working more collaboratively with the local voluntary and community sector as partners in driving forward best practice. The Commissioning Directorate will support the sector to develop more creative and innovative models of support, to maintain commercial sustainability and to

improve practice through accessing current training requirements including 'Changing the Conversation'.

- 6.4.3 In terms of next steps, the team are currently exploring the benefits of piloting a place based approach to commissioning homecare which will draw upon the learning from Neighbourhood Cares and approaches used within other areas such as Wigan, Oxfordshire and Thurrock. The Council will work with the new Place Based Boards to inform development and design, as well as the wider independent sector market, service users and other stakeholders to co-develop a local solution. Through these forums, joint commissioning models both within the Council and with our local partners will be explored.
- 6.4.4 Commissioning will also work alongside Think Communities to ensure that the area profiles are used effectively, to use that single picture of a place to decide/agree priorities and action required.
- 6.5 **North and South Alliances and Integrated Neighbourhoods workstream**
  - 6.5.1 Across Cambridgeshire and Peterborough in line with the NHS Long Term Plan, the South and North Alliance are supporting all Primary Care Networks to take forward an Integrated Neighbourhood approach.
  - 6.5.2 The South and North Alliance are both committed to using the NCP principles in taking forward an Integrated Neighbourhood workstream with all their PCNs.
  - 6.5.3 The Council is taking part in a range of events being run for the PCNs to help them understand how the Council can support them and develop models of integrated practice for their patients. This includes raising their awareness of the benefits of linking with all the information and links the partners such as the VCS, District and County Councils have rather than PCNs needing to create something new. The Neighbourhood Cares Manager is working with the early adopter PCNs and helping to shape their work going forward.
  - 6.5.4 As mentioned in this paper two of the NCWs have been appointed to two of the three Integrated Manager roles in the North Alliance to take forward a person centred place based approach.
  - 6.5.5 Ely South PCN has included Soham NCP as a member of their working board and are submitting a bid to the South Alliance Innovate Fund to support another community in their patch take forward a NC approach. They are also planning to deliver leg ulcer care in a way that replicates a NCP approach which not only provides clinical care but supports people's well-being.
  - 6.5.6 Granta PCN have been supported by the Council to establish a Well-being Hub based on NCP principles. Partners from the NHS, District and County Councils, the voluntary and community sector and patients of Granta are using a shared working space to develop a multi-disciplinary approach to ensure patients get the right support from the appropriate people. This has helped raise awareness amongst NHS colleagues of the range of support available they might not have previously been aware of.

- 6.5.7 The learning from NCP is also feeding directly into the implementation of Social Prescribers across all PCNs. These posts are funded under the PCN contracts with the aim of ensuring patients access the holistic non-medical support they need. The Council is represented on the Cambridgeshire and Peterborough NHS Social Prescribing Board and developing a training and induction programme for all social prescribers to provide a person centred placed based offer of support to their respective PCNs.
- 6.5.8 At initial PCN events and Cambridge University Hospital board events NCP has presented the benefits of using the NCP principles and been invited to present at future events across the county.

## **6.6 How are we sharing the learning beyond Cambridgeshire**

- 6.6.1 NCP has developed relationships outside of Cambridgeshire testing and exploring similar models of working, applying the Buurtzorg principles. This has taken place in the Eastern Region and there have been joint workshops with Suffolk and Thurrock. ADASS has invited Cambridgeshire to share learning from NCP at an event on asset based approaches for Health and Social Care across the region.
- 6.6.2 NCP has worked closely with Buurtzorg UK and in doing so has been an active participant at a range of shared regional and national learning events with other Councils and NHS organisations in Essex, Kent, Newnham, Tower Hamlets, Guys and St Thomas Community Nurses. Learning about common challenges has been valuable in the delivery of NCP but will also continue to feed into both the APCP and Think Communities work.

## **7. CONCLUSION**

- 7.1 It is essential that as the pilots end we ensure we embed our learning across the social care and health systems in CCC and PCC and embed it into all that the Think Communities movement and Adults Positive Challenge programme aims to achieve.
- 7.2 We have learnt that even with the strength of a place based approach there are significant challenges in stimulating a care market in Cambridgeshire that has a high cost of living and a wide range of employment opportunities.
- 7.3 NCP has informed and aligns with Think Communities in building on the strong belief that our communities are our greatest asset and by taking a place based person centred approach to the delivery of public services we build on what is important to people and their strengths.

7.4 NCP has demonstrated that :

- **People are the experts about themselves.** We might have the expertise to help them navigate through systems and increase awareness of the resources they have a right to access. We must do this in a way that is “do with” not “do to” just as we are “not caring for” but “caring about”
- **That communication is key and conversations count.** Developing relationships with wider teams is vital if we are to think more holistically and creatively.
- **It’s ok to take risks.** As professionals we are currently too risk averse with a “we know best attitude”
- Risk taking is part of our natural lives. We cannot eliminate risk, we can support people to mitigate unnecessary risks but not at the expense of their overall well-being.
- **Place is important.** Know your Neighbourhood. It is only if professionals take time to know the Neighbourhood they work in and are aware of others that work there, that they can be of benefit to the people that live there.

**8. ALIGNMENT WITH CORPORATE PRIORITIES**

**8.1 A good quality of life for everyone**

There are no significant implications for this priority.

**8.2 Thriving places for people to live**

There are no significant implications within this category.

**8.3 The best start for Cambridgeshire’s Children**

There are no significant implications within this category.

**9. SIGNIFICANT IMPLICATIONS**

**9.1 Resource Implications**

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

**9.3 Statutory, Legal and Risk Implications**

*There are no significant implications within this category.*

**9.4 Equality and Diversity Implications**

*There are no significant implications within this category.*

**9.5 Engagement and Communications Implications**

*There are no significant implications within this category.*

**9.6 Localism and Local Member Involvement**

*There are no significant implications within this category.*

**9.7 Public Health Implications**

*There are no significant implications within this category.*

Source Documents	Location
None	



**DRAFT**

Evaluation Of The Neighbourhood Cares Pilot:  
Final Report  
OCTOBER 2019

**Author: Tim Allan**

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## **EXECUTIVE SUMMARY**

### **Introduction**

1. The independent, external evaluation of the Neighbourhood Cares Pilot (NCP) was undertaken between September 2017 and October 2019.
2. Phase 1 of the evaluation (September 2017 to November 2018) focused primarily on the implementation and early delivery of the pilot. Phase 2 (December 2018 to October 2019) explored the impacts and legacy of the pilot.
3. This is the final report from the evaluation and draws primarily on the primary and secondary research undertaken in Phase 2.

### **The Neighbourhood Cares Pilot**

4. NCP represented a new way of delivering adult social care services in two areas of Cambridgeshire: Soham and St Ives. It built on the 'Transforming Lives Strategy'<sup>1</sup> and reflected the County Council's desire to apply the principles of a Buurtzorg approach<sup>2</sup> to adult social care. NCP was a community-based model using small, self-managed teams that emphasised the nurse/care worker as a self-managing agent of change<sup>3</sup>.
5. NCP sought to deliver strengths-based, preventative work in a flexible and responsive way within the local community, preventing the escalation of need. It ran between October 2017 and October 2019 and supported approximately 1,000 people (referred to in this report as 'clients').
6. In the two pilot areas of Soham and St Ives, NCP replaced the functions of the Adult Early Help, Older People and Physical Disability teams (apart from the review function of people placed in permanent residential or nursing care). Peer to peer authorisation of care budgets was allocated to each Neighbourhood Cares team. The teams co-produced personalised care plans with clients and encouraged community development and volunteering.
7. Back office functions for NCP were provided by the County Council. A Neighbourhood Cares Manager acted as a 'heatshield' for the teams by providing support across all operational and organisational issues.

### **Impacts of the Neighbourhood Cares Pilot**

8. NCP developed a reputation for being reliable and accessible, both of which were important drivers of client engagement and satisfaction. Neighbourhood Cares Workers were described as "non-judgemental", "tenacious", "resilient" and "polite". They saw clients promptly (often on the same day they were referred), enabling support, assistance and advice to be put in place quickly.

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<sup>1</sup> <https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/Transforming%20Lives%20strategy.pdf?inline=true>

<sup>2</sup> <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

<sup>3</sup> Neighbourhood Cares Service Specification

9. The regularity of contact between Neighbourhood Cares Workers and their clients enabled the teams to spot changes in clients' behaviour or wellbeing and to take early action, preventing the escalation of need. Evidence captured during the evaluation suggests that NCP may have been responsible for preventing more than 50 unplanned hospital admissions and for delaying or preventing the need for seven clients to need residential care. Key to their success in this regard was the can-do attitude of the teams and their willingness to work in a fully centred manner.
10. The clients, family members and Neighbourhood Cares Workers who contributed to the evaluation also spoke regularly of NCP having had a positive impact on quality of life. When asked why/how, they talked of clients' independence having been maintained through early intervention and, more generally, through the Neighbourhood Cares Workers "getting to know" the clients, "winning their trust" and "giving them confidence in themselves".
11. The evaluation also found strong qualitative evidence of NCP having reduced loneliness and increased social connections for clients. This has been achieved through a combination of community-based social activities, drop-in sessions and day-to-day support being provided in a way that improves self-confidence and day-to-day wellbeing.
12. The impact of NCP on carers and their quality of life appears to have been significant. The evaluation found examples of family members being able to stay in work for longer, of full-time carers being able to have respite breaks and of NCP staff assisting family carers with financial arrangements such as the Attendance Allowance and Carers Allowance.
13. Neighbourhood Cares Workers have derived significant professional and personal satisfaction from their jobs. Influencing factors include the autonomy and professional independence of self-managed teams, the opportunity to develop new skills and the high worker to client ratios (compared with adult social care delivery in other parts of Cambridgeshire).
14. However, perhaps the most significant driver of job satisfaction has been the amount and type of direct contact that the Neighbourhood Cares Workers have had with clients and their families. This covers a broad spectrum, from ad hoc advice and signposting, to preventative work, resolving crises and assisting with palliative care arrangements.

## **Challenges**

15. The overriding opinion of the Neighbourhood Cares Workers towards the self-managed team approach, and towards the Buurtzorg model as a whole, is undeniably positive. However, their feedback suggests they might have been operating with maximum effectiveness sooner had they received more training – or had their training earlier – on certain aspects of self-managed teams, including decision-making processes and managing team meetings.
16. Client engagement and sign-up to NCP in the early stages of the pilot occurred at a quicker pace and in greater volume in St Ives than in Soham, because of the direct (physical) links between the Spinney surgery and the Neighbourhood Cares team. Even so, the Soham model – with the team based at the local library – had distinct advantages and should form the basis for any future roll-out or iteration of the NCP approach. Specifically, the library was seen by clients as neutral, safe and non-stigmatised. It did not have any connotations of 'problems' or 'issues', which is often not the case with health settings.

17. In addition, the St Ives model – with the team only able to work with clients from one of the local GP surgeries – constrained the extent to which they could engage in community development and limited the ‘community’ and ‘community-wide’ feel of the service.
18. NCP was a ‘test and learn’ initiative and was delivered at a time when the County Council was in an 18-month implementation of a new Adult Information System. Nonetheless, NCP management and performance information was not collated/presented in a way that lent itself to straightforward analysis until late in the 2018 calendar year. However, from that point on, monthly summary reports were produced which made it much easier to assess and track client volumes, referral routes, outcomes of referrals and social media engagement.

## Legacy

19. It is encouraging that NCP appears to be leaving a demonstrable positive legacy, with its effects set to be sustained beyond the end of its funding period. This is perhaps most evident in the form of community assets, which include community lunch events, drop-in sessions, a disability support group and a tuk tuk to transport local residents to community events and combat isolation.
20. An important evaluation finding concerns the ethos with which the Neighbourhood Cares team has approached the development of community assets. It was not a case of taking control and doing something ‘for’ the community – even though that may have been easier and quicker in some cases – but rather a case of being a facilitator, honest broker and critical friend. Ownership of the initial ideas, of the activities and of the ensuing outcomes and impacts has resided with community members and local voluntary and community groups but not with Neighbourhood Cares staff.
21. More broadly, NCP has had an important role in setting the direction for the future in a multi-agency context through the Think Communities approach. It has demonstrated how a collaborative approach between health and social care can operate at a local level and has showcased the benefits of a self-managed team approach.

## Composition of an optimal NCP team

22. Based on information recorded by the Neighbourhood Cares teams, the ideal or optimal structures in Soham and St Ives would as shown in Table E.1. In reality, these FTE numbers would be rounded, so 1.0 NCW1 FTEs in St Ives, for example.

Table E.1: Optimal team structures in Soham and St Ives				
	NCW1 FTEs	NCW2 FTEs	NCW3 FTEs	Total FTEs
<b>Soham</b>	1.22	2.90	1.67	<b>5.79</b>
<b>St Ives</b>	0.96	2.72	2.11	<b>5.79</b>
<b>Average (mean)</b>	1.09	2.81	1.89	<b>5.79</b>

23. The above staffing would result in average (mean) salary costs of £169,787 and average (mean) employee costs of £224,013 per annum per team.

