

# ADULTS COMMITTEE



**Thursday, 12 March 2020**

**Democratic and Members' Services**  
Fiona McMillan  
Monitoring Officer

**14:00**

Shire Hall  
Castle Hill  
Cambridge  
CB3 0AP

**Kreis Viersen Room**  
**Shire Hall, Castle Hill, Cambridge, CB3 0AP**

## **AGENDA**

**Open to Public and Press**

### **CONSTITUTIONAL MATTERS**

1. **Apologies for absence and declarations of interest**  
*Guidance on declaring interests is available at*  
<http://tinyurl.com/ccc-conduct-code>
2. **Minutes 16 January 2020**  
[Minutes - 16 January 2020](#)
3. **Adults Committee Actions - January 2020** **5 - 6**
4. **Petitions and Public Questions**

### **KEY DECISIONS**

5. **Cambridgeshire Lifeline Project Business Case** **7 - 26**

### **DECISIONS**

<b>6.</b>	<b>Finance Monitoring Report - January Update</b>	<b>27 - 62</b>
<b>7.</b>	<b>Performance Report Quarter 3 2019-20</b>	<b>63 - 78</b>
<b>8.</b>	<b>NHS Foundation Trust Mid-Year Report 2019-20 -Delivery of the Council's Delegated Duties for People over 18 with Mental Health Needs</b>	<b>79 - 110</b>
<b>9.</b>	<b>Adult Social Care Service User Survey 2019</b>	<b>111 - 156</b>
<b>10.</b>	<b>Brexit Preparation</b>	<b>157 - 160</b>

## **INFORMATION AND MONITORING**

<b>11.</b>	<b>Adults Committee agenda plan - March 2020</b>	<b>161 - 164</b>
	<b>Adults Committee Training Plan 20-21</b>	<b>165 - 168</b>

### **Date of Next Meeting**

Thursday 21 May 2020

The Adults Committee comprises the following members:

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

Councillor David Connor Councillor Adela Costello Councillor Sandra Crawford Councillor Derek Giles Councillor Mark Goldsack Councillor Lucy Nethsingha Councillor David Wells and Councillor Graham Wilson

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

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<https://tinyurl.com/CommitteeProcedure>

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## ADULTS COMMITTEE

## Minutes Action Log

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **17 January 2020** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 28 January 2020

## Meeting 7 November 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
233.	<b>LEARNING DISABILITY PARTNERSHIP - BASELINE 2020/21 (POOLED BUDGET REVIEW)</b>	Mubarak Darbar	Members discussed the report and requested updates on progress.	<p><b>LDP Baseline 2020/21.</b></p> <p>The project has now started and underway. There were delays in the recruitment particularly with the nurses ultimately has delayed the project by 6 weeks however the CCG have now managed to recruit some nurses with more to follow over the coming weeks.</p> <p>Good working arrangement are in place between the Council and the CCG/CHC team and as the shape of the CHC work is being revised arrangements are also considered to support the business as usual activity post the project ending.</p> <p>Samples cases have been chosen and are being worked on now to support the LDP s75 Partnership Agreement baseline for 2020/21.</p>	<b>Will be completed in February 2020</b>	<b>Feb 2020</b>

Meeting 17 January 2020

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
249.	ADULT SOCIAL CARE CHARGING POLICY REVIEW	Mark Gedney	Members requested that officers supported Mr Pitts and his friend to review how the changes would affect her son's payments.	<p>'MG Contacted Mr Pitts' friend by email (contact details supplied by Mr.Pitts, and he was cc'd into the email) on Friday 24th Jan to offer a home visit, meeting or telephone call to discuss how the charging policy changes might affect her son's care charges and to address her concerns.'</p> <p>Ms Byatt (Mr Pitts' friend) responded on 3 February wanting to meet to discuss the charging changes and the impact of these on her son. Dates have been offered, and will hopefully arrange this shortly to allow the meeting to take place.</p>	Ongoing	Feb 2020

**CAMBRIDGESHIRE LIFELINE PROJECT BUSINESS CASE**

**To:** Adults Committee

**Meeting Date:** 12 March 2020

**From:** Charlotte Black: Service Director: Adults & Safeguarding

**Electoral division(s):** All

**Forward Plan ref:** 2020/028      **Key decision:** Yes

**Purpose:** The Committee is being asked to approve the business case for Cambridgeshire's Technology Enabled Care Service to become a Lifeline provider that includes a tender for an Alarm Receiving Centre for a four year contract.

