

Appendix 2c Adults and Health

Temporary Funding Proposals

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Business Planning: Business Case – Investment / Savings

Project Title: Independent Living Services - Rheola

Committee: Adults and Health

2022-23 Investment amount: 180k

The following one-off revenue investment amounts will be needed, it is proposed that these be funded from reserves. This business case does not require any capital investment.

	Capital and revenue flow in £000s						
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Capital	0	0	0	0	0	0	0
Revenue	180	0	120	0	0	0	300

The proposal is scheduled for savings to flow from the year after the opening of the new services as shown below.

	Building volumes (in units) and savings flow (in £000s)						
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Volume		48					48
Savings		478					478

Brief Description of proposal:

To commission and open 48 new tenancy-based flats within Cambridgeshire, thereby increasing residential and nursing care capacity for older people wishing to remain living independently. Specifically, this supports people being able to stay in their own tenancy for longer, given care can be stepped up as needs increase, unlike residential care where they may need to move to get increased care needs met. Stimulating development of new services in this way will generate the much-needed provision to meet population growth forecasts and do so at a cost affordable to the local authority.

Date of version: 09/09/21 BP Reference: A/R.6.199

Business Leads / Sponsors: Executive Director of Commissioning, People & Communities

1. Please describe what the proposed outcomes are:

To commission and open 48 new tenancy-based flats within Cambridgeshire, thereby increasing residential and nursing care capacity for older people wishing to remain living independently. Specifically, this supports people being able to stay in their own tenancy for longer, given care can be stepped up as needs increase, unlike residential care where they may need to move to get increased care needs met.

The proposals link to the following corporate outcomes:

Communities at the heart of everything we do:

- The new service enables high dependency older people to remain within a community setting. It also means care workers from the community can support older people to remain living independently.

A good quality of life for everyone:

- The new service will also offer greater choice, control, and care flexibility for those older people no longer able to remain living safely at home.
- The programme is expected to create new whole time equivalent jobs across Cambridgeshire. Detailed work is taking place to refine this estimate.

Cambridgeshire: a well-connected, safe, clean, green environment:

- The specification will reflect a very high level of renewable energy generated onsite compared to the alternative services in the care sector. Consequently, it will reduce carbon emissions. The proposal is expected to benefit public health by reducing future harms from climate change. Initial estimates predict the new service will prevent CO₂e emissions.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The proposal supports CCC's Adult Social Care Older People strategy to help people live with greater levels of independence. The work will build on early consultation carried out with user groups, providers, and social care practitioners. The work also takes account of the growth in older people population and their expectation of more choice and control of services. The information collected was from industry recognised sources such as Laing and Buisson market reports used across health and social care. This adds to information and ideas collected from district councils, industry experts and Council Members.

The proposal also helps the care market embed CCC's Climate Change strategy into the accommodation-based services. The approach involves lowering energy demand, eliminating the use of fossil fuels, and generating electricity on the premises. We will learn from experiences of other projects that have already achieved this.

Adults in employment spend a large proportion of their time in work, our jobs and our workplaces can have a big impact on our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, the proposal will pursue social value from the delivery of work to disadvantaged people.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

There are two broad approaches to implementing a new ILS (Independent Living Service):

- the 'make model' option. Here CCC will have overall control and responsibility for funding, designing, and building an ILS. This level of control is common practice across the CCC in long-term capital programmes; and
- the 'buy-model' option. Here the private service providers would be commissioned to build ILS services in Cambridgeshire. We would contract flats within the ILS.

CCC's preferred approach is for it to finance and construct CCC's own service of this type. However, commissioning in services is also explored to assure CCC does not miss high quality and innovative services from private providers. This also benefits from sharing risk in the marketplace.

On selection of suitable sites, a feasibility study would be carried out on how the site could accommodate the new social care services. We would conduct the studies applying the HAPPI design principles. The HAPPI principles are based on 10 key design criteria used in social care housing design. Many are recognisable from good design generally - good light, ventilation, room to move around and good storage - but they have relevance to the spectrum of older persons' housing which needs to both offer an attractive alternative to the family home and be able to adapt over time to meet changing needs.

We will continue to monitor the factors which led to this mixed model approach. Factors include government policy to social care funding, older people's preferences, land and building costs. Should circumstances change CCC may look to change the mix.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The work to deliver the ILS programme will be governed through the Older People's Accommodation Board. This will ensure it links in with other programmes looking at similar benefits. The programme team would expect continued support by a cross-Committee Members Reference Group who provide advice and guidance on a range of topics. The governance groups will hold the programme team accountable to deliver its benefits realisation strategy, stakeholder engagement plan and risk management. The

broader set of benefits expected from the ILS programme will be defined for the outline business case stage.