## Learning points

24. **Team/service base:** using the library in Soham as the NCP base was more effective in terms of client engagement and community participation than the GP surgery in St Ives. It was non-threatening, accessible and inclusive and was more conducive to drop-in activity.
25. **Recruitment:** as documented in detail in the Phase 1 evaluation report (November 2018), the recruitment process for NCP was very effective and should be replicated on interventions of this kind in the future. In particular, the assessment-centre approach and scenario testing identified individuals well-suited to the roles, while recruiting staff from a range of professional backgrounds was very beneficial in terms of knowledge sharing and skills development.
26. **Monitoring:** the monthly reporting process introduced in December 2018 made the analysis of NCP activity much clearer and easier. With hindsight this process would have been put in place at the outset of the pilot.
27. **Monitoring:** as a category of potential cost saving, 'reducing loneliness' was incorporated into the evaluation at a relatively late stage. On successor schemes, it would be very useful for the teams to use a recognised/validated loneliness tool with clients to capture their 'loneliness status' on engagement with the service and, where possible, their status some months later. The same is also true of a quality of life scale. Doing so would add more robustness to the (very powerful) messages on loneliness and quality of life that have emerged from the qualitative research.
28. **Community development:** employing a member of staff with community development experience has been of major benefit to both the development of community assets and the legacy of NCP. This was especially the case where the member of staff did not have a caseload of clients as they were able to focus on community development activities, including forming and developing relationships with other local partners.
29. **Community development:** when supporting community members with new activities, events or projects, it is important for staff to recognise the significance of persistence, encouragement and facilitation (as distinct from control). Neighbourhood Cares staff have been excellent in this regard and, as such, have been instrumental in many of the community assets developed through NCP coming to fruition and being successful.
30. **Neighbourhood Cares team:** on future initiatives of this kind, a team staffed with professionals from both health and social care should be encouraged. This is likely to make issues over systems integration and information sharing easier to overcome and, in doing so, will facilitate a truly person-centred approach.
31. **Neighbourhood Cares team:** the pilot has shown that Neighbourhood Cares teams do not need to be staffed exclusively with social workers (the recording of tasks for the 'optimal team' calculations demonstrates this). This supports the learning point above about the merits of a joint health and social care team.

# 1 EVALUATION OVERVIEW

## Introduction

- 1.1 In September 2017, Cambridgeshire County Council commissioned an independent, external evaluation of the Neighbourhood Cares Pilot (NCP). The evaluation was delivered by York Consulting LLP and had two main phases:
- Phase 1 took place between September 2017 and November 2018 and focused primarily on the implementation and early delivery of the pilot. A Phase 1 evaluation report was submitted to Cambridgeshire County Council in November 2018.
  - Phase 2 took place between December 2018 and October 2019 and explored the impacts and legacy of the pilot, including an estimate of its financial savings for the state.
- 1.2 This is the final report from the evaluation and draws primarily on the primary and secondary research undertaken in Phase 2.
- 1.3 York Consulting would like to thank everyone that has taken part in the evaluation, especially the NCP clients, their carers and family members. Louise Tranham from Cambridgeshire County Council helpfully provided project management support throughout the evaluation. Rebecca Bartram, also from Cambridgeshire County Council, went to considerable lengths to supply the evaluators with quantitative and financial data to inform the assessment of cost savings.

## The Neighbourhood Cares Pilot in summary

- 1.4 NCP represented a new way of delivering adult social care services in Cambridgeshire. It built on the 'Transforming Lives Strategy'<sup>4</sup> and reflected the County Council's desire to apply the principles of a Buurtzorg approach<sup>5</sup> to adult social care. NCP was a community-based model using small, self-managed teams that emphasised the nurse/care worker as a self-managing agent of change<sup>6</sup>.
- 1.5 NCP sought to:
- Deliver strengths-based, preventative work in a flexible and responsive way within the local community;
  - Build support around people's needs in a way that made sense to them;
  - Identify gaps in need and connect resources in the community, moving away from a system of separate, specialist county-wide teams with a reliance on more traditional models of care.

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<sup>4</sup> <https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/Transforming%20Lives%20strategy.pdf?inline=true>

<sup>5</sup> <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

<sup>6</sup> Neighbourhood Cares Service Specification

- 1.6 The pilot operated in two areas: one rural (Soham) and one urban (St Ives), both with populations of approximately 10,000 people (in keeping with the Buurtzorg model). The Soham team was able to work with all adult Soham residents. The St Ives team was attached to one of the five GP practices in the town (The Spinney) and was able to work only with patients of that surgery. Both teams worked with all adults in those populations and the budget was transferred for older people and physical disabilities. Budget was not transferred for learning disabilities which continued to be held by the Learning Disability Partnership.
- 1.7 The business case for the pilot cited the following as key outcomes<sup>7</sup>:
- To shift as much resource as possible to the front line;
  - To free up staff to have more direct contact with people enabling them to do the right thing, at the right time in the right place and improve job satisfaction because they can see the difference they can make;
  - To improve the quality and continuity of care and support to people;
  - To increase capacity where there are capacity gaps, particularly in homecare;
  - To reduce the cost of care;
  - To learn from the pilot sites to form the basis for the wider transformation of the whole system.
- 1.8 The pilot ran between October 2017 and October 2019 and supported approximately 1,000 people (referred to in this report as 'clients'). From this cohort of clients:
- 318 had a community action plan put in place through NCP, of which 71 had a community action plan follow-up;
  - 152 were already known to the County Council prior to NCP;
  - 124 had an adult social care assessment.
- 1.9 The people in paragraph 1.8 had an intervention that falls within the scope of the Care Act.
- 1.10 NCP sought to embrace the principles of the Buurtzorg model, although it had to do so within the operating context of an English County Council. Summarised in Table 1.1, that necessitated a number of deviations – some minor and some more fundamental – from the 'core' Buurtzorg approach.

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<sup>7</sup> Neighbourhood Cares Pilot 'Deep Dive' Report to Adults Committee 24<sup>th</sup> May 2018.

Table 1.1: Comparing Buurtzorg Netherlands and NCP in Cambridgeshire	
Buurtzorg Netherlands	NCP Cambridgeshire
<b>Team composition:</b>	
8-12 nurses and nursing assistants.	Initially 4 full-time Neighbourhood Cares Workers (NCWs) P2 grade (NCW level 3). Then 6-7 NCWs at levels 1, 2 and 3.
<b>Working patterns:</b>	
Rotas agreed by the teams in weekly meetings. Teams available 24/7.	Rotas agreed by the teams in weekly meetings. Teams available core hours 8.45-17.30 Monday to Friday, responding to urgent needs in evenings and at weekends.
<b>IT systems:</b>	
Bespoke 'Buurtzorgweb' system, which supports appointment scheduling, client records management, clinical governance, email communication and HR.	County Council's IT systems for emails, HR, communications and finance. County Council's adult social care system for client records (in October 2018, this changed to Mosaic). The NCP St Ives team had look-up access to SystmOne (NHS health records) at the Spinney surgery.
<b>Technology:</b>	
Nurses have iPads.	NCWs had laptops and mobile phones.
<b>Back office:</b>	
Small expert back office dedicated to supporting the functioning of the nurse team.	Back office provided by County Council's IT, finance and HR systems, with a Neighbourhood Cares Manager providing a 'heatshield' that offered support for all operational and organisational issues.
<b>Approach to care:</b>	
Named team member assigned to each client. Team members arrange appointments directly with clients and mobilise informal support networks. Personalised care plans are co-produced with clients. Cases are discussed and co-managed at weekly team meetings.	Named team member assigned to each client. Team members arranged appointments directly with clients and mobilised informal support networks. They co-produced personalised care plans with clients and positively encouraged community development and volunteering. Cases were discussed and co-managed at weekly team meetings.
<b>Types of care delivered:</b>	
Clinical care consistent with community nursing. Personal care (supporting people with washing, eating, dressing and toileting), reablement and wider social care support work.	Provided social care in line with Care Act. In the two pilot areas, NCP replaced the function of the Adult Early Help, Older People and Physical Disability teams (apart from the review function of people placed in permanent residential or nursing care). Peer to peer authorisation of care budgets was allocated to each pilot team.

Table 1.1: Comparing Buurtzorg Netherlands and NCP in Cambridgeshire	
Buurtzorg Netherlands	NCP Cambridgeshire
	<p>Although NCWs would refer people to reablement if needed, NCWs delivered short-term personal care and immediate support where required.</p> <p>Focus was on helping people to live as they wish and to navigate health and social care systems to access support which prevented the escalation of need.</p>
<b>Support:</b>	
<p>Buurtzorg coach.</p> <p>Comprehensive guidance materials on Buurtzorgweb.</p> <p>Inter-team peer support.</p> <p>Training courses on self-management and care.</p>	<p>Neighbourhood Cares Manager had the role of coach and heatshield.</p> <p>Training sessions on self-management were delivered by Public World and a coach from Buurtzorg Netherlands.</p> <p>NCWs undertook all relevant training on safeguarding, the Care Act and personal care.</p>
<b>Management structure:</b>	
<p>Self-managed teams.</p> <p>Peer appraisals.</p> <p>Non-hierarchy: no line managers or team leaders.</p>	<p>Self-managed teams.</p> <p>Peer-to-peer appraisals, coach/manager approved in line with County Council HR protocol. The coach provided support and ensured the teams linked into adult social care managerial systems. NCP was overseen by a working group chaired by the Service Director of Adults and Safeguarding.</p>
<b>Recruitment:</b>	
<p>Teams hire new members themselves, with support from the coach.</p>	<p>The coach set up the initial assessment recruitment process, which the teams then used to recruit new staff. The teams also developed new job descriptions.</p>
<b>Caseloads:</b>	
<p>40-60 clients per team at any one time</p> <p>Team member to client ratio roughly 1:6.</p>	<p>Teams supported a range of clients, some with eligible needs and others who, by being given information and support, could live independently and understand the support and community assets available to them.</p>

## Evaluation approach

1.11 The evaluation ran alongside the delivery of the pilot, with fieldwork and data collection coming to an end in August 2019. The evaluation was tasked with assessing whether NCP had:

- Prevented clients' needs from escalating;
- Improved clients' quality of life;
- Saved money for the state (and if so, how much);
- Benefited Neighbourhood Cares workers;
- Created and left a sustainable legacy.

1.12 In addition, the evaluators were asked to calculate the workforce needed to support populations of 10,000 through an NCP/Buurtzorg approach and how much that would cost.

1.13 As shown in Table 1.2, the evaluation was delivered via a combination of primary research with senior stakeholders, frontline staff and clients, coupled with desk-based analysis to inform the more quantitative elements of the work.

Table 1.2: Evaluation approach		
Evaluation activity	Phase 1	Phase 2
Qualitative consultations with senior stakeholders and managers about the NCP delivery model, implementation, resources and early successes and challenges.	✓	
Rolling programme of qualitative consultations with members of the Neighbourhood Cares teams in Soham and St Ives to gather firsthand experiences of delivering a service via a Buurtzorg model, its impacts, challenges and legacy.	✓	✓
Twenty client case studies (ten in each of Soham and St Ives) to capture the end-user experience of NCP. Where possible, each client case study involved two qualitative consultations with the client and/or a family member: one at relatively early point in their support through NCP and one several months later. 5 of the 20 case studies have been written-up into short reports that can be found at Appendix A.	✓	✓
Periodic review of management and performance information provided by the Neighbourhood Cares teams.	✓	✓
Desk-based analysis to estimate: a) the savings to the state that may be attributable to NCP and b) the composition of the workforce needed to support a population of 10,000 people through a Neighbourhood Cares model.		✓
Monthly keep-in-touch calls with the Neighbourhood Cares Manager and presentations of findings (on an as-requested basis) to a stakeholder group convened by Cambridgeshire County Council.	✓	✓

## 2 THE IMPACTS OF THE NEIGHBOURHOOD CARES PILOT

### Introduction

2.1 This chapter draws on the primary research undertaken with Neighbourhood Cares Workers and the 20 case study clients (and where appropriate family members) in Phase 2 of the evaluation. It demonstrates the positive impacts that have been generated by NCP, split by stakeholder group, i.e.:

- Clients and their families;
- Neighbourhood Cares Workers;
- Other professionals/partners.

### Clients and their families

#### Preventing needs from escalating

2.2 A clear and consistent message from the qualitative research is that, where possible, NCP has successfully prevented clients' social care needs from escalating. This is supported, to some extent at least, by the results of the desk-based analysis presented in Chapter Five, which show that fewer NCP clients moved into a residential care setting during the evaluation period than was the case for clients in the comparator areas of Littleport and Eaton Socon.

2.3 The obvious question that follows is, '*how* has NCP prevented needs from escalating?', the answer to which appears to have three main elements:

- Clients have benefited from the holistic and place-based nature of the model;
- The proactive and preventative approach of NCP;
- The way in which the model has allowed and encouraged workers to deliver support in personalised and flexible ways.

2.4 Each of these is covered in more detail below.

#### ***1. Holistic and place-based approach***

2.5 NCP developed a reputation for being reliable and accessible, something which became an important driver for the engagement of clients and the subsequent high levels of satisfaction they expressed. Whilst it is important to recognise that only a relatively small proportion of NCP clients had prior experience of local authority social care services (and therefore may not have had an obvious reference point or comparison), those that took part in the evaluation regularly remarked that the Neighbourhood Cares Workers did what they said they would do, when they said they would do it. Where they could not provide direct help themselves, their willingness and proactivity to liaise with partner organisations and to signpost to other avenues of support was very much appreciated.

- 2.6 This may sound like little more than the basics of a client-facing role or core features of professional courtesy, but its importance to the perception and reputation of NCP should not be understated. For clients and their families, knowing that their phone calls would be returned, and knowing that they would not have to re-tell their story or re-explain their circumstances numerous times, marked quite a departure from what they had come to expect.

*"They really try to help you....if they can't, they usually find someone who can."*  
NCP client

*"Their knowledge of what's out there is incredible. They have so many contacts that we [the family] don't have."* Relative of an NCP client

- 2.7 NCP successfully embodied the Buurtzorg early intervention approach of 'first coffee, then care'. Client engagement was undertaken face-to-face, which helped some clients/families to de-stigmatise social care and prompted them to seek advice and support sooner than they would otherwise have done. Whilst difficult to quantify accurately given that each case is different, it follows that – for a proportion of clients at least – earlier engagement with support services will have prevented their needs from escalating as quickly than if they had not engaged.