**Recommendation:**

- a) The Committee is asked to support option 2 for the charging method (section 0 and 3.2.4).
- b) The Committee is asked to support the recommended charge to customers of £5 per week for the Lifeline service (section 3.4.4 and 3.6.3).
- c) The Committee is asked to endorse a bid to the General Purposes Committee for £172,406 of Transformation funding.

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

- 1.1 The aim of this project is to produce a viable business case for Cambridgeshire Technology Enabled Care (TEC) to become a Lifeline provider so that the income from the charges to customers funds the provision of the Lifeline service.
- 1.2 TEC is a key and integral service that is part of the Prevention and Early Intervention Services for adult social care. Increasing the uptake of TEC is a core part of the Adults Positive Challenge Programme. This proposal will enhance the ability of TEC to achieve their targets and is an essential step prior to further developments and opportunities.

## **2. BACKGROUND**

- 2.1 The County Council will need to plan for the telephone digital switch over in 2023 – 2025 and how it impacts on all the customers who have connected telecare. In Cambridgeshire this is currently estimated to be between 12,000 and 15,000 people who live in sheltered accommodation and people who have a Lifeline in their own home. This group of people will be the most affected by the digital switchover because they rely on land line connections and the Alarm Receiving Centres (ARC) are slow to upgrade to fully digital platforms. This project will make a significant contribution to preparing for the switch over for those people with dispersed alarms. The Housing Providers will remain responsible for the preparation for the digital switchover for people living in sheltered accommodation.
- 2.2 The business case is that the TEC service becomes a Lifeline provider in addition to maintaining their current responsibilities. The team would increase to include two installers to fit the Lifeline, peripherals and keysafe in one visit. There would also be an increase in business support to complete managing the referral, loading the recording onto Mosaic and finance systems, completing reviews and liaising with the Alarm Receiving Centre (ARC). A competitive tender process will need to be completed to secure a 4 year contract for the ARC. The ARC will provide the 24/7 monitoring of the Lifeline activations and instigating a response from family, Enhanced Response Service or emergency service.
- 2.3 It is noted that Transformation Funding of up to £39k was approved in April 2019 for this discovery phase of the project (including input from subject matter expertise (SME)), which has resulted in this business case with next steps for successful implementation. This report was approved at Cambridgeshire and Peterborough Joint Commissioning Board in January 2020.

## **3. MAIN ISSUES**

- 3.1 **Rationale for Cambs TEC wanting to become a Lifeline provider.**
  - 3.1.1 Currently the TEC service does not issue Lifelines but has a dependency on a large number of different Lifeline providers. In Cambs all Lifeline holders are being charged by their Lifeline providers. The main Lifeline providers in Cambridgeshire are:
    - Cambridge City Council
    - South Cambs District Council
    - Chorus operating mainly in Huntingdonshire
    - Sanctuary operating mainly in East Cambs

- Circle operating mainly in Fenland
- Cross Keys Homes operating mainly in norths Cambs. Cross Keys Homes also provides Lifelines for 6 week funded by Cambs TEC primarily to support rapid hospital discharges
- Kings Lynn Careline operating mainly in Fenland

There are a number of other Lifeline providers that have fewer connections in Cambridgeshire including Age UK and Appello.

3.1.2 There are a number of issues associated with this complex system of providers leading to the following rationale for this project:

- Complexity for the TEC service interacting with a minimum of six different Lifeline providers and six different Alarm Receiving Centres (ARC) – each with their own rates of charges, protocols and processes.
- Complexity for customers having to interact with two organisations, one for their Lifeline and Cambs TEC for their peripherals (sensors and detectors that connect to the Lifelines). For some of the providers above if the Customer requires a keysafe this is a third service they need to interact with.
- Complexity for professionals, needing to make two referrals to different organisations but ensure that provision is co-ordinated.
- Expectation that TEC is an important part of the Council's prevention/early intervention offering and an expectation to increase the numbers of people benefitting from TEC. Embedding TEC is a key work stream of the Adults Positive Challenge Programme.
- TEC does not have any direct access to histories of activations and it is a four step process to obtain this data. TEC contacts the Lifeline provider who then contacts the ARC for the report which is forwarded to the Lifeline provider and then on to TEC. The process is time consuming and delayed and does not support timely and preventative interventions.
- In the preparations for the Open Reach digital switchover 2023-5 the Council would have no direct management of the risks associated with the transition. The TEC service would be entirely reliant on the partners listed in 2.1 who could each take a different approach to the preparations thus running the risk of increasingly complex processes for the TEC service, and potential costs to the customer.