We will use a structured approach to programme management applying the Cabinet Office's recommended methodology for the delivery of projects and programmes. We shall also apply the construction industry standard RIBA Plan of Work to organise the process of briefing, designing, preparing, and submitting planning application, constructing, and operating building programmes.

This work will require dedicated resource and associated financial commitment to manage each programme. Expenditure would be required for an in-house multi-disciplinary project team covering commissioning, property, finance, legal and procurement. It would also be required for additional expertise in building design, and project management.

High Level Timetable

This work will be phased with each of the 1 scheme working to the same major tasks.

Task	Duration
Find suitable site	
Carry out feasibility study	3 months
Produce initial business case	1 month
Carry out design work	10 months
Submit planning application	5 months
Produce final business case	1 month
Acquire site & Construct service	12 months
Ramp up service user	4 months
ILS ready for full use	
Total estimated project duration	36 months

The proposal is scheduled for one new 'buy' service opening in 2024/25. The locations will depend upon the suitability of land and planning permission.

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

This will affect older people with eligible social care needs receiving a funded care package. It will also provide a choice to older people without eligible social care needs (self-funders).

The proposal 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. The proposal does deliver new care services for older people to move into. It might therefore represent a small risk model to current living arrangements when needs increase.

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.

The proposal also affects people involved in designing and building the ILS. Government acknowledges adults in employment spend a large proportion of their time in work and that our jobs and our workplaces can have a big impact of our health and wellbeing. Therefore, work and health-related worklessness are important public health issues, both at local and national level. Consequently, ILS's will pursue social value from the delivery of work to disadvantaged people as well as understanding that some tenants may also still work whilst residing in the ILS.

A more detailed Community (Equality) Impact Assessment is scheduled for the next stage of the business case.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

A financial model is being developed that will model factors in investments, income, costs, savings, and cost of risks. The primary financial benefit is related to the annual social care budget for older people through a delay in the unnecessary escalation of social care needs.

Key Benefit	Measure	Baseline	Target & Timescale
Cost avoidance (Buy projects)	ASC Budget	£3.1m pa	£0.5m pa phased over the programme period

Non-Financial Benefits

Success is achieved when more older people with higher levels of care and support are happy in their own independent living service. The proposal can support this by firstly delivering great accommodation which has been designed and built in an environmentally considerate manner. Secondly, the proposal can further help by delivering high quality care jobs instilling an enabling environment to help older people. Thirdly, the proposal can assist people who would ordinarily find it harder to obtain work in the construction and/or care sector to find meaningful employment.

Key Benefit	Measure	Baseline	Target & Timescale
Increase in people living independently	Number of older people	NIL	48 people phased over the programme period
Reduce environmental harm	Amount of CO2 or equivalent in emissions	NIL	40 tCO2e pa phased over the programme period
Increase care worker jobs	Care worker numbers	NIL	45 jobs phased over the programme period

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

The proposal has identified a range of risks. Some of them are areas the project team can work on to reduce the uncertainties of the risk impact. There are others which will require help from across the Adult Social Care directorate and the Council as a whole. The table below lists the key risks.

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
IF Covid-19 restriction policies continue THEN there will be delays to the project.	Re-arrange work plans to continue making progress and return to Covid-19 affected work at a more suitable time.	GREEN	Programme Team
IF suitable land cannot be found THEN there will be delays to the project.	Review CCC's land stock and maintain engagement with district councils about potential land use.	AMBER	Programme Team
IF construction industry inflation rises rapidly THEN the project will cost more to deliver.	Explore ways to use different materials to offset the rises in prices	AMBER	Governance Board
IF the DWP (Department for Working and Pensions) change the criteria agreed for Housing Benefit payments for ILS THEN the programme benefits will be reduced.	Maintain engagement with district councils to remain aware of benefits regulations	GREEN	Corporate Management
IF the Cabinet Office change to Public Contracts Regulations 2015 THEN the	Contribute to government consultation about the new	GREEN	Corporate Management

programme benefits will be increased. But no benefits are expected in the near term.	laws. Maintain a watching brief.		
IF the DHSC (Department for Health and Social Care) change the Adult Social Care funding policy THEN the programme benefits will be increased. But no benefits are expected in the near term.	Maintain engagement with government alongside LGA (Local Government Association) and ADASS (Association of Directors of Adult Social Services)	AMBER	Corporate Management

8. Scope: What is within scope? What is outside of scope?

ILS will focus on those people with high needs (usually but not exclusively aged 65+) who want to retain their independence but can no longer live in their own home. Individuals below the age of 65, for example those with early onset of dementia, would also be supported within ILS. The proposal does not describe community-based service or specialist service such as mental health service.