*"If someone wants a conversation, we're in there. It doesn't matter what age they are, or what they want to talk about, we're able to work with them."* Neighbourhood Cares Worker

- 2.8 Closely related is the physical location of the teams. In Soham, the team's base was at the local library. This provided a safe, community-based environment and prompted some clients with long histories of non-engagement or disengagement from local support services to voluntarily work with the Neighbourhood Cares team.
- 2.9 Circumstances were different in St Ives, as the team was based in (and served the patients of) one GP practice. Whilst it would be wrong to suggest that the St. Ives approach did not work (on the contrary, client feedback in St Ives was extremely positive), the more community-friendly base used in Soham provides the better blueprint for any successor service.
- 2.10 Less tangible than the teams' physical bases, but arguably more important, was *how* the Neighbourhood Cares Workers went about their work. Throughout the evaluation they were described as "non-judgemental", "tenacious", "resilient" and "polite". Their own feedback, combined with that from clients/families, suggests that they succeeded in persuading some clients to accept support where other services had failed. It therefore follows that they made an important contribution to the prevention of escalating need.

*"It's been an incredible service. What's really impressed me is their gentle chipping away, which meant that she [client] eventually accepted support. She can be stubborn and hostile, but they didn't give up on her, they kept trying."* Relative of an NCP client

*"Their approach was the nicest thing. They were very polite and they listened. When she [the Neighbourhood Cares Worker] wrote the reports, I could hear myself saying it. It was what I said, not what she thought I'd said."* NCP client

## **2. A proactive, preventative approach**

2.11 The ability of the Neighbourhood Cares Workers to see clients very promptly – often on the same day that they became known to the team – not only helped enhance their local reputation but also enabled support, assistance and advice to be put in place more quickly than under a traditional model. Underpinning this was:

- The self-managed team approach and the absence of multiple referral systems, triaging and contact centres;
- The teams' willingness to support clients, regardless of whether their issues would typically be classed as social care or health related.

2.12 These features of the model were particularly valued by carers and family members that lived some distance from the NCP clients. Their anecdotal feedback corroborates the feedback from the Neighbourhood Cares Workers and suggests that, on several occasions, had the teams not been able to respond so promptly, the likelihood is that their relatives (the NCP clients) would have been admitted to hospital.

*"They provided intensive support from day one. She [NCP client] trusts them. They've built a relationship with her. If a crisis occurs, having that relationship already in place will be so important."* Relative of NCP client

2.13 A related point is the regularity of the contact between the Neighbourhood Cares teams and the clients. This enabled the Neighbourhood Cares Workers to spot changes in clients' behaviour or wellbeing and to take early action. The evaluation uncovered numerous examples where changes in medication or previously undiagnosed health conditions were impacting on clients' daily quality of life and, in some cases, their general safety. In other cases, the Neighbourhood Cares Workers explained how, in their opinion, the early intervention aspect of the model had resulted in aspects of home help and/or modifications being made sooner than was likely to have been the case in the absence of the service. If it is assumed that their feedback is accurate (and the evaluation has found no reason to suggest it isn't), then the promptness of intervention from the Neighbourhood Cares teams can reasonably be assumed to have prevented issues such as those described above from escalating either as fast or with the same severity.

*"They spot when you're not right... they spot that straight away."* NCP client

### **3. Flexible support based on individual need**

2.14 The Neighbourhood Cares Workers were seen (and were often referred to by clients during this evaluation) as “community carers”, rather than social workers or social care staff. Numerous accounts were provided of them successfully working with clients who had an initial reticence to accept support, and of doing so by taking the time to understand their needs and preferences and by moving at a pace that was acceptable and comfortable to them. The remit of the Neighbourhood Cares Workers was also able to extend far beyond conventional social care support. For example:

- They fulfilled an advocate role when clients had meetings with other services or professionals, such as health or housing;
- They undertook small tasks for clients which, on the surface, may appear incidental but which were actually important in establishing trust, building a reputation and encouraging clients to consider more formal care/support options. Examples include organising repairs to household items, moving items of furniture and assisting with meal preparation.

2.15 The consensus view from those that have contributed to the evaluation is that, for some clients, this way of working has been integral to the prevention of their needs escalating. It is also important to note – with reference to the analysis of an optimal team structure in Chapter Six – that the success and achievements of NCP in this particular regard lie in the approach and ethos of the teams and not in the seniority of the staff. The examples provided in the preceding bullet points, together with the many others that were observed by the evaluators, were not reliant upon staff being qualified to, or working at, the level of a senior social worker. In other words, it was the approach that was the key, not their grade.

#### **Improving quality of life**

2.16 When providing feedback to the evaluators, NCP clients and their carers often spoke of their quality of life having improved. When asked why, they typically said it was down to one or more of the following:

- Their independence had been maintained;
- They felt less lonely or socially isolated;
- Their mental and/or physical health had improved;
- They felt more supported and/or able to cope in their role as a carer.

#### **1. Maintaining independence**

2.17 An important part of the Neighbourhood Cares Worker role has been to provide professional challenge in order to try and maintain and prolong clients’ independence. The evaluation found cases where the workers had (safely) stepped down the level of planned support for clients (an excellent example of which is provided in the box below) and of them working with family members to help them develop a better understanding of clients’ strengths, abilities and limitations in the context of safe, independent living.

*"We visited a man with a head injury who'd been in hospital for four months. The hospital's plan was that he would have 24-hour live-in care. Understandably, they were being risk averse. We worked with him over a period of time to understand what he wanted and what was safe. Now he's at home with a much lower level of care and I'm convinced he's happier and more independent as a result."*  
Neighbourhood Cares Worker

2.18 Clients and their relatives also spoke with great feeling and gratitude about how, in their view, NCP had prevented the need for more intensive support, including residential care. In some cases, they were unable to pinpoint a specific action or decision that led to this, but spoke more generically (although with equal importance) of Neighbourhood Cares Workers "getting to know" the clients, "winning their trust", "giving them confidence in themselves" and "calming them down". The skills and aptitudes involved in doing this should not be understated.

2.19 Other clients and relatives provided more tangible, action-based accounts. For example:

- When a client had to be rehoused at short notice, NCP staff worked with partner agencies to identify an immediate housing solution (and longer-term accommodation) which meant that the client didn't have to move into residential care.
- When a client's homecare needs changed suddenly and the family were unsure how they would cope, NCP staff quickly arranged overnight cover. They also accompanied the client when he had an emergency hospital admission and waited with him until the family (who live some distance away) arrived.
- An NCP client's discharge from hospital was being delayed because she was very distressed and upset. A Neighbourhood Cares Worker spent time with the client at the hospital and was able to calm her down, arrange her discharge and put in place short-term reablement support. Key to this outcome was the worker's prior knowledge of the client's mental health and emotional wellbeing. Without them having gained this knowledge over time, it seems very likely that the client would have remained in hospital for longer.

## **2. Reducing loneliness and isolation**

2.20 Research shows the harmful effects that loneliness and social isolation can have on health. For example:

- Holt-Lunstad (2015)<sup>8</sup> found that an absence of social connections can be as damaging to health as smoking 15 cigarettes a day;
- Marmot (2010)<sup>9</sup> reported that social networks and friendships can have a positive impact on reducing the risk of mortality or developing certain diseases.

<sup>8</sup> Holt-Lunstad J, TB, Layton JB. 2010. Social relationships and mortality risk: a meta-analytic review. PLoS Medicine 7

<sup>9</sup> Marmot et al, 2010. Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010.

- James et al (2011)<sup>10</sup> reported that loneliness puts individuals at greater risk of cognitive decline;
- Holwerda et al (2012)<sup>11</sup> found that lonely people have a 64% increased chance of developing clinical dementia.

2.21 It is therefore of some note that clients, family members and Neighbourhood Cares Workers consistently spoke of how NCP had helped to reduce loneliness and increase social connections. This has been achieved through a combination of community-based social activities, drop-in sessions and, more generally, providing support in a way that improves the self-confidence and day-to-day wellbeing of clients.

*"The drop-ins can lift their isolation. They can say, "I need x, y, z doing" and then someone else will say, "I can do that". It gives them an outlet and provides mutual support." Neighbourhood Cares Worker*

*"I go to the dinner and the tea and cake sessions. It's good to be with other people....there's always someone there to talk to. I'm not sitting on my own having dinner which I do most of the time. I feel more cheerful for doing it." NCP client*

2.22 Because of the prevalence with which reductions in loneliness and social isolation have been attributed to NCP during the evaluation, it has been included within the cost saving analysis in Chapter Five.

### **3. Improving mental and/or physical health**

2.23 It is difficult to measure or quantify the extent to which the health of NCP clients has been improved through their engagement and involvement with the service, but overall the evidence is encouraging. For example:

- Based on a combination of published research and feedback gathered through this evaluation, it is reasonable to assume that the reductions in loneliness reported by NCP clients and their families will, to some extent, have a positive impact on aspects of mental and physical health.
- NCP has encouraged and supported clients to visit their GPs and engage with other health professionals, where previously some had a history of not doing so.
- Relatives spoke of how clients' moods had improved and how their outlooks had become more positive following the support through NCP. They also spoke of improvements in self-worth and of them generally enjoying life to a greater extent.

<sup>10</sup> James BD, Wilson RS, Barnes LL, Bennett DA. 2011. Late-life social activity and cognitive decline in old age. Journal of the International Neuropsychological Society 17

<sup>11</sup> Holwerda, T. J. Deeg, D., Beekman, A. van Tilburg, T.G., Stek, M.L., Jonker, C., and Schoevers, R. 2012. Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL) Journal of Neurology, Neurosurgery and Psychiatry

- 2.24 As with many of the findings in this report, the above has not been caused by one specific intervention or feature of the NCP model. It has been caused by different things for different clients, be it the social opportunities that NCP has offered, the friendly professionalism of the staff, the speed with which arising issues have been addressed or the effective and efficient signposting to other services.

*"She [client] had been very negative about things but now she's much more cheerful and positive about life. If they [NCP] hadn't been involved, I'm sure her mental state would have deteriorated further. They didn't give up, even when she said 'no'."*  
Relative of NCP client

*"I had mental health problems, but I'm off the tablets now because of the support network I've got through them [NCP]. I actually want to get up in the mornings now."*  
NCP client

#### **4. Benefits for family carers**

- 2.25 The impact of NCP on carers and their quality of life appears to have been significant. Examples were provided of:

- Family members being able to stay in work having previously thought they would have to take on full-time caring obligations.
- NCP staff arranging for sitting services, and/or for clients to attend day centres, in order for the family carers to have a break. The carers were keen to emphasise how this had a positive impact on their own wellbeing.
- NCP staff assisting family carers with financial arrangements, such as the Attendance Allowance and Carers Allowance. Most of the carers that contributed to the evaluation were previously unaware either of these benefits or did not realise they may be eligible for them.
- Referrals being made by NCP staff to occupational therapists and health professionals, resulting in home adaptations that benefited both the carers and the clients. These adaptations included converting bathrooms into wet rooms with disabled access and procuring hospital-style beds for clients.
- More general, although no less important, ad hoc or pastoral support for carers, captured in the feedback from one carer who said that the NCP staff, *"were there to listen and to help me de-stress when things were hard"*.

*"We needed some respite because my mental health was bad. [Neighbourhood Cares Worker] arranged a fortnight's respite and helped with a carer's grant. It's surprising how much those things have lifted me.....often the mental effects on the carers are overlooked."* Relative of NCP client

*"Knowing the team are so willing to help and to try and make things easier has given me huge comfort. I love the way they don't sit back and wait for things to happen"*  
Family carer of an NCP client

## Impact on Neighbourhood Cares Workers

2.26 Neighbourhood Cares Workers have derived significant professional and personal satisfaction from their jobs. They spoke of it being “the best job I’ve had”, of having “loved every day” and of “looking forward to coming to work”. The reasons for these high levels of job satisfaction naturally differ by member of staff, although there are several inter-related common themes:

- **Working in self-managed teams:** the autonomy and professional independence of a self-managed team has been of great value to the Neighbourhood Cares Workers. They have felt able to act and respond in ways that derive better care and support for clients, have felt empowered by the strengths-based approach and have fully bought into joint decision-making and shared management of risk.
- **Peer support:** there appears to have been a positive and supportive culture within the Neighbourhood Cares teams, leading team members to say that their work-life balance was better and their work-related stress was lower than in previous roles.
- **Professional development opportunities:** staff spoke of developing new skills through the pilot, for example in budgeting and championing human rights. They were clear in their view that the NCP roles required a different skillset to those required in conventional adult social care teams (where, for example, they would not have had budgetary responsibility). They also explained how the skills they had developed through NCP had helped them secure the jobs they wanted once the pilot came to an end.
- **Client and family relationships:** perhaps the most significant driver of job satisfaction has been the amount and type of direct contact that the Neighbourhood Cares Workers have had with clients and their families. This covers a broad spectrum, from ad hoc advice and signposting, to preventative work, resolving crises and assisting with palliative care arrangements. There is a shared view amongst the Neighbourhood Cares Workers that the model has enabled them to develop closer relationships with clients and their families, the benefit of which is not the relationships per se, but the added personalisation it enables the Neighbourhood Cares Workers to incorporate within their work.
- **Worker to client ratio:** under a normal (non-NCP) model of adult social care in Cambridgeshire, staffing for the Older People, Physical Disability and Adult Early Help teams (i.e. the teams that the Neighbourhood Cares Workers replaced during the pilot) is one FTE per population of 10,000 people. Under a Neighbourhood Cares model it is much higher (as explained in Chapter Six, an ‘optimal’ Neighbourhood Cares team would have c. 6 FTEs per population of 10,000 people). This higher ratio, coupled with a remit that enabled them to work with residents that did not have an eligible social care need, appears to have made a notable contribution to job satisfaction.

