

Business Case

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

Project Overview

Project Title	A/R.6.176 Demand management savings in adult services (Adults Positive Challenge Programme)		
Savings for 2020-21	-£3,800k	Business Planning Reference	A/R.6.176
Business Planning Brief Description	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.		
Senior Responsible Officer	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
Scope
What is within scope?
Demand management savings resulting from APCP interventions Cashable benefits resulting from APCP interventions
What is outside of scope?

Project Dependencies
Title
Support from Enablers

Cost and Savings
See accompanying financial information in Table 3

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

Risks
Title

Project Impact
Equality Impact Assessment
Who will be affected by this proposal?
<p>The Adults Positive Challenge (APC) Programme is across Cambridgeshire and Peterborough, but also includes service users who may be placed out of county.</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"> • People with learning disabilities with eligible social care needs receiving a funded care package • Informal Carers • People with care and support needs not eligible for Council funded support, including self-funders • Providers (existing and future) • Voluntary and Community Sector

- 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
Scope
What is within scope?
1,600 Learning Disabilities Partnership care and support plans
What is outside of scope?
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
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 <ol style="list-style-type: none"> 1. Increasing levels of independence. 2. Increased choice and control in support levels. Benefits to Service Carers: <ol style="list-style-type: none"> 1. Increasing levels of independence for their loved one. 2. Increased choice and control in support levels for their loved one. 3. Reduced demands/pressure from caring roles. Benefits to LDP commissioning team <ol style="list-style-type: none"> 1. Better utilization of provider resources 2. Delivery of identified efficiencies 3. Potential to share lessons learnt to OP/PD/MH teams 4. A step change which will enable providers to differentiate capabilities.
Title

Risks
Title

Project Impact
Equality Impact Assessment
<p>Who will be affected by this proposal?</p> <p>People with learning disabilities with eligible social care needs receiving a funded care package.</p>
<p>What positive impacts are anticipated from this proposal?</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>What negative impacts are anticipated from this proposal?</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>Are there other impacts which are more neutral?</p> <p>No neutral impacts have been identified at this time</p>
Disproportionate impacts on specific groups with protected characteristics
<p>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</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

Project Impact
Equality Impact Assessment
Who will be affected by this proposal? 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.
What positive impacts are anticipated from this proposal? <ul style="list-style-type: none"> • Capacity for domiciliary care will be released and available to those people who are waiting for care • People whose needs have changed will have a prioritised review and where applicable have reduced client contributions
What negative impacts are anticipated from this proposal? 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.
Are there other impacts which are more neutral?
Disproportionate impacts on specific groups with protected characteristics
Details of Disproportionate Impacts on protected characteristics and how these will be addressed

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.