Business Planning: Business Case – Investment Proposal

Project Title: Care Together programme expansion

Committee

Adults & Health Committee

2022-23 Investment amount:

£689k

The total investment amount for the four year period would be approx. £2.915m as detailed in the table below. This could be funded from one off reserves.

	2022/23	2023/24	2024/25	2025/26
Place-based Commissioning resource to implement Care Together across the County over 4 years (staffing)	£311,549	£317,779	£388,752	£396,528
Seed funding to commission place-based volunteer & community assets, mutual aid, and social enterprises	£150,000	£125,000	£100,000	£100,000
Introduction of holistic, outcome-based homecare for all new & existing homecare clients in East Cambridgeshire, prior to countywide roll out in new Homecare Dynamic Purchasing System (DPS) in 2024	£47,000	£47,000	£-	£-
Expansion of Community Catalysts to develop microenterprises across the county over 4 years	£180,000	£245,000	£250,000	£255,000
Total	£688,549	£734,779	£738,752	£751,528

Grand Total = £2,913,608

NB – Expansion of ISFs (Individual Service Funds) has been included in the Direct Payment business case

Brief Description of proposal:

Implementation of the Care Together programme across the County over a four year period. This will improve the range of care and support available to older people in the community to meet population growth forecasts and do so at a cost affordable to the local authority.

Date of version: 2/11/2021

BP Reference: N/A

Business Leads / Sponsors:

Will Pattern, Director, People & Communities

1. Please describe what the proposed outcomes are:

The Care Together programme will transform the way care and support is commissioned and delivered to older people living at home. Introducing a place-based approach to commissioning, it will improve homecare provision and develop a wider range of care and support in the local community to support more older people maintain their independence and live happily at home for longer.

East Cambridgeshire is the early adopter site, currently in the planning and design phase. Implementation is scheduled for March 2022 for 2 years with an accompanying independent evaluation.

The investment will enable a transition to place-based commissioning and thus implementation of Care Together across the whole county by providing additional commissioning capacity and seed funding to develop more volunteer and community-led support and micro-enterprise.

The investment request comprises of four elements which are summarised in the table:

Request	What will it do?	Impact	Enablers
Place-based Commissioning resource	Provide the staffing resource necessary to implement a place-based approach to commissioning, enabling the implementation of Care Together across the county and improve the range and accessibility of care and support for older people living in the community.	Successful implementation of Care Together, bringing together partners and communities to increase the range of care and support available for older people in the local community.	Growth of Think Communities and development of Integrated Neighbourhoods through the Integrated Care System will support the transition to place-based commissioning.
Seed funding to commission place-based volunteer & community assets, mutual aid, and social enterprises	It will be used by commissioners to <ul style="list-style-type: none"> fund the expansion of existing volunteer and community assets e.g., expand member only meal service to all older people in the community support the continuation of mutual aid groups create new voluntary and community support and social enterprise 	Existing community assets are sustained, and new ones developed. Innovative community-owned businesses are developed contributing to economic growth. Overall, community-based services are better placed to support the growing number of older people.	In return for funding to pay the Real Living Wage, care providers will be expected to provide social value by supporting the growth and development voluntary, community, and social enterprises in the community.
Introduction of holistic, outcome based	Pay council-funded home care providers to deliver a more personalised and outcome-based approach,	Council-funded homecare will move from 'time and task' model to a	Introduction of Independent Service Funds to the existing homecare market will

<p>homecare for all new & existing homecare clients in East Cambridgeshire prior to countywide roll out in new Homecare DPS in 2024</p>	<p>ensuring service users are well connected into their local community, are no longer isolated or lonely and have the aids and equipment needed to maintain independence and wellbeing</p>	<p>personalised, comprehensive approach which considers a person's wellbeing. People's experience of council funded homecare will improve as will their quality of life as they remain connected within their community</p>	<p>support the transition to a more outcome-based model as they give people greater choice on how their funding is spent.</p> <p>The recommissioning of the Homecare DPS (the framework through which the council 'buys' homecare from local providers) in 2024 will introduce more localised care delivery through a zone-based model and make holistic, outcome focused homecare the standard for all council-funded service users.</p>
<p>Expansion of Community Catalysts to support and develop microenterprises across the county over 4 years</p>	<p>Fund business mentors known as Community Catalysts to work across each district, promoting microenterprises as a business or career and supporting individuals to set up and maintain their microenterprise over time.</p>	<p>People are supported to set up a care-based microenterprise who may not otherwise know how to do so. The number of microenterprises that provide care and support in the local community is increased and it is becomes easier to find the right support, whether privately or council funded.</p>	<p>Introduction of Independent Service Funds will offer a new, easier way for people to purchase their care from a much wider range of care providers and microenterprises.</p>