## Impact on partners

2.27 The qualitative research undertaken for the evaluation focused mainly on the impacts for those most closely involved with the service, i.e. clients, their families and the Neighbourhood Cares staff. However, consideration was also given to how NCP had affected other local service providers that interact with adult social care, the main findings from which were positive:

- **Advice, support and counsel:** domiciliary care providers in Soham and St Ives have contacted NCP staff when they were experiencing challenging relationships with clients and/or where the risk of a crisis situation was becoming apparent. The NCP staff did not always have an instant solution or a permanent fix (nor were they expected to), but the feedback suggests that, through their local networks and knowledge of clients' circumstances, they de-escalated numerous problematic situations and, on occasion, prevented full breakdowns in client-care provider relationships.
- **Preventing hospital admissions:** covered in more detail in Chapter Five, there is qualitative evidence to suggest that NCP has prevented a number of clients from being admitted to hospital. Quantifying that number with confidence is difficult as it requires a subjective take on the counterfactual (what might have happened had NCP not been there). Chapter Five therefore works with three scenarios – low, medium and high – which credit NCP with 25%, 50% and 75% respectively of all the prevented admissions reported during the evaluation.
- **Skills and awareness:** NCP staff undertook some very useful knowledge sharing activities with people in other roles who have direct contact with clients but who are not trained social work practitioners or medical professionals. Pharmacy drivers, for example, deliver medication to clients who are often vulnerable, isolated and housebound. With the requisite training, they are in an ideal position to identify changing needs and emerging problems. NCP staff provided training in how to do this and ensured that the drivers were aware of the appropriate referral and escalation procedures.

### 3 CHALLENGES

#### Introduction

- 3.1 It is evident from Chapter Two that NCP had many successes. Like many pilots, however, it was not been without its challenges. Explained in the sub-sections that follow, these range from low-level operational issues through to more significant concerns over financial viability.

#### Establishing an effective self-managed team

- 3.2 The overriding opinion of the Neighbourhood Cares Workers towards the self-managed team approach, and towards the Buurtzorg model as a whole, is undeniably positive. Likewise:
- The ‘heatshield’ provided by the Neighbourhood Cares Manager through which the teams received support on a range of operational and organisational issues;
  - The inclusion of Buurtzorg training within the team’s induction process and the review, by Buurtzorg, of the implementation of the service at the three-month point.
- 3.3 However, feedback from the Neighbourhood Cares Workers also suggests they might have been operating with maximum effectiveness sooner had they received more training – or had their training earlier – on certain aspects of self-managed teams, including:
- Decision-making processes;
  - Parameters and boundaries of team member roles (i.e. what they could and could not do);
  - Team meetings;
  - Constructively challenging your teammates.
- 3.4 Whilst not an issue relating to the self-management of the teams per se, it has been acknowledged by the County Council that the grade structure of the Neighbourhood Cares teams (which were initially staffed with senior social workers or equivalent) would be too expensive to be replicated in any wider roll-out. However, it was important for the pilot that staff in the teams could be relied on, from the outset, to effectively assess risk and work productively in a self-managed team structure, hence the business case proposing staff at senior social worker grade. It became apparent during the pilot – and is indeed an important learning point – that teams of this kind do not in fact need to be staffed wholly with individuals working at that level.
- 3.5 As often happens during the early implementation of a new service, teething troubles around access to IT systems and office space consumed more of the Neighbourhood Cares Workers’ time than was ideal. However, these were short-term issues that did not affect the overall effectiveness or quality of delivery.

## **Location and base**

- 3.6 Given that NCP was a pilot, it made sense to try out different variants of the delivery model in the two localities. The clear conclusion, however, is that the set-up in Soham had distinct advantages over that in St Ives and should form the basis for any future roll-out or iteration of the NCP approach. Specifically:
- The base for the Soham team (at the library) was seen by clients as neutral, safe and non-stigmatised. It did not have any connotations of ‘problems’ or ‘issues’, which is often not the case with health settings.
  - The St Ives model – with the team only able to work with clients from one of the local GP surgeries – constrained the extent to which they could engage in community development and limited the ‘community’ and ‘community-wide’ feel of the service.
  - The physical base of the St Ives team at the Spinney surgery limited the amount of drop-in activity and support that took place. The qualitative evidence presented in Chapter Two demonstrates the value of the drop-in element of a service like NCP. It is a key feature of its accessibility and distinctiveness compared with more conventional models of social care.
- 3.7 Notwithstanding the above, the positive feedback from the Spinney should also be noted, as it would be wrong to suggest that the St Ives model did not have its advantages. Most notably, client engagement and sign-up to NCP in the early stages of the pilot occurred at a quicker pace and in greater volume in St Ives than in Soham, because of the direct (physical) links between the surgery and the Neighbourhood Cares team. Whilst the Soham model enjoyed greater success overall, it took longer to reach capacity.

## **Budgets**

- 3.8 The Neighbourhood Cares teams began supporting clients in late 2017, but it wasn’t until mid-2018 that they were given autonomy over the local authority budgets available to support those clients.
- 3.9 This was intentional given the ‘test and learn’ nature of the pilot: the County Council needed to be confident in the ability of the teams to manage the budgets effectively before the responsibility for doing so could be devolved. Nonetheless, team members suggested that this hindered their ability to be as responsive to clients’ needs as they would have liked in the early stages of the pilot.

## **Monitoring and reporting**

- 3.10 Pilot projects are often iterative and involve a considerable learning-by-doing element. Alongside that, it is important to remember that NCP:
- Was a practical, client-focused service that sought to respond to needs in a person-centred way;
  - Was a ‘test and learn’ initiative;

- Embodied, throughout its lifespan, the notion of ‘getting on and doing the job’;
  - Was delivered at a time when the County Council was in an 18-month implementation of a new Adult Information System;
  - Was not an administrative service and intentionally sought to avoid burdensome systems and maximise face-to-face contact with clients.
- 3.11 Nonetheless, on reflection the NCP management and performance information was not being collated/presented in a way that lent itself to straightforward analysis until late in the 2018 calendar year. From that point on – and to the credit of the NCP self-managed teams – monthly summary reports were produced which made it much easier to assess and track client volumes, referral routes, outcomes of referrals and social media engagement. The introduction of the monthly reports also made it much easier for the evaluation to estimate savings to the state through avoided hospital admissions.
- 3.12 The key message here is therefore not that the data collection and monitoring on NCP lacked fitness for purpose, but that the monthly reporting arrangements would ideally have been put in place earlier – a learning point for future interventions.

### **Concerns about the future**

- 3.13 It is a compliment to NCP that clients and family expressed genuine concern about how the local support landscape would look and operate when the service was no longer there. Neighbourhood Cares staff were also worried that individuals who do not meet current statutory thresholds (e.g. for mental health support), but who nonetheless have demonstrable or emerging issues, may struggle in the absence of NCP. They also predicted that some clients may stop taking part in community-based activities to the same extent and that this could introduce or increase feelings of loneliness and isolation.
- 3.14 It should therefore come as some comfort that NCP will in fact leave a strong legacy, particularly in terms of the sustainability of community assets and activities (these are explained in Chapter Four). The County Council is also actively taking steps to ensure that the learning from the pilot is widely shared.

## 4 LEGACY

### Introduction

- 4.1 It is encouraging that NCP appears to be leaving a demonstrable positive legacy and is doing so from several different perspectives. Also, the legacy is likely to be different in the two different localities, especially in terms of community assets. But it is nonetheless an endorsement of the model and those involved in its delivery that its effects will be sustained beyond the funding period.

### Community assets

- 4.2 The term 'community assets' has a broad definition that can include buildings, land, local clubs and facilities, libraries, energy generation facilities, funds, volunteers or members of staff. When successful, they enhance a local area and improve access to services. They can provide a space to share ideas and have a say in local issues. In doing so, they can strengthen community identity.
- 4.3 NCP has created and/or revitalised an array of community assets. This has occurred to a greater extent in Soham than St Ives, mainly as a consequence of the more community-centric nature of the Soham delivery model. The community assets include:
- **Community lunches in Soham**, from which the Soham Community Action group was formed.
  - **The NCP drop-in sessions**: whilst no longer branded as 'Neighbourhood Cares', these are continuing with local authority support in both Soham and St Ives.
  - **Nellie the tuk tuk**: funded through a Crowdfunder campaign run in partnership by Viva (a local arts group), Soham Men's Shed and Neighbourhood Cares, the tuk tuk is available to transport local residents to community events and combat isolation. It has received positive coverage in the local press and has been warmly welcomed within the community.
  - **Friendly Dogs**: taking place on a monthly basis at the Soham library, Friendly Dogs is a drop-in designed for people who are fond of dogs but who are unable to have one. It provides the opportunity for people to meet and socialise and to enjoy some time with the dogs.
  - **Diabetes Peer Support Group**: an informal group providing the opportunity for diabetes sufferers in Soham to share their experiences and provide help and support to one another.
  - **'Enhancing the Conversation' training**: this training will be delivered to library volunteers to equip them with skills that will help strengthen and deepen the (often very valuable) conversations they have with local residents.

- 4.4 An important finding from the evaluation concerns the ethos with which the Neighbourhood Cares team has approached the development of community assets. It was not a case of taking control and doing something ‘for’ the community – even though that may have been easier and quicker in some cases – but rather a case of being a facilitator, honest broker and critical friend. Ownership of the initial ideas, of the activities and of the ensuing outcomes and impacts has resided with community members and local voluntary and community groups (with whom engagement and co-working has consistently been excellent) but not with Neighbourhood Cares staff. This has been, and will continue to be, central to the sustainability of the activities now that NCP is now longer running. There is little evidence of a dependency culture surrounding the community assets, summed up by a member of Neighbourhood Cares staff who described the approach as, *“supporting them [the individuals setting up community assets] whilst slowly walking backwards and allowing them to flourish”*.

*“My instinct was to get more involved, but I realised that wasn’t going to help over the longer term. What we have done has taken longer, but it’s more sustainable.”*  
Neighbourhood Cares Worker

- 4.5 Another important learning point is having staff with community development experience and expertise on the team. In Soham, that member of staff did not have a caseload of clients, which enabled them to commit more, and more focused, resource to the community assets aspect of the pilot. They were also successful at working in partnership with other local groups and volunteer networks to harness economies of scale and pool resources around shared objectives. The joint efforts to raise funds for the tuk tuk is a good example of where this was done with excellent results.
- 4.6 Finally on community assets is a learning point around persistence and encouragement – two qualities that were apparent in the Neighbourhood Cares Workers. Community assets will often not succeed or flourish immediately. They may have a slow start and generate limited initial enthusiasm or interest which can be demoralising for those involved. The Neighbourhood Cares staff played an important role here, both in terms of keeping spirits up but also in terms of support and guidance on raising awareness and increasing participation. A good example is the Friendly Dogs initiative: at first, attendance from community members was extremely low, but over time, and through concerted efforts to raise awareness, it has grown to the point where it has essentially reached maximum capacity.

*“The Neighbourhood Cares teams are the cheerleaders for the local projects. We’ve seen such benefit for people who now have important roles in their community.”*  
Neighbourhood Cares Worker

*“They [the community asset activities] aren’t our ideas...we’re there to help to help being the ideas of people in the community to fruition.”* Neighbourhood Cares Worker

## **Enthusiasm to deploy and share learning in new roles**

- 4.7 Staff that have worked on Neighbourhood Cares are, or were at the time that the evaluation fieldwork concluded in mid-2019, evidently enthusiastic about bringing some of their own learning from the pilot to the new job roles they had secured. This learning included, although was not limited to, empowering staff, shared decision-making processes and the shared management of risk. There is evidence of the Neighbourhood Cares Workers having actively sought out and secured new roles that would enable them to do this.
- 4.8 That is not to say that they expected the deployment of that learning to necessarily be straightforward or quick. They recognised that they had been working within an atypical team structure, certainly in the context of local authority staffing arrangements, but they demonstrated evident enthusiasm – fuelled by their experience of NCP – for what they may be able to achieve in the future.

## **Improved awareness of local care and support options**

- 4.9 Feedback from carers, family members and Neighbourhood Cares staff points very clearly to NCP having improved people's awareness and understanding of how best to service the care and support needs of local residents. Importantly in the context of legacy, it has also improved their confidence in doing so.
- 4.10 In some cases, this has resulted in attitudinal change. For example, the evaluation has found cases where families would previously have arranged formal packages of domiciliary care for a relative, but are now using less formal home help services. They are doing this in the knowledge that it is not compromising on safety and, in some cases, is actually having a positive impact on clients' independence and wellbeing.
- 4.11 There are other cases where families have changed their views towards the need for a relative to move into a residential care setting, especially where additional home help (including modifications) has been facilitated by NCP.
- 4.12 Accurately assessing the scale of these attitudinal changes within either of the two communities is very difficult, as is projecting their lasting effect. However, based on the enthusiasm with which clients and family members spoke about it during the evaluation, it seems reasonable to assume that they will tell others in the local community and that the impact will therefore not stop with the cessation of NCP.

## 5 SAVINGS TO THE STATE

### Introduction

- 5.1 The evaluation has considered four ways in which NCP may have resulted in savings to the state. They are:
- Clients being admitted to hospital less often as a result of NCP.
  - Domiciliary care package costs either reducing over time, not increasing as quickly as in the two comparator areas, or fewer NCP clients needing a local authority-funded domiciliary care package than clients in the comparator areas.
  - Fewer NCP clients needing residential care than clients in the comparator areas.
  - NCP clients becoming less lonely and socially isolated.
- 5.2 These four categories were chosen for two main reasons. First, they are areas in which NCP was expected to have an impact, so by focusing on them, the risk of false attribution, whilst by no means nullified, is reduced. Second, they are categories against which quantitative data was available to the evaluation. For example, the evaluators were able to access anonymised data showing the annual and weekly care package costs for NCP clients and clients in the comparator areas. The evaluators were also able to draw on published research into the costs to the state of loneliness, as well as local data on the average cost of hospital admissions.
- 5.3 Even so, there were several unknowns in the analysis, meaning that assumption and approximation had to be applied, in some cases considerably so. It is therefore imperative that the results presented in this chapter be seen in context. They represent estimated savings to the state that, from their independent viewpoint, the evaluators consider *could have been* generated by NCP, based on the available data. They must not be interpreted as the results of an all-encompassing or analytically watertight exercise.