3.1.3 There are a number of risks to future CCC services that could arise if this business case does not gain CCC the approval to become a Lifeline provider:

- Inability to deliver future projects and proposals that are dependent on Cambs TEC being a Lifeline provider, such as deploying intelligent Lifelines enabling predictive activations and responses, ARC making outgoing calls. Both of these future projects would enhance the prevention and early intervention services, for example, the intelligent Lifelines can monitor activities of daily living and activations are generated when there is a deviation in routine such as mobilising less being an early warning of a possible fall or change in bathroom usage indicating a possible urine tract infection.
- No direct preparation and management of the digital switch over for telephones. If this business case is not approved an alternative plan would need to be made incurring cost without the benefit of any income. The plan would likely involve at the least having a technician visit people with a Lifeline either to remove the older types of Lifeline and install digital ones or to modify the newer style Lifelines. During the switch of Lifelines all the peripherals would need to be repaired and

tested with the ARC. If this is not done reliably the risk is the sensors do not send an activation when they should and a customer's need for help is missed.

- Limited ability to introduce new digital connected telecare equipment and test compatibility with the ARC. TEC needs to have a range of products to better meet the individual circumstances.
- Continuing dependency on other lifeline providers.
- Missed opportunity for securing income for this part of the TEC service.
- Ongoing complexity for TEC service and other professionals.
- Fewer people able to benefit from prevention and early interventions and the postponement of social care packages
- TEC already has high cost avoidance targets. The risk is the targets would not be met.
- Reputational damage and restriction of innovation as Cambridgeshire's TEC Team are nationally recognised as one of the most forward thinking in UK.

### 3.2 Cambridgeshire TEC proposal for charging for Lifelines

3.2.1 The proposal is there is a flat rate of charges for 24/7 telecare monitoring, installation, withdrawals and maintenance:

- Standard Lifeline for monitoring when the customer is in the house with any additional peripherals as needed
- Mobile monitoring with GPS positioning for outside the home e.g. Pebbell, Chiptec Go, True Kare

It is proposed that the ARC making outgoing calls should be developed after the Lifeline provision has been implemented successfully but that the specification for the ARC includes the possibility for implementing the outbound calling within the contract period.

Charges would exclude:

- Any charges for equipment, as per Care Act 2014, including no additional charges for monitoring extra peripherals
- Any charges for the mobile response service – Enhanced Response Service which is provided by CCC's Reablement Service

Cambs TEC have so far offered the first 6 weeks of Lifeline provision funded by the Council along with installation costs and fitting of a key safe. This has been very successful at increasing the numbers of people with TEC and reducing the barriers for customers for making the decision to have a Lifeline. Retention rate at 6 weeks is 75%. The majority of those not retaining is due to death, moving into residential care or into a family member's home.

3.2.3 There are two options for how the charging for Lifelines could be applied:

- **Option 1:** Charges would be at the flat rate applied for people who do not meet the criteria for social care services. For people who do meet the criteria and who have been assessed as being financially eligible for a social care package the cost of the Lifeline would be included in their care and support plan and form part of their personal budget or their direct payment. These people would be subject to means testing to assess their contribution as normal. A recent audit of the TEC caseload of 3,000 people showed that 72% do not have any other social care and 28% also have a care package.

- **Option 2:** Charges could be applied at the flat rate for all people irrespective of whether they had a care package or not. However for those on benefits and who are in receipt of a Council funded care package who undergo a financial assessment, the assessment will take into account their payment for a community alarm system as Disability Related Expenditure (DRE) as per The Care Act's Care and Support Statutory Guidance. The Guidance specifically states