The Care Together programme seeks to deliver 3 strategic outcomes:

(I) Introduction of place-based commissioning

The additional staffing resource will enable the Council to make the transition to a place-based approach to commissioning. This means future services will be designed and commissioned around the specific challenges and community resources of a given area rather than the traditional countywide 'one size fits all' approach. It will result in a greater focus on the development of local community provision and how the community can better support itself whilst ensuring the right services are in place to meet the specific needs of a community.

Older people, communities, professionals, and organisations will play an active role in place-based commissioning, designing, and shaping what future services will look and feel like in their local area based upon their current experiences. Working more closely with voluntary and community groups and partners in the Integrated Neighbourhoods, it

will also facilitate a more localised approach to delivery, with local teams working directly in the community. Integrated Neighbourhoods are emerging ‘place-based’ areas in which local GPs (Primary Care Networks) come together with local partners from social care, education, voluntary and community groups and local residents to work in partnership to develop local services based around local needs.

(ii) Improve the homecare offer available to local people

Existing Council funded homecare is based around short visits to deliver personal care (known as time and task model) and is limited in choice, flexibility, and personalisation. It can involve a lot of travel for carers and the lack of time to deliver personalised care and support contributes to the challenge of retaining good carers.

The investment will improve the homecare offer available to local people. It will enable the Council to work with providers over time to develop a more localised model of homecare in which carers live and work in their local community, travel less and are empowered to deliver a person-centred service focused on individual wishes, aspirations, and wellbeing needs. It will also create a wider range of homecare providers, supporting local people to establish their own micro enterprises offering care and support. It will also introduce new ways for people to choose their own care and support through an Individual Support Fund. Together, these innovations will improve the quality of experience of people receiving Council funded homecare and make care work a more attractive employment or business opportunity.

(iii) Develop a better range of care and support in the community to promote independence and delay demand for long term health and social care services

The Care Together programme has ambitions to join-up local health, social care, and community/voluntary services in the local area to make it much easier (and less stigmatising) to find early help and support. Better integration will also reduce duplication of services and make better use of resources.

Implementation of the Care Together programme will deliver the following specific outcomes in terms of service provision and service user experience. It will also include an independent evaluation to measure the social return on investment and the impact upon individuals, the Council and other partners

Outcomes for individuals/community:

Individuals will benefit from a more personalised homecare offer which reduces social isolation, improves wellbeing, and promotes maintenance of independence alongside personal care
The care workforce will benefit from new and improved ways of working; an ability to work locally, travel less and spend more time providing quality care and support
Creation of micro-enterprises will promote local economic growth through new employment opportunities and increase choice for those needing care
Introduction of Independent Service Funds will make it easier for older people to have a personal budget and choose how it is spent it

Local people will find it easier to access support through a 'local offer' which coordinates health, social care, and voluntary/community services. A strong preventative focus (e.g., assistive technology and falls prevention) will promote independence and early help, reaching out to older people in the community to proactively offer early help before a crisis or before things become too much.

Local people will benefit from a growth of community-based services which older people report they need to remain living independently (e.g., services or enterprises offering companionship, support with laundry, housework, garden and home maintenance and shopping)

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

An Evidence Review completed by Public Health concluded that frequent, multi-agency support for older people in the community and a range of support interventions for carers are the most effective ways to prevent admission into long term residential care.

The Neighbourhood Cares Evaluation demonstrated the value of place-based approaches in supporting people living in the community.

Experience of the Covid Hubs demonstrated the positive impact greater coordination between local communities, health and social care services can have in supporting older people living in the community.

The Oxford Brookes University Institute of Public Care report 'Reducing Older People's Need for Care: Exploring Risk Factors for Loss of Independence' has shaped thinking on key intervention points in which to deliver early intervention and prevention activities.

The Care Together programme also aligns with the following strategic priorities and plans:

Joint Administration priorities

- Move from delivering social care through an overly focused emphasis on commissioning of care agencies, towards one of empowering people and communities using new models based on delivery at neighbourhood level and through new models of governance, including more 'in-house' provision.
- Protect and enhance choice and control by service users, adopting a rights-based approach to service delivery and the concept of independent living, expanding opportunities for use of direct payments, individual budgets, and personal assistants.