### Hospital admissions

- 5.4 In lieu of having access to data directly from hospitals/Clinical Commissioning Groups (CCGs), Neighbourhood Cares staff were asked to estimate how many unplanned hospital admissions they believed they had prevented each month. They did this as part of their monthly reporting process.
- 5.5 Whilst there is no suggestion here that, in doing this, the staff knowingly over- or under-reported the number of admissions they prevented, it was by its very nature a subjective exercise. Most fundamental is the fact that the staff were being asked to form a judgment on something that *did not* happen (unplanned hospital admissions) without really knowing the counterfactual position. In other words, they cannot have known whether, had NCP not existed, someone else (e.g. a friend or relative) may have intervened to prevent an admission. That intervention may have been deliberate, for example if a relative was a full-time live-in carer. Or it may have been unintentional, for example if the relative had made an ad hoc visit the client's house, spotted they were unwell and arranged the necessary medical treatment before it escalated to a hospital admission.

- 5.6 As such, the data needs to be treated with caution, but it was the best that was available to the evaluation and the decision has been taken to include it. It shows that, on average, the teams believe they were preventing two hospital admissions per month in Soham and two per month in St Ives. This is based upon data covering the seven-month period from December 2018 to June 2019 inclusive. If it is assumed that the data is representative of NCP across its full lifetime, then the total number of admissions prevented would be 84 (42 in each area at an average of two per month).
- 5.7 Data provided by the Cambridgeshire and Peterborough CCG shows the average cost to the health service of an unplanned hospital admission for patients aged 75 and over to be £3,122. Therefore, were it the case that the 84 prevented admissions recorded by the teams were all down exclusively to NCP, and that all of those patients would definitely have been admitted had NCP not existed, then the total saving to the state would be £262,248 (£131,124 in each of Soham and St Ives).
- 5.8 In reality, it is unlikely that NCP will have been the sole factor preventing those all of those admissions. However, the absence of equivalent data for the two comparator groups make it very difficult to objectively attribute a proportion of the prevented admissions to NCP (or to any other influencing factor). The table below therefore shows three scenarios – low, medium and high – in which 25%, 50% and 75% of the prevented admissions are attributed to NCP. These percentages result in net savings to state ranging from £65,562 to £196,686.

<b>Table 5.1: Estimated savings to the state resulting from hospital admissions prevented</b>			
	<b>Low: 25%</b>	<b>Med: 50%</b>	<b>High: 75%</b>
Soham	£32,781	£65,562	£98,343
St Ives	£32,781	£65,562	£98,343
<b>Total</b>	<b>£65,562</b>	<b>£131,124</b>	<b>£196,686</b>

- 5.9 The positive correlation between hospital admissions and social care needs should also be noted here, as should the consequent effect on social care costs. Whilst not included within the calculations (due to the subjectivity involved in the estimation of prevented admissions), it is likely that by preventing those admissions, there will be a knock-on beneficial impact on social care spend.

### **Cost of domiciliary care packages**

- 5.10 Data provided by the County Council enabled the evaluators to analyse whether, and to what extent:
- The cost of domiciliary care package packages funded by the local authority (either in full or in part) have, on average, fallen amongst the NCP client group, or have risen less steeply than amongst clients in the comparator areas.
  - Fewer NCP clients have had a local authority-funded domiciliary care package than clients in the comparator areas.

- 5.11 The results show no discernible difference in favour of NCP in either of the categories above. In other words, the data does not suggest, when compared with data for clients in two non-NCP comparator areas of Littleport and Eaton Socon, that NCP has generated savings to the County Council in the form of domiciliary care package costs.
- 5.12 That does not mean that the qualitative accounts that informed the findings in Chapter Two are untrue. Evidently, there have been cases where NCP has prevented needs from escalating and has resulted in short-term (and potentially longer-term) savings for clients and their families. Examples include where NCP staff have sourced home help services or have arranged for modifications to be made to clients' homes. Where this has happened, it has not only been extremely well received by the clients and their families, but in some cases has had a fundamental impact on quality of life and wellbeing.
- 5.13 However, the datasets that underpin the quantitative analysis of domiciliary care package costs are relatively large: they contained records for 477 NCP clients and 456 comparator group clients. It would therefore require quite some volume of cases like those described in the preceding paragraph to have a demonstrable impact on the overall figures.
- 5.14 Of equal importance are the following observations:
- **Self-funding:** NCP has not just worked with clients whose care packages are funded by the local authority. They have also supported self-funders in a variety of ways, including signposting to trusted advocated and sources of financial advice. It is quite possible that this will enable some self-funders to go on paying for their own care for longer without requiring local authority contributions. However, the effects of this may not be seen for some years to come and will therefore not be present in the findings from this evaluation.
  - **Comparator group data:** this evaluation has benefited from having access to data about individuals in two socio-economically similar areas to the NCP areas. In particular, this has enabled more detailed analysis of transfers into residential care settings than would otherwise have been the case (see next sub-section). But the fact should not be overlooked that the evaluators were not able to compare the characteristics (beyond age and care packages) of the NCP clients with those in the comparator areas. Data sharing protocols would probably have prevented this, but as a result it is not clear how similar or different the two groups are in terms of health conditions, finances, housing or access to services and activities. The socio-economic similarities of the NCP and comparator areas would suggest that they should not be wildly different, but that cannot be proved through the available data. In other words, it cannot be said with certainty that the evaluation has definitely compared like with like. In addition, both the client and comparator group data contained numerous records where data items were missing or appeared spurious, leading to their exclusion from the analysis. It seems unlikely that those records, had they been included, would have made a large difference to the results, but they may have had some effect.

## Residential care

- 5.15 The evaluation has explored whether, whilst they were being supported by NCP, clients were any less likely to move into a residential care setting than clients in the comparator group.
- 5.16 The results suggest that they were indeed less likely:
- 15 of 477 clients in the NCP dataset moved into a residential setting after their NCP start date;
  - 21 of 456 clients in the comparator group moved into a residential setting after the 'average' NCP start date<sup>12</sup>.
  - Adjusting for the slightly different sizes of the two datasets gives a comparator group figure of 22 clients.
- 5.17 It is therefore the case that NCP *might* have been responsible for keeping seven clients out of residential care. From this, the next task was to estimate how long those clients might have been in residential care had NCP not existed.
- 5.18 This was done by taking the data for the 15 clients who had moved into a residential setting and calculating the average (mean) start date of that residential care. This date was mean start date was 4<sup>th</sup> November 2018. The period between this date and the end of analysis period (31<sup>st</sup> July 2019) is 269 days. So, if it is assumed that NCP was wholly responsible, then it kept seven clients out of residential care for an average of 269 days each.
- 5.19 The average annual cost of residential provision without nursing for older people in England is £21,736<sup>13</sup>. With nursing it is £22,932<sup>14</sup>. The calculations include an assumption that four of the clients would not have required nursing care and three would. The results are shown in Table 5.2 and give an estimated total saving to the state of £114,779 by the end of the evaluation period.

Table 5.2: Potential savings to the state resulting from residential care avoided			
	No. clients	Annual cost to the state	Adjusted to 269 days
Without nursing	4	£86,944	£64,077
With nursing	3	£68,796	£50,702
<b>Total</b>	<b>7</b>	<b>£155,740</b>	<b>£114,779</b>

<sup>12</sup> Because there is no NCP start date for clients in the comparator group, and because NCP clients were not matched one-to-one with comparator group clients, the average start date for the NCP clients was used to determine the 'before' and 'after' periods for the comparator group clients.

<sup>13</sup> Adult Social Care Activity and Finance Report, England - 2017-18, Reference Data Tables, Table 50

<sup>14</sup> Adult Social Care Activity and Finance Report, England - 2017-18, Reference Data Tables, Table 50

5.20 However, the average amount of time that older people spend in residential care following admission is not 269 days but rather 29.5 months or approximately 900 days<sup>15</sup>. Were that true of the seven NCP clients, then the total saving would increase to £384,019 ((£114,779 / 365) \* 900).

5.21 However, both this figure and the £114,779 in Table 5.2 need to set in the context of the following points:

- **Attribution:** analysis of the case notes for the individuals in the comparator group who did move into residential care shows that, in several cases, NCP would not have prevented that move even if it had existed in the comparator areas. This is especially the case where individuals had deteriorating health conditions that could no longer be safely managed through domiciliary care. This suggests that it is probably inappropriate to claim that NCP was solely responsible for preventing the residential care of all seven clients. It is extremely difficult to say what number (if any) it did prevent, and Table 5.3 therefore shows the savings associated with one client through to all seven. For each of these it shows the savings for a 269-day period and a 900-day period (it does so using a blended average cost of nursing and non-nursing care).
- **Validity of the 900-day adjustment:** feedback from NCP team members, coupled with analysis of case notes from individuals in the comparator areas, make it unlikely that NCP would or could keep clients out of residential provision for an average of 900 days. That is not to say it is impossible – in fact the evaluation cannot prove it either way – but the prevalence of health conditions and other challenging circumstances calls into question its probability. It is therefore recommended that the 900-day figures be treated more as reference material than as evaluation findings.

Table 5.3: Potential savings to the state resulting from residential care avoided		
No. clients	269-day saving	900-day saving
1	£16,397	£54,860
2	£32,794	£109,720
3	£49,191	£164,580
4	£65,588	£219,439
5	£81,985	£274,299
6	£98,382	£329,159
7	£114,779	£384,019

<sup>15</sup> LaingBuisson, Care of older people: UK market report, May 2017

## Loneliness

5.22 To estimate the savings to the state generated by NCP as a result of it reducing the loneliness and isolation of its clients, the evaluation drew mainly upon the 2015 report, *Investing to Tackle Loneliness – A Discussion Paper*, credited to the Cabinet Office, the Calouste Gulbenkian Foundation (UK Branch) and Nesta. Amongst other things, this report:

- Draws on published data to estimate the increased use of public services (GPs, A&E, local authority funded residential care etc.) amongst people who are lonely.
- Converts this increased usage into lifetime costs to the state associated with loneliness.
- Estimates the average proportion of people who are likely to become non-lonely following an intervention (17%).
- Calculates an estimated annual saving to the state of £800 per person per year who becomes less lonely.

5.23 Applying the above to NCP raises the question, ‘what proportion of the NCP cohort would classify as lonely?’. This is not straightforward to answer in the absence of the NCP service users having been asked specific, validated questions on this topic at the outset of their support through NCP.

5.24 It is therefore necessary to draw on evidence from elsewhere. A 2018 Later Life Care Survey by Which? found that one in 10 older people feel lonely on most days. This is broadly corroborated by the English Longitudinal Study of Ageing<sup>16</sup>.

5.25 However, anecdotal feedback from the Neighbourhood Cares teams suggests that the proportion of NCP service users that are lonely is likely to have been higher than one in 10. It is difficult to say how much higher, but an assumption of 20% (double the national average for older people) provides the basis, albeit a subjective one, for the calculations shown in Table 5.4. The result, not forgetting the considerable degree of assumption involved, is that NCP *may be saving* £27,200 per year as a consequence of its clients becoming less lonely.

Table 5.4: Potential savings to the state through reducing loneliness	
Total number of service users supported by NCP (estimated)	1,000
Number assumed lonely (20% of the total)	200
Number expected to become non-lonely following support (17% of the number assumed lonely)	34
Estimated annual saving per person through becoming non-lonely	£800
<b>Annual saving through NCP service users becoming non-lonely:</b>	<b>£27,200</b>

<sup>16</sup> <https://www.elsa-project.ac.uk/>

- 5.26 It is difficult to accurately translate this figure into a saving that covers the full period from when NCP began supporting clients (November 2017) to the end of the evaluation fieldwork period (July 2019). This is because, in order to do it accurately, data would be required on when the NCP clients began engaging in activities, or began receiving support and advice, that could result in their loneliness reducing.
- 5.27 In the absence of such data, the evaluation has used the average NCP start date plus three months as a proxy for when the 34 clients in the table above became less lonely. Three months after the average start date was selected to reflect the fact there is a lead-in time between clients' initial engagement with the service and them deriving benefits from it. This proxy date is therefore 26<sup>th</sup> June 2018.
- 5.28 If it is assumed that all 34 clients were less lonely from that date until the end of the July 2019 (400 days), then the total saving would be £29,808 ( $(£27,200 / 365) * 400$ ). Of course, it may be the case in practice that the benefits persist far longer, especially where they have been generated by community assets that are continuing post-NCP.

## 6 COMPOSITION OF AN OPTIMAL TEAM

### Introduction

- 6.1 It was acknowledged from the outset of the pilot that if the Neighbourhood Cares model was to be rolled out to other parts of the county, it would need a lower cost staffing structure. This was coupled with an acceptance that some of the tasks being undertaken by more senior/more highly qualified members of the Neighbourhood Cares teams could in practice be done, both safely and proficiently, by less senior members of the teams.
- 6.2 Between November 2018 and July 2019, the teams therefore recorded the tasks they were undertaking and the grade of team member that could, theoretically, have done them. If it is assumed that these tasks, and the frequency of them, would be broadly the same in any other area of the county, then this information provides the basis for calculating how much it would cost the County Council to implement an NCP model in other areas with populations of c. 10,000 people, as well as county-wide. It is these calculations that form the focus for this chapter.

### FTEs and costs in an optimal team

- 6.3 Based on the data recorded by the Neighbourhood Cares teams, the ideal or optimal structures in Soham and St Ives would as shown in Table 6.1. In reality, these FTE numbers would be rounded, so 1.0 NCW1 FTEs in St Ives, for example.

Table 6.1: Optimal team structures in Soham and St Ives				
	NCW1 FTEs	NCW2 FTEs	NCW3 FTEs	Total FTEs
<b>Soham</b>	1.22	2.90	1.67	<b>5.79</b>
<b>St Ives</b>	0.96	2.72	2.11	<b>5.79</b>
<b>Average (mean)</b>	1.09	2.81	1.89	<b>5.79</b>

- 6.4 Table 6.2 shows the annual salary and employee costs associated with the above staffing numbers. The figures are reasonably similar in each area: St Ives is approximately 4% higher in both salaries and employee costs.

Table 6.2: Annual salary and employee costs of associated with optimal team structures				
	NCW1	NCW2	NCW3	Total
<b>Soham salaries</b>	£25,010	£79,352	£62,396	<b>£166,759</b>
<b>Soham employee costs</b>	£32,587	£104,477	£82,838	<b>£219,902</b>
<b>St Ives salaries</b>	£19,805	£74,397	£78,612	<b>£172,814</b>
<b>St Ives employee costs</b>	£25,805	£97,952	£104,367	<b>£228,124</b>
<b>Average (mean) salaries</b>	£22,408	£76,874	£70,504	<b>£169,787</b>
<b>Average (mean) employee costs</b>	£29,196	£101,214	£93,602	<b>£224,013</b>

## Comparisons with business as usual costs

6.5 Business as usual salary and employee costs for Soham and St Ives have been calculated by:

- Dividing the populations of those areas by the total population of Cambridgeshire (this gives results of 2.0% for Soham and 1.6% for St Ives).
- Applying those percentages to the total county-wide adult social care salary and employee costs (Table 6.3).

Table 6.3: Business as usual costs in Soham and St Ives		
	Salaries	Employee costs
Cambridgeshire	£4,908,408	£6,318,759
Soham (2.0% of total Cambridgeshire population)	£100,003	£128,737
St Ives (1.6% of total Cambridgeshire population)	£78,566	£101,141

6.6 Table 6.4 compares the business as usual costs with the costs associated with an optimal team. The results show that:

- In proportionate terms, an NCP model with an optimal team would be more expensive than a business as usual model. Looking across the two areas combined, both the salary costs and the employee costs nearly double under an NCP optimal team structure. However this only applies when looking at staff costs in isolation. The pilot was not able to fully test the benefits that would have been achieved by shifting significant Council back office costs to the front line as has been achieved with Buurtzorg which would have increased the affordability of the model. It should also be noted that this statement only considers costs to the Council and does not factor in the cost savings to other organisations, such as the NHS.
- In both proportionate and absolute terms, the increases would be larger in St Ives than in Soham. An optimal NCP team would be more than double the cost of a business as usual team in St Ives.

Table 6.4: Comparing business as usual and 'optimal team' costs				
	Business as usual		Optimal team	
	Salaries	Employee costs	Salaries	Employee costs
Soham	£100,003	£128,737	£166,759 <i>167% of business as usual costs</i>	£219,902 <i>171% of business as usual costs</i>
St Ives	£78,566	£101,141	£172,814 <i>220% of business as usual costs</i>	£228,124 <i>226% of business as usual costs</i>
Combined	£178,569	£229,878	£339,573 <i>190% of business as usual costs</i>	£448,026 <i>195% of business as usual costs</i>

- 6.7 Extrapolating these results to the whole of Cambridgeshire gives estimated salary costs under a county-wide NCP model of approximately £9.3m and employee costs of £12.3m. This compares with current county-wide figures of £4.9m for salaries and £6.3m for employee costs. Based on these figures, it would cost the County Council an additional £6m in employee costs to roll NCP out across Cambridgeshire.

### Interpreting the results

- 6.8 It is important to recognise that the calculations presented in the preceding sub-sections are, for a number of reasons, broad estimates. They are based on information provided by the Neighbourhood Cares teams for nine months of a two-year pilot. Perhaps more significantly, they also assume that Soham and St Ives are representative, in terms of adult social care needs, of the county's population as a whole. It may be that needs/demands on services in Soham and St Ives are actually above average, particularly when the demographics of Cambridge – the county's largest urban centre – are factored in (i.e. young(er) and relatively affluent).
- 6.9 Even so, it is evident that NCP with an optimal team structure would be substantially more expensive than a business as usual model. The question then becomes, how much money does NCP save per year and how does that compare with its additional annual costs?
- 6.10 Unfortunately, attributing an 'annual saving' to NCP is not straightforward. Whilst it can be attempted, and is explained below, it is important to recognise the imperfections in the approach:
- **Hospital admissions prevented:** Chapter Five reported that, if it is assumed that 50% of the hospital admissions that the teams said they have prevented were exclusively down to NCP, then the total saving over the evaluation period would be £131,124. This translates into an annual saving across Soham and St Ives combined of £74,928. However, this is a saving to the health service, not directly to the County Council.
  - **Residential care avoided/delayed:** seven fewer NCP clients than comparator group clients transferred into residential care during the evaluation period. It would probably be inaccurate to claim that all seven were exclusively the result of NCP. If it is assumed that three of them are down to NCP, and that each of those three would have remained in residential care for a full year, then the saving is £66,746.
  - **Reduced loneliness:** Chapter Five gave an estimated annual saving of £27,200 as a consequence of NCP having reduced the loneliness and social isolation of its clients.
- 6.11 Totalling these figures (£74,298 + £66,746 + £27,200) gives an assumption-heavy estimated annual saving of £168,244. This is less than the £218,148 increase in employee costs across Soham and St Ives combined under an NCP model.
- 6.12 However, this does not mean, in any de facto sense, that NCP has not covered its costs. For example, if it is assumed that NCP was responsible for five of the seven clients not transferring into residential rather than three, and if it is also assumed that NCP was responsible for 75% of all recorded hospital admissions avoided, then the argument becomes that NCP actually *does* cover its costs.

6.13 However, these assumptions (five clients rather than three and 75% of all admissions avoided) are at the very outer limits of what would seem plausible given the available evidence. Whilst the degree of approximation and assumption once again bears repeating, it is difficult to make a strong argument which says that NCP would deliver net cost savings through care package costs (including residential), hospital admissions or reductions in loneliness were it to be rolled out more widely across the county.

## **7 CONCLUSIONS AND LEARNING POINTS**

### **Introduction**

- 7.1 The conclusions from this work are structured under the original evaluation themes from the invitation to tender, i.e.:
- Preventing the escalation of need;
  - Improving clients' quality of life;
  - Financial savings to the state;
  - Benefits for Neighbourhood Cares workers;
  - Legacy of NCP.
- 7.2 The key learning points from the evaluation are then summarised in the final sub-section.

### **Escalation of need**

- 7.3 Much of the evaluation evidence supports the assertion that NCP has helped to prevent clients' needs from escalating. Under NCP, initial reviews have been undertaken more promptly, carer's assessments have been offered more consistently, non-statutory options have been explored more readily and thoroughly, and more regular contact has been maintained with clients and their families. Alongside this, many activities have been introduced that enable and promote social inclusion.
- 7.4 It is a ringing endorsement of NCP that clients and their families have spoken so enthusiastically about the support they have received, how it has helped them to avoid crisis situations and how Neighbourhood Cares staff have consistently operated with flexibility and a client-centred approach. Positive feedback on the service overwhelmingly outweighs feedback on its challenges and constraints.
- 7.5 The impact of NCP on the non/de-escalation of clients' needs is, arguably, also evident in the quantitative data. Fewer NCP clients than comparator group clients have transferred into residential care settings, hospital admissions appear to have been prevented and loneliness has been reduced. Surprisingly perhaps, there is no evidence that domiciliary care packages are costing the local authority any less in the NCP areas than in the comparator areas, but this is likely to be a question of scale. It would require NCP to have had a fundamental impact on care package costs for a reasonably large number of clients in order for the effects to be evident within pilot-wide statistics. Domiciliary care continued to be commissioned centrally and so it wasn't possible to fundamentally change the way that it was commissioned through the pilots, although the domiciliary care budget for the pilot populations was devolved to the teams.

## **Quality of life**

- 7.6 The finding that has resonated with the greatest clarity and consistency throughout the evaluation is that NCP has helped clients to enjoy a better quality of life. There are many anecdotal accounts to support this, some of which point to quite transformational change for individual clients. For other clients, the changes have been more subtle or small-scale, but have been no less welcomed by those concerned. It is these effects that most clearly distinguish NCP from the predecessor models of social care in Soham and St Ives.
- 7.7 Looking ahead, measuring or quantifying improvements in quality of life should be interwoven within the monitoring processes for any successor interventions (see 'Learning Points') in an attempt to pair the qualitative accounts with robust quantitative data.

## **Financial savings**

- 7.8 It is somewhat paradoxical that the more quantitative elements of the evaluation result in the least clear-cut conclusions, although this is simply down to the realities of imperfect data and the impracticalities of constructing and tracking control groups in a more scientific way.
- 7.9 It appears likely that NCP has saved money for the state by preventing some clients being admitted to hospital and by preventing others from needing to transfer into residential care settings. It is also helping to reduce loneliness and isolation (the qualitative evidence demonstrates this) which has been proven through other research to benefit the state financially.
- 7.10 However, the results of the cost saving analysis undertaken for the evaluation must be seen in the context of how much NCP would cost to deliver under an optimal team structure. Making definitive statements on this is potentially misleading, given the extent to which the analysis has involved assumption and approximation. It is therefore safer to say that, based on the data available to this work, it seems unlikely that NCP would cover its additional costs through savings to the state in the form of domiciliary care packages, hospital admissions, residential care or loneliness. But it must also be recognised that these are not the only ways in which NCP could save money. Clients may visit their GP less often, be discharged from hospital earlier or have less need for mental health services, for example, all of which have the potential to save public money.

## **Benefits for Neighbourhood Cares Workers**

- 7.11 The clear conclusion here is that NCP has been a rewarding and beneficial experience, both professionally and personally, for the staff that have been involved in its delivery. Job satisfaction appears to have been consistently high, helped by the empowerment and responsibility that the self-managed team structure has offered.

- 7.12 The teams have been enthused by the professional freedom they have had to meet needs, to operate outside of more conventional public sector authorisation structures and to support local residents in the development and implementation of new community-based activities. This enthusiasm has been evident in how they have gone about their work and has been observed and appreciated by clients and family members alike.

## Legacy

- 7.13 The cessation of NCP in both Soham and St Ives dictates that it will not leave a local legacy, or be sustained, in terms of a model of social care. However, it will leave a legacy – in Soham in particular – of community assets and community involvement. Some of this is physical or tangible (e.g. the tuk tuk and the various clubs and activities that are continuing after NCP) and some is more about community spirit and older residents feeling more willing and able to play a part in their local communities. Both are very important.
- 7.14 It is difficult to say with any certainty how self-sustaining the legacy of NCP will prove to be without the Neighbourhood Cares Workers there to fulfil the facilitator, co-ordinator and adviser roles, but it is unquestionably the case that its impact will not stop immediately upon the closure of the pilot.

## Learning points

- 7.15 **Team/service base:** using the library in Soham as the NCP base was more effective in terms of client engagement and community participation than the GP surgery in St Ives. It was non-threatening, accessible and inclusive and was more conducive to drop-in activity.
- 7.16 **Recruitment:** as documented in detail in the Phase 1 evaluation report (November 2018), the recruitment process for NCP was very effective and should be replicated on interventions of this kind in the future. In particular, the assessment-centre approach and scenario testing identified individuals well-suited to the roles, while recruiting staff from a range of professional backgrounds was very beneficial in terms of knowledge sharing and skills development.
- 7.17 **Monitoring:** the monthly reporting process introduced in December 2018 made the analysis of NCP activity much clearer and easier. With hindsight this process would have been put in place at the outset of the pilot.
- 7.18 **Monitoring:** as a category of potential cost saving, ‘reducing loneliness’ was incorporated into the evaluation at a relatively late stage. On successor schemes, it would be very useful for the teams to use a recognised/validated loneliness tool with clients to capture their ‘loneliness status’ on engagement with the service and, where possible, their status some months later. The same is also true of a quality of life scale. Doing so would add more robustness to the (very powerful) messages on loneliness and quality of life that have emerged from the qualitative research.

- 7.19 **Community development:** employing a member of staff with community development experience has been of major benefit to both the development of community assets and the legacy of NCP. This was especially the case where the member of staff did not have a caseload of clients as they were able to focus on community development activities, including forming and developing relationships with other local partners.
- 7.20 **Community development:** when supporting community members with new activities, events or projects, it is important for staff to recognise the significance of persistence, encouragement and facilitation (as distinct from control). Neighbourhood Cares staff have been excellent in this regard and, as such, have been instrumental in many of the community assets developed through NCP coming to fruition and being successful.
- 7.21 **Neighbourhood Cares team:** on future initiatives of this kind, a team staffed with professionals from both health and social care should be encouraged. This is likely to make issues over systems integration and information sharing easier to overcome and, in doing so, will facilitate a truly person-centred approach.
- 7.22 **Neighbourhood Cares team:** the pilot has shown that Neighbourhood Cares teams do not need to be staffed exclusively with social workers (the recording of tasks for the 'optimal team' calculations demonstrates this). This supports the learning point above about the merits of a joint health and social care team.

## APPENDIX A: CLIENT CASE STUDIES

### Client name (changed to protect confidentiality)

Barbara

### What were the client's needs?

Barbara became known to NCP in relation to two concerns:

- **Home condition:** the warden at Barbara's sheltered accommodation contacted NCP over concerns that her house had become very unclean and that she was struggling to cope with its basic upkeep.
- **Social isolation:** Barbara's GP suggested that she attend an NCP coffee morning to help her deal with her growing social isolation. Barbara described how she had found it increasingly difficult to leave the house and often did not get dressed or stayed in bed for long periods.