Alignment with key strategies including the Council's Recovery & Resilience Framework, All Age Carers Strategy 2018 to 2022.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

A business case for investment in the early adopter site in East Cambridgeshire was endorsed by Adults Committee and General Purposes Committee in late 2020/early 2021. In addition to delivering the outcomes for individuals and communities summarised in section 1 above, the initial business case outlined the potential return on investment for the Council in terms of preventing and delaying demand for long term adult social care and increasing the amount of affordable care and support available to the Council.

A feasibility and independent evaluation scheme are under way in East Cambridgeshire to provide an evidence base for this methodology moving forward.

Phase 1 Care Together programme is expected to deploy in March 2022 with the evaluation result expect in spring/summer 2024.

The option of in-house homecare provision was considered but excluded due to prohibitive costs. Initial market research suggested double the current level hourly rate paid by the Council. However, other models of homecare provision will be explored such as social enterprises and community interest companies/partnerships.

Other options considered by Adults & Health Committee include those shown in the table below:

Option	Description	Timescales	Risk/Benefit Summary
1. Continue in East Cambridgeshire only	Allow original approach to continue and evaluation on Care Together programme to be completed	Completion estimates: March 2024	<ul style="list-style-type: none"> No additional cost East Cambridgeshire benefits from service changes made but other districts do not Limits social and financial return on investment
2. Rollout County wide following evaluation	Care Together programme early adopter site runs as planned in East Cambridgeshire until 2024. Subject to favourable evaluation findings, roll out across remaining 4 districts over a minimum 2-year period	Evaluation Outcome– August 2024 Approvals for additional resource - Dec 2024 Recruitment – April 2025 Commence - May 2025 Complete - May 2027 (earliest)	<ul style="list-style-type: none"> Slower to implement but progresses based on robust evidence of impact and social return on investment Requires significant investment in project capacity Business case for investment will offer more accurate costings and timescales as it will be based on learning from the first site Avoids risk of additional investment into a programme which does not deliver value for money Allows time for health system to embed Integrated Care System
3. Rollout County wide subject to evaluation, plus improved integration of teams	<p>Expand Care Together programme across all districts subject to favourable evaluation of early adopter site.</p> <p>Alongside this, further develop more integrated practices across health and social care teams through the Integrated Care System</p>	Evaluation Outcome– August 2024 Approvals for additional resource - Dec 2024 Recruitment – April 2025 Commence - May 2025 Complete - May 2029 If this progressed without completion of the independent evaluation, the completion date reduces to 2026.	<ul style="list-style-type: none"> As Option 2 Capitalises on integration appetite and agenda to join up Adult Social Care, Adult Early Help, and primary care around a neighbourhood under the Integrated Care System Unclear if timescales will align to and pace of Integrated Care System and Integrated Neighbourhoods development Complex, large-scale transformation carrying with it increased risk of delivery within timescales set If progress prior to evaluation there is a risk of investment into an untested programme which may not deliver desired impact and value for money
4. Rollout County wide without waiting for evaluation plus Neighbourhood Cares social care staffing model	Expand Care Together programme across all districts without waiting for evaluation and transform operational social work teams and Adult Early Help into neighbourhood facing teams as per model in Neighbourhood Cares Pilot. Given scale of transformation 4 years is more realistic.	As outlined within Option 4	<ul style="list-style-type: none"> Implements roll out 3 years sooner than Option 2 Significant investment in project capacity required to deliver Significant risk of investment into an untested programme which may not deliver desired impact and value for money (Care Together programme) Benefits realisation associated with Neighbourhood Cares Model Highest cost of all options due to staffing: population rations associated with Neighbourhood Cares Model - may not be affordable and staffing may not be available

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The next steps for the Council will be to expand roll out of the Care Together programme to the remaining 4 districts now without waiting for independent evaluation over four years

High Level Timetable

Task	Start Date	End Date	Dependency
Approval for additional resource	September 2021	March 2022	Approvals for spend and recruitment
Undertake expanded asset mapping for areas outside East Cams	March 2022	July 2022	
Expand Business Mentors (Community Catalyst) Support outside East Cams	March 2022	-	
Recruitment	March 2022	Aug/Sep 2022	
Commence Roll Out to other districts	August 2022	August 2026	Successful recruitment
Complete Programme	August 2026		

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The Care Together programme methodology is designed to support older people to remain independent and supported within their own home.

The programme will therefore be highly supporting to people with the protected characteristics of age, disability, poverty and rural isolation. Furthermore, a more personalised approach to care will also bring benefits for members of BAME (Black and Minority Ethnic) communities.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-

making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Nationally, there is a lack of evidence which demonstrates return on investment of adult social care interventions. What limited evidence is available focuses on returns for the health system.

As per the original business case (September 2020), through the creation and development of an early adopter site, the programme seeks to generate sustainable, affordable commissioning and delivery models supported by clear evidence of cost avoidance and return on investment.

Independent evaluation of the early adopter site will confirm the financial and non-financial benefits of the programme and assess its success in meeting its strategic aims. Therefore, the potential or anticipated benefits of the Care Together programme are outlined below.

Financial Benefits

The programme is intended to deliver benefits in terms of demand management and reducing the level of demand budget that needs to be factored into the medium term financial plan, rather than cashable savings through cost reduction.

Care Together programme has strong potential to generate Return on Investment (ROI) for the council in several areas outlined below and the independent evaluation will provide evidence of this.

Principle areas of anticipated financial benefit:

1. Admission into long term residential care is delayed due to better integrated community support and enhanced homecare offer
2. Demand for long term health and social care is delayed due to easier access to early help and support
3. The council is able to meet more demand for the same expenditure as a result of growth in voluntary and community support for older people
4. Growth in micro-enterprises will diversify the homecare market and provide the council with affordable capacity to meet forecasted growth in demand
5. Evidence-based Council commissioned services will provide better value for money and demonstrate a clear impact or return on investment
6. Reduce duplication of provision commissioned by multiple partners (e.g. similar services commissioned by both health and social care)

Non-Financial Benefits

The Care Together programme has significant social return on investment potential which should be considered;

- Improvement in individual outcomes (reduced social isolation, improved wellbeing, fewer falls etc)
- Improvement in quality and service user experience of council funded homecare
- Progresses a place-based and integrated approach to commissioning and service delivery amongst health, social care, local communities, and the voluntary sector
- Supports and stimulates development of community organisations, social enterprise, and mutual aid
- A diverse range of care and support available in the community that is easier to navigate and offers greater flexibility and choice
- Contributes to improvements in care workforce opportunities and retention
- Economic growth and job creation because of creation of micro and social enterprises
- Rewards innovation and enterprise
- Supports the reduction in carbon emissions by maximising local support and reducing unnecessary travel
- Enables the contributions of local citizens in coproducing informal care and support
- Empowers local communities to be self-reliant and take on some responsibility for supporting its older citizens

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Risk of investment into an untested programme which may not deliver desired impact and value for money	To mitigate this, we would need to wait until our evidence has been assessed in 2024	Amber	Adults & Health Committee
Health system may not have resources to engage as they prioritise set up of Integrated Care System during this time	We would need to plan carefully with our health colleagues to reduce to impact of delays.	Amber	Service Director, People & Communities
Acceleration of the programme to all parts of the county will require significant additional	Ensure other Council departments have capacity to support	Red	Service Director, People & Communities

Council resources to deliver successfully	roll out and factor into programme planning		
Internal and democratic approval for additional resource requests (and subsequent recruitment) will add several months to all options.	Ensure high level milestones included approval timescales. Recruiting for resources would need to commence as soon as funding is made available or preferably in advance	Green	Service Director, People & Communities
Recruitment challenges may also cause delay in implementation	Recruiting for resources would need to commence as soon as funding is made available or preferably in advance	Red	Service Director, People & Communities
The impact of the programme will be reduced if there is limited engagement from health as it focuses on its transformation into an Integrated Care System	We would need to plan carefully with our health colleagues to reduce to impact of delays.	Amber	Service Director, People & Communities

8. Scope: What is within scope? What is outside of scope?

In scope:

Planning, design, and implementation of Care Together programme for older people in Huntingdonshire, Cambridge City, Fenland and South Cambridgeshire.

Forecasted investments required as part of the above including:

- Place-based commissioning resource (staffing)
- Seed funding to commission place-based volunteer/community infrastructure, mutual aid, and social enterprises in response to the needs and resources of that specific locality
- Introduction of Care Together programme Holistic Homecare
- Expansion of Community Catalysts to identify and support the setup and maintenance of micro-enterprises in each district
- Care Workforce Skills Development – to establish a Council led programme to support the development of a homecare workforce skilled in specialist and

complex care to better meet the future needs of an ageing population. This will include support for providers to branch out into specialist care and for voluntary and community organisations to progress into delivery of CQC (Care Quality Commission) regulated activities

Expansion of Individual Service Funds, although within scope of Care Together programme, has been included in the Direct Payments business case.

Out of scope:

Community based provision for adults with learning disabilities (this will be developed as part of the joint vision for the Learning Disability Partnership)

Business Planning: Business Case – Investment / savings

Project Title: Expansion of Direct Payments and Individual Service Funds

Committee: Adults & Health Committee

2022-23 Investment Request: £222k

Brief Description of proposal:

Direct Payments and Individual Service Funds (ISFs) are key to supporting people to live as independently as possible within their local communities. One off reserve funding would be required for 2022-23 and savings would be made from 2023/24

Date of version: 15 September 2021

BP Reference: N/A

Business Leads / Sponsors: Will Pattern, Director, People & Communities

1. Please describe what the proposed outcomes are:

As a result of the proposed investment, we will:

- Increase the proportion of people, with eligible care needs, who are on self-directed support, giving them greater choice and control.
- Co-produce personalised solutions that work for individuals.
- Strengthen local community support networks.
- Increase Social Value by improving long-term wellbeing and resilience of individuals and communities through personalisation of care and support planning and engagement with local communities.
- Work in an integrated manner with health under the Care Together programme.
- Generate a positive impact for individuals by supporting them to do the things they want to do in the place they want to do them, with the people/provider of their choice.

This will be achieved by:

- Increasing the local supply of Personal Assistants available in communities to meet the care and support needs of people with a Direct Payment without increasing carbon footprint from long travel times.
- Addressing any issues or delays within existing processes and practice guidance to support Social Care Teams in using Direct Payments and Individual Service Funds.
- Developing guidance hourly rates for Direct Payments to reduce current variation and ensure that rates calculated as part of the personal budget are reflective of local market rates for services.
- Developing Individual Service Funds for people who would like to exercise more choice and control in purchasing their support but would like support from another organisation to do this.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

A snapshot taken at the first quarter of 2021/22 indicated that 901 adults within Cambridgeshire use a Direct Payment to purchase their care and support – 45% of direct payments are used to support adults with a Learning Disability and/or Autism, 32% for adults with a physical disability, 19% for older people and 4% falling under the category of 'other'.

The latest information enabling a national comparison was published in 2019/20 and this indicated that 23% of people with eligible social care needs in Cambridgeshire were in receipt of a Direct Payment against a national average of 28%. Regional data from 2020/21 suggests that the number of Direct Payments used within Cambridgeshire had

slightly decreased to 21.3% against a regional average of 27%, partly due to the pandemic.

Best practice suggests that the use of Individual Service Funds is a key part of a council's 'self-directed support' offer.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The direct payment and Individual service Funds schemes are operational in other areas and have proven benefits, including better outcomes for people and more cost-effective services for Local Authorities. Therefore, we have not carried out a feasibility study as evidence is available nationally and locally. See [Self directed support \(connecttosupport.org\)](https://connecttosupport.org/); [self-directed-support.pdf \(scie.org.uk\)](https://scie.org.uk/) for papers on the benefits of self-directed services.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Define an action plan with strong oversight	March 22	July 22	Direct Payment Board
Gain engagement and buy in from across the system to prioritise self-directed support	August 21	Ongoing	Direct Payment Board
Recruitment of new capacity in Programme Management and Contract Management	Jan 2022	Apr/May 2022	Human Resources
Sourcing and Implementing new Personal Assistant resources to cover duration of Direct Payment set-up.	April 2022	Aug/Sept 2022	Human Resources
Monitor impact with ambitious Key Performance Indicators	April 2022	Ongoing	Commissioning
Reduce lead times between referral and receipt of the Direct Payment.	April 2022	July 2022	Adults Finance Team / Commissioning / People Plus
Improve flow from interim care and support into Direct Payments or Independent Service Funds.	April 2022	Ongoing	Operations
Access Business Intelligence data for evidence-based decision-making	April 2022	Ongoing	Commissioning

Engage in more co-production with people who receive self-directed support services to ensure the services they want are available locally	April 2022	Ongoing	Commissioning
Integrate with Health colleagues and the new Integrated Care Systems	August 2021	Ongoing	Commissioning
Encourage the development of community enterprise and mutual aid within the social care sector	August 2021	July 2023	Commissioning

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so, please provide as much detail as possible.

The intention is to increase the uptake of direct payments or Independent Service Funds in all these protected characteristics groups and so this proposal is expected to have a positive impact on all groups. No adverse impact is anticipated.

Other programmes such as Care Together are working to increase the options for those living in rural areas. Increasing Direct payments and Individual Service Funds in these areas will therefore benefit both programmes.

An Equality Impact Assessment (EqIA) will be developed to ensure this proposal is equitable in its aims and delivery and any potential adverse impacts on people with protected characteristics are mitigated against. This is to ensure CCC's decision-making is inclusive for staff and communities with protected characteristics in line with the Equality Act (2010) and Public Sector Equality Duty (section 149).

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

The following investment areas have been identified as key to support the expansion of this provision:

- programme management capacity to fully implement the strategy and vision
- care and support planning software
- set up an in-house personal assistant support service to deliver personalised bridging care immediately after referral, while a long-term personal assistant is recruited
- Contract management capacity to ensure robust oversight and monitoring of self-directed service contracts

Summary investment requested

	22/23 £000s	23/24 £000s	24/25 £000s	25/26 £000s
Programme Management Capacity	205	0	0	0
Care & Support Planning Tool	4.45	4.45	4.45	4.45
In-House Interim personal assistant service	150	150	150	150
Contract Management Capacity	97	97	97	97
TOTAL COST	456.45	251.45	251.45	251.45
Direct Payment Clawbacks	234.117	257.529	283.281	311.610
Investment Required	222.333	-6.079	-32.281	-60.160

Financial Benefits

Financial benefits derived from Direct payments are normally found in clawbacks of unused funds.

The table below shows our clawback analysis of the previous four years. The increased clawback seen for 2020-21 is due to the COVID-19 pandemic, therefore we are forecasting an 8% clawback from c. 50% of clients using the scheme.

Quarter						
Values	Year	Q1	Q2	Q3	Q4	Grand Total
	2017-18	358,442	451,925	461,680	315,600	1,587,646
	2018-19	377,815	451,178	371,315	342,062	1,542,371
	2019-20	283,905	283,905	316,820	437,243	1,483,243
	2020-21	505,666	564,885	665,929	604,694	2,341,173
No. Of Clawbacks	2017-18	118	165	153	126	562
	2018-19	130	134	114	137	515
	2019-20	80	110	125	147	462
	2020-21	127	146	159	128	560
Total Sum of Amount		1,525,827	1,784,808	1,936,167	1,707,631	6,954,433
Total Count of Id		455	555	551	538	2099

The aim of this business case is to increase direct payment activity by c. 10% per annum, so it is reasonable to assume that clawbacks would increase at 10% per annum in line with this. The clawbacks will be utilised to offset some of the cost of the investment required.

Non-Financial Benefits

- Accelerate progress and improvement through the Direct Payment Board
- Delivery of improved options and outcomes for people

- Compliance with The Care Act (2014) re. Offer of Individual Service Funds
- Ambassadorship / Championing of self-directed support options with capacity to become in-house expert who can provide training and mentoring.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)
Ability to recruit to these positions in a timely manner	Many of the individuals responsible for implementing actions above are already employed by the Council. However, extra resource dedicated to self-directed services would enable better and more timely results against targets.	Amber
Lead time between referral and first Direct Payment	Project will be working to significantly reduce waiting times between referral and first payment prior to expanding the payments scheme to ensure wait times are minimised.	Amber
Lack of support for interim-only care arrangements while Direct Payment is set up	Temporary care measure will be put in place with contracted providers to ensure support is always available	Red
Systems (Mosaic/Liquid Logic) make it difficult to communicate with specific cohorts e.g., Direct Payment clients with Personal Assistants.	We will work with IT and our supplier to see how we can actively improve communications and transition between systems	Amber
Personal assistant availability is time-sensitive, changing from one week to the next; Personal Assistant register has some gaps in specific geographical areas.	The Care Together project is working to increase availability in these areas through microenterprise initiatives.	Amber
Difficulty in unifying the way data is collected and stored makes comparisons across	Work is ongoing within these systems to unify how this data is stored and used.	Amber

both local authorities and across age groups difficult.		
There may be resistance from some teams to new ways of working e.g., Independent Service Funds.	A program of information and training has been initiated to mitigate any resistance to new ways of working.	Amber
Set up an in-house Personal Assistant support service to deliver care immediately after referral while a long-term Personal Assistant is recruited	Through Market Testing will be completed to assess the viability of this service prior to initiation.	Amber

8. Scope: What is within scope? What is outside of scope?

In scope:

All Council funded forms of Self-Directed Support (Direct Payments and Individual Service Funds) are in scope.

Out of scope:

Continuing Health Care (CHC) and Personal Health Budgets - responsibility for these is with the NHS.