### What support did NCP provide?

Barbara was provided with the following support by NCP:

- **A deep clean of her house:** this was done whilst Barbara was in hospital for a planned procedure. It meant that the house was habitable and met the required standard for sheltered housing guidelines.
- **Weekly visits:** a Neighbourhood Cares Worker visited Barbara at home on a weekly basis. Following these visits, Barbara began attending the weekly drop-in sessions at the Soham library.
- **Short-term home help:** following Barbara's discharge from hospital, the Neighbourhood Cares team put in place arrangements to aid her recuperation. This included having shopping delivered to her house.

### What did the client say about NCP?

Barbara was very grateful for the support she had received through NCP and spoke enthusiastically about how it been:

- Very prompt;
- Tailored to her needs and personal circumstances;
- Based around face-to-face contact and conversations that she understood and felt able to contribute to;
- Multi-faceted (i.e. it comprised the cleaning, weekly drop-ins and post-hospital support), as opposed to being a single intervention or off-the-shelf package of support.

Barbara's view is that were it not for NCP, she is likely to have reached a crisis point in terms of the upkeep and condition of her home. It is possible that this could have resulted

in her losing her tenancy. She also believes that both her social isolation and her mental health are likely to have become worse.

*“It’s made a big difference to my life. If they hadn’t been here to help me, I’d be a different person now. They’ve always been there for me.”* Barbara

### What has changed as a result of NCP?

Barbara was very clear in her view that the support she received from NCP has been central to the major improvements she’s now enjoying to the cleanliness and overall comfort of her home.

*“She [Neighbourhood Cares Worker] encourages me to keep things clean and tidy, which I really need. Without her, I would’ve carried on the same way as before and the house would have been awful.”* Barbara

The NCP coffee mornings have provided Barbara with an opportunity to meet new people and make new friends in a relaxed and welcoming social environment. She feels much more comfortable leaving the house and is now able to once again enjoy social situations.

*“Last year I was very bad with my nerves and was taking lots of tablets, but they [NCP coffee mornings] have been very helpful. Now I am much better and feel less lonely. I go and have a cup of tea and a laugh and a joke.”* Barbara

Barbara also said that she feels much more comfortable asking for and receiving help.

### Sustainability

At the time of the follow-up evaluation interview in mid-2019, Barbara’s was still attending the NCP coffee mornings and had regular contact with her Neighbourhood Cares Worker.

### Client name (changed to protect confidentiality)

Betty

### What were the client's needs?

Betty was referred to NCP by her GP following treatment for a shoulder injury. Although she lives in sheltered accommodation, she did not have any additional support in place before NCP.

### What support did NCP provide?

Betty was visited at home by a Neighbourhood Cares Worker who recommended, and subsequently arranged the delivery and installation of, some equipment to help her complete day-to-day tasks around the home. Previously, tasks such as cooking and cleaning were proving very difficult for Betty because of her shoulder. The Neighbourhood Cares Worker also spoke with her about social activities in the town which resulted in Betty:

- Attending weekly drop-in coffee mornings and a lunch club;
- Helping with the running of a dog petting club;
- Volunteering at an intergenerational project.

### What did the client say about NCP?

Betty was extremely positive about the Neighbourhood Cares Worker and all elements of the support and advice they had provided. In particular she highlighted:

- How she was able to contribute to decisions about the support she received (e.g. the new equipment in her home);
- How she felt listened to and respected;
- The broad range of social activities available to older people in the town as a consequence of NCP.

*"It's one-to-one support and they [Neighbourhood Cares Workers] have time to devote to you and they really listen."* Betty

*"They [Neighbourhood Cares Workers] don't do it for you – they lead you through it. They make it much easier – they bring you out of the darkness."* Betty

### What has changed as a result of NCP?

Betty is able to live more independently, to manage and maintain her home with greater ease, and can prepare meals more easily. Her social circle is larger as a consequence of the activities she attends. Overall, her quality and enjoyment of life is better.

*"I'm much happier and much more extrovert. No more gloomy stay at home me."* Betty

## Sustainability

At the time of the follow-up evaluation interview in mid-2019, Betty's shoulder was much improved and she continued to enjoy a happy and active life. She was still involved in all the activities that she attended through NCP and was interested in other volunteering/ social activities available in the town.

#### Client name (changed to protect confidentiality)

Robert

#### What were the client's needs?

Robert contacted NCP following the death of his wife. He wanted to become more socially active and have more involvement within his local community.

#### What support did NCP provide?

Initially, the support focussed on helping Robert with his bereavement. He attended the drop-in sessions and was provided with emotional support on a one-to-one basis by a Neighbourhood Cares Worker. He also took on a range of volunteering roles, including:

- **Neighbourhood Cares Ambassador:** giving talks to local associations about the services that NCP provides;
- **Scam Champion:** helping people who have received unwanted letters, telephone calls or emails soliciting money;
- **IT Buddy:** helping people apply online for bus passes/blue badges and with general IT queries.

#### What did the client say about NCP?

Robert was wholeheartedly positive about NCP. In particular, he felt he had derived great benefit from:

- The Neighbourhood Cares Workers having taken the time to listen to him and provide him with non-judgemental, emotional support;
- The various volunteering opportunities in which he had taken part;
- The opportunity (through the weekly drop-in sessions) to meet people on a regular basis and build friendships.

Had NCP not existed in Soham, Robert is unlikely to have sought emotional/bereavement support and feels that his mental health and general wellbeing could have suffered as a result.

*"Without Neighbourhood Cares, I would probably have stayed in the house a lot more and cried about my wife." Robert*

#### What has changed as a result of NCP?

Robert identified three main positive changes in his life that had been caused by NCP:

- **Coping with bereavement:** by talking with the Neighbourhood Cares Workers, Robert felt he was coping better with the death of his wife. He attached great importance to the fact he had received emotional support in a timely, compassionate and helpful way.

*“Before [NCP], I was in a really dark place and couldn’t put two sentences together without crying. Now I feel much more stable.” Robert*

- **Inclusion and participation:** the NCP drop-in sessions helped Robert to meet new people and to develop a regular routine which involves leaving the house.
- **General wellbeing:** through his volunteering work, Robert’s self-confidence and self-worth has improved considerably.

*“They’ve encouraged me to do things I would never have imagined doing before. They make you aware of all the things you can do.” Robert*

## Sustainability

At the time of the follow-up evaluation interview in mid-2019, Robert reported being positive and happy. He said that he would have been “rudderless” without NCP.

## Client name (changed to protect confidentiality)

Judith

## What were the client's needs?

Judith was referred to NCP by her GP and her support worker at Mind. They were concerned about her social isolation and the difficulties she faced in managing her finances. Judith has severe osteoporosis and has suffered with a broken back. She struggles to walk more than a few steps and experiences constant pain. She was also struggling with the upkeep of her home.

## What support did NCP provide?

Judith received support relating to three different aspects of her life:

- **Financial support:** the Neighbourhood Cares Worker worked with Judith to establish the benefits to which she was entitled vis-à-vis those that she was claiming. Judith had become very reticent to spend money, was becoming increasingly worried that she was over-claiming benefits and was confused about her council tax obligations.
- **Practical support:** the Neighbourhood Cares Worker helped Judith to apply for a blue badge, arranged for Age UK to remove the clutter from her house and liaised with an occupational therapist, resulting in important home adaptations that made it easier for Judith to prepare meals and wash her clothes.
- **Mental health support:** the Neighbourhood Cares Worker accompanied Judith to her sessions at Mind.

## What did the client say about NCP?

Judith was initially quite reluctant to engage with NCP but is extremely pleased that she did. In particular, she feels that she benefited from:

- The understanding, caring and non-judgemental nature/approach of the Neighbourhood Cares Worker;
- Being actively involved in the decisions that were taken about her;
- The support being face-to-face and not being limited to a fixed period of time or a certain number of sessions or visits per week.

*"She [Neighbourhood Cares Worker] has been very understanding. I've been able to be myself with her....she considers my feelings." Judith*

Without NCP, Judith is likely to have remained unsure and anxious about her benefit eligibility and financial situation more generally. Her home adaptations are unlikely to have made as promptly and she made have disengaged from the Mind sessions.

## What has changed as a result of NCP?

Judith now pays the correct (reduced) level of council tax, feels more financially aware, has a blue badge and is able to do more for herself around the house. She is happier and less anxious, spends more time out of the house and has made some new friends.

*“It has been a great help to me...I cannot thank them enough for helping me to sort things out.” Judith*

### Sustainability

At the time of the follow-up evaluation interview in mid-2019, Judith was coping well at home, was setting herself small goals and milestones, and felt very reassured that she could approach the NCP team if she needed further support.

### Client name (changed to protect confidentiality)

Rose

### What were the client's needs?

Rose was referred to NCP by her GP. She had received a diagnosis of terminal cancer and had spent some time in hospital. She had previously been reticent to engage with support services, but agreed to meet with a Neighbourhood Cares Worker to discuss:

- Ways to improve her quality of life;
- Her future care and support needs and how these might best be met.

### What support did NCP provide?

NCP supported Rose with the following:

- **Trusted advocacy:** the Neighbourhood Cares Worker accompanied Rose to important medical appointments and monitored her medication.
- **Practical support:** the Neighbourhood Cares Worker showed Rose how to use online shopping (an important component in helping Rose to maintain her independence) and helped arrange repairs to her mobility scooter (likewise).
- **Emotional support:** Rose also regularly attended NCP social events, e.g. the coffee mornings and pub lunches, and found that these were very beneficial in helping her to deal with her cancer diagnosis.

### What did the client say about NCP?

Rose said that she is unlikely to have visited her GP regularly enough were it not for NCP, which could have resulted in her being admitted to hospital more often and/or important changes in her condition not being acted upon soon enough.

Rose felt listened to and, importantly, developed a genuine sense of trust towards the Neighbourhood Cares Worker. At no point did the discussions feel rushed, nor did she feel excluded from decisions about her care and support.

*"She [Neighbourhood Cares Worker] is always there – I don't know what I would have done without her really. She's become a good friend and I look forward to seeing her." Rose*

### What has changed as a result of NCP?

Rose said that NCP had helped her to come to terms with her cancer diagnosis and had provided a valuable avenue of support at a difficult time in her life. Her mental and emotional wellbeing is better and she feels more willing and able to engage in social activities. She is also more willing to accept support from statutory services.

*"She [Neighbourhood Cares Worker] came to the doctors with me when I didn't want to go. She was a great help." Rose*

## Sustainability

At the time of the follow-up evaluation interview in mid-2019, Rose was continuing to engage in social activities through NCP. She recognised that her condition would deteriorate in the future but said she would be more willing to look for, and accept, additional help than would have been the case in the past.

### **Peter's Story**

NCP were asked to work with Peter soon after the pilot began. The local GP surgery asked us to support him to access hospital appointments. Maybe it's because our first meetings with him were about life and death that we felt we needed to be the ones to support him through treatment. We considered alternatives, but who else would deliver the balance of recognising this man's assets while understanding the many areas where he needed support, whether that was to navigate to and through the hospital, or to find his way through devastating information? Others might explain things in a way that made him feel demeaned, or not explain something vital.

We were with him through diagnosis and treatment, and a period of good health, and through follow ups and return of the disease and discussion about what it meant when there was no more treatment, about choices in the landscape of there being no hope. We were with him when he talked to the hospice staff about emergency plans, when he talked to the vicar about his funeral, when he talked to the GP about pain relief. We were with him for the last meal he really enjoyed, and for the meals when he realised that eating was becoming something difficult and painful. On his last walk across town, we managed by some magic of community to be with him while he took on the realisation that he was facing something that was eroding each of his long established, life structuring routines.

We were his advocate when professionals thought he must not be able to make his own choices, and as much as helping him understand, it was about modelling to professionals how to understand him, and to share information in a way that was meaningful. We were his interface with others when his disease meant that he could no longer make himself understood to strangers. We were committed to making sure that he made his own choices, and we were there when he needed someone alongside him as the choices got harder.

In response, we saw him take the steps to reach out to us. To come and find us with letters for us to read, or to join in with events that were put on. He led sing songs. He showed us how to dance. He allowed us to see him cry, to help him take medication, to start doing some of the tasks around his home that had never been done, or that had become too difficult for him. He showed us his mother's grave, and asked us to visit it for him.

As a fiercely independent and private man who had spent a lifetime protecting himself from harm with every resource he had, I believe he was able to show us his vulnerability in the knowledge that we would never label him vulnerable. We would always recognise his courage and resourcefulness and his ability to survive on his own, and on his own terms.

We were only able to work in this way with this person because the whole team got to know him, and because he saw us as a team, a group of people who, introduced one by one, were let in to his home and allowed to offer support in return for his knowledge of nature and the world, his love of certain singers, his memory for the origin of certain words, his particular philosophy on courage and the cruelty of life,

alongside an absolute joy in the first daffodils appearing, a blue and white sky, dandelions.

Wonderfully, every member of the team came to have their own relationship with him, and, wonderfully, he recognised and valued our differences. We each defined our own boundaries. But I know that we were always boundaried with him. We absolutely respected his choices, even when that meant a choice not to take medication, or to not heat his home, or to wear multiple coats for a long wait in a too hot hospital. We always respected his privacy, the limits to which he was willing to share his information or space. We respected his choices and we worked with him to make sure they were respected by others, too.

We are a team established to do things differently. Working with this person, we questioned ourselves every step of the way, checking in with each other that this was still the right thing to do. And we learnt about working as a whole team, about not automatically commissioning support, about not looking at diagnosis or access or eligibility, about planning birthday parties and trips to the coast, about not trying to separate what is health, what is social care, and what is us being human.

We are thankful for being in a team that is professional enough to work together to support people to live and die the way they choose, and open hearted enough to acknowledge each other's loss as we keep on doing the job we want to do.

Peter died as he wanted, in his own home. His clinical needs being met by his GP and community nurses, all other areas of support was provided by NCP. His favourite music playing when he died.

**Roles Neighbourhood Cares Workers have been appointed to**

Both St Ives and Soham have retained an individual NCW and a worker from each team has joined the respective Locality Teams to provide continuity in taking forward a place based approach. They will ensure that the relationships developed with each community continue, particularly through the weekly library drop-ins in both Soham and St Ives.

Think Communities will benefit from the skills of a NCW returning to their team full time working as a place based lead for East Cambridgeshire. This will ensure that the strong links developed between the community and the Council are maintained and Soham and St Ives will continue to be used as exemplars in both the Library transformation programme and work with NHS Primary Care Networks.

A NCW has joined Adult Early Help as a member of the Carers Team. The Adult and Autism team and Young Adult team have recruited NCWs to social worker roles ensuring all these teams benefit from the learning theses staff take forward in champion NCP principles in their new roles.

The Council's Transformation and Business Intelligence team gain a Policy and Performance officer who can ensure NCP learning is taken forward in the Council's future policies and strategies.

Two of the NCWs have been appointed as 'Changing the Conversation' champions and are delivering the Change the Conversation training as part of Adults Positive Challenge Programme (APCP). They are working alongside Impower and are delivering a training programme that is being rolled out across all Adult Social Care (ASC) teams. They have also developed the strength based conversation training for library staff and volunteers. Their experience and the principles of the Neighbourhood Cares approach are integral to this work.

The Quality and Practice Team and the Principal Social Worker have seen changes in practice following the delivery of Changing the Conversation training. As Champions the NCWs are able to lead complex case discussions that encourage staff to think about all the assets available to people in their communities in a way that is very practical.

Two NCWs have been appointed by the NHS as Integrated Neighbourhood Managers for the North Alliance. Rob Henchy, Programme Manager, Greater Peterborough Network stated that :

"The work and learning from the NCP has been invaluable to the work health and care partners across Greater Peterborough are doing to build integrated teams around their newly formed Practice Primary Care Networks and their registered populations.

Two of the NCP team are now Integrated Neighbourhood Managers which act as the focal point for the integrated team; understanding the population needs and building teams from health, care and the local community to address those needs. The experience they have from the NCP has enabled them bring

new and innovative ideas into how multi-disciplinary teams can operate across a neighbourhood. “

The learning from NCP is being taken forward by the continued role of the Neighbourhood Cares Manager representing ASC in championing the NCP learning within Think Communities, Commissioning and integrated neighbourhoods work with the NHS.



**DOMICILIARY CARE – REVIEW OF USED CAPACITY**

*To:* **Adults Committee**

*Meeting Date:* **18 December 2019**

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

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

*Forward Plan ref:* **N/A**

*Key decision:* **No**

*Purpose:* **To consider endorsement to General Purposes Committee of £259,000 of transformation funding for resources to support a review of domiciliary packages to facilitate additional capacity**

*Recommendation:* **This Committee is asked to endorse this proposal to General Purposes Committee**

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## **1. BACKGROUND**

- 1.1 Across Cambridgeshire, there are around 2,400 users a week receiving Domiciliary Care via services that are either directly commissioned by the County Council or through direct payments. Total expenditure for Domiciliary Care in Cambridgeshire is around £20m.
- 1.2 There is a waiting list for long term domiciliary care in Cambridgeshire, which means that people who need a long-term package are spending longer than they need to in a temporary arrangement. This arrangement varies from inappropriate settings such as an acute or community hospital, reablement bridging, short term block arrangements including interim beds and support from families which is unsustainable in the longer term.
- 1.3 Whilst interim care is a necessary step in providing long-term solutions for users of domiciliary care, time spent within interim care should be reduced as it is typically a minimum of £2/hour more expensive for private providers, and for reablement bridging, a minimum of £10per hour more than the cost of providing long-term. Furthermore, in order to manage market for domiciliary care it is essential that the flow of people transitioning to long-term care is managed effectively and that we prioritise identification of market capacity.
- 1.4 In September 2018, Peterborough City Council commenced a review and audit of domiciliary care capacity and provision that was commissioned from care providers. The information collected during the review at Peterborough City Council has increased system capacity for domiciliary care, supported prioritisation of assessments and increased independence for some service users.
- 1.5 The review at Peterborough City Council has also so far delivered £350k of savings per annum as a result of identifying prioritisation of reviews and there is now sufficient evidence to propose extending the project to cover Cambridgeshire County Council Domiciliary Care Providers.

## **2 Main Issue/Proposal**

- 2.1 Domiciliary care is brokered for individuals as the need arises. Providers bid for care packages based on their capacity at that specific time. Care needs and capacity changes over time and this can mean that care rounds are not optimal, for example travel between calls increases thereby decreasing carers direct contact time. We have identified that several providers are delivering care in the same area, often the same street. Using a mapping tool called 'Power B.I', we are able to illustrate each service user by care provider and identify opportunities to optimise direct contact time.
- 2.2 Forecasting using evidence from the review carried out in Peterborough and adjusting to take into account different local contexts, it is expected this project will:
  - Identify clients who need assessments to be prioritised to facilitate capacity release
  - Identify provider capacity that can be used to support placement of those people waiting for care. This will also support further improvements in Delayed Transfer of Care (DToC)

- Support conversations with providers where operational opportunities are identified thus improving provider relationships, support to increase sustainability where issues with call coordination are identified, and prepare for development of place based commissioning
- Identify opportunities where providers can rationalise care calls by reviewing care provision geographically across all providers and re allocating care across to optimise care rounds.

- 2.3 We know that in Cambridgeshire, there are issues with the availability of domiciliary care which means that people spend longer in inappropriate settings than necessary. Preliminary investigations have already taken place which has identified additional capacity could be released as well as savings through auditing existing care transactions.
- 2.4 The brokerage team in Cambridgeshire has insufficient capacity to deliver this review. Consideration has been given to the review being delivered entirely or in part by external consultants, however it was decided that the best approach would be to utilise the existing team in Peterborough as, not only was this the lowest cost option, this team is familiar with the tasks required and has a proven track record of delivery.
- 2.5 The project team in Peterborough are resourced from the Peterborough Care Placement Team with leadership from the Senior Quality Improvement resource. However, resourcing from the Care Placement (brokerage) team is not sustainable. The proposal would be to second the Senior Quality Improvement Officer who has managed the Peterborough project to lead the Cambridgeshire project with fixed term employment for 1 member of staff who has been delivering the project from an agency and then to ask for expressions of interest within CCC. Additionally we are proposing to use the project as an opportunity to upskill our internal contracts team and include this process as part of the ongoing contract management process.
- 2.6 Since September 2018, when the dedicated team at Peterborough City Council put in place, a budget contribution for 3 staff has been made by Peterborough City Council to fund the project team. In order to extend the review to Cambridgeshire it is envisaged that the following resource requirement will need to be in place from December 2019 to 31st March 2021.
- 2.7 Forecasting using evidence from the review carried out in Peterborough, it is expected this project will deliver savings, cost avoidance and realisation of capacity to the value of £600k per annum with a stretch target of £1.1million. These figures are based on the reconciliation of the Electronic Call Monitoring (ECM) and the Care Notes data. Sampling has been carried out within Cambridgeshire, which has indicated that there are savings to be achieved through this work, quantified below. The project will also be training contract management staff so that this audit function becomes a routine part of contract monitoring which may result in additional savings in future years.
- 2.8 It is proposed that the resources of £259k, as detailed in Section 3.0, are funded from Cambridgeshire's Transformation Fund. A summary of the costs and savings anticipated are described below:

	2019/20	2020/21	2021/22
Anticipated savings	£100,000	£300,000	£200,000

*\*It is important to recognise that this project will also deliver critical non-financial outcomes as identified in 1.3, and so this is both an invest to save and an invest to improve proposal.*

### 3. RESOURCE REQUIREMENTS

- 3.1 The project team in Peterborough are resourced from the Peterborough Care Placement Team with leadership from the Senior Quality Improvement resource. The project team is proposed to move wholly onto work for Cambridgeshire as funding is agreed.
- 3.2 In order to extend the review to Cambridgeshire providers it is envisaged that the following resource requirement will need to be in place from the start of the project to 31<sup>st</sup> March 2021:

	2019/20	2020/21	Totals
3 x full time project officers	38,000	92,000	130,000
1 x project analyst	13,000	31,000	44,000
1 x subject matter expert/project lead	25,000	60,000	85,000
<b>TOTAL REQUIREMENT</b>	<b>76,000</b>	<b>183,000</b>	<b>259,000</b>

### 4. ALIGNMENT WITH CORPORATE PRIORITIES

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

This project will ensure vulnerable client groups are receiving care that meets their needs maximising independence and ensuring they are safe.

#### 4.2 Thriving places for people to live

There are no significant implications for this priority.

#### 4.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

## **5. SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

Implications are positive and set out in section 2.

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

The project will provide training to contract monitoring officers and ensure improved assurance that funding is spent appropriately

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

There are no significant implications

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

There are no significant implications

### **5.5 Engagement and Communications Implications**

The Cambridgeshire care market is not wholly resilient, a robust communication and engagement plan will be in place to ensure providers embrace the opportunity provided by this project to avoid adverse media

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

There are no significant implications

### **5.7 Public Health Implications**

There are no significant implications

<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/No Name of Officer:
<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: Will Patten
<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: Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

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

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 2 December 2019  
Updated on 9 December 2019



Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

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

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

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<b>18/12/19</b>	Early Intervention and Prevention Re-procurement	G Hodgson	2019/070	<b>06/12/19</b>	<b>10/12/19</b>
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Full Evaluation of Neighbourhood Cares	L Tranham / C Black	Not applicable		
	Quarterly Performance Report	T Barden	Not applicable		
	Domiciliary Care – Transformation Bid	W Patten	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>
<b>16/01/20</b>	Charging Policy – Outcome of Consultation	C Black	2020/006	<b>03/01/20</b>	<b>08/01/20</b>
	Procurement of Care and Support Services in Extra Care schemes – Jubilee Court, Park View, Nichols Court and Doddington Court.	L O'Brien	2020/014		
	Care Homes Current Block Bed Re-tender	A Thorp	2020/005		
	Housing Related Support (Adults)	O Hayward/S Ferguson	Not applicable		
	Adults Social Care - Service User Survey Feedback	T Hornsby/ C Black	Not applicable		
	Delayed Transfers of Care (DTC) Progress Report	C Black	Not applicable		
	Service Directors Report Update - Adults & Safeguarding (includes Self-Assessment) Commissioning / Health / Financial	C Black/W Patten	Not applicable		
	Brexit Impact Assessment	D Revens	Not applicable		
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>
<b>12/03/20</b>	Day Services	M Foster	2020/007	<b>28/02/20</b>	<b>04/03/20</b>
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies	Not applicable		
	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		
	Interim Respite Beds Request	Will Patten	TBC		

<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>23/04/20 Provisional date</i>				<i>09/04/20</i>	<i>15/04/20</i>
<b>21/05/20</b>	Integrated Community Equipment Service Procurement.	D Mackay	2020/005	<b>08/05/20</b>	<b>13/05/20</b>
	Deep Dive - TBC	C Black / W Patten	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		
<i>11/06/20 Provisional date</i>				<i>29/05/20</i>	<i>03/06/20</i>
<b>02/07/20</b>				<b>26/06/20</b>	<b>30/06/20</b>
<i>13/08/20 Provisional date</i>				<i>31/05/20</i>	<i>05/08/20</i>
<b>10/09/20</b>				<b>28/08/20</b>	<b>02/09/20</b>
<b>08/10/20</b>				<b>25/09/20</b>	<b>30/09/20</b>
<b>12/11/20</b>				<b>30/10/20</b>	<b>04/11/20</b>
<b>10/12/20</b>				<b>27/11/20</b>	<b>02/12/20</b>

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<b>14/01/21</b>				<b>23/12/21</b>	<b>06/01/21</b>
<i>18/02/21 Provisional date</i>				<i>05/02/21</i>	<i>10/02/21</i>
<b>18/03/21</b>				<b>05/03/21</b>	<b>10/03/21</b>
<i>15/04/21 Provisional date</i>				<i>02/04/21</i>	<i>07/04/21</i>
<b>03/05/21</b>				<b>20/04/21</b>	<b>23/04/21</b>

To be programmed:

## Adults Committee Training Plan 2019/20

## Agenda Item: 10

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

<b>Suggested Dates</b>	<b>Timings</b>	<b>Topic</b>	<b>Presenter</b>	<b>Location</b>	<b>Audience</b>	<b>Notes</b>
<b>July / August 2019</b>		Adults Positive Challenge	TBC	TBC	All Members	
<b>September 2019</b>		An overview of Adults Social Care Finance	Stephen Howarth	Shire Hall	All Members	
<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	
<b>October 2019</b> (Possibly Member Seminar)		An overview of Mental Health	TBC	Shire Hall	All Members	
<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	
<b>November 2019</b> (Possibly Member Seminar)		An overview of the Adults Social Care	Jackie Galwey	TBC	All Adults Members	

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
February 2020		Safeguarding: - Overview of safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Helen Duncan	Chord Park	All Adult Members	
On request		Introduction to Learning Disability / Physical Disability	Tracey Gurney	TBA	Please contact Lesley Hart to arrange a visit or for further information.	
		An overview of the Council's work in relation to Carers	Helen Duncan	TBA		
		Neighbourhood cares	Louise Tranham	TBA		
		Counting Every Adult	Tom Tallon	TBA		
		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 safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable

ABBREVIATION/TERM	NAME	DESCRIPTION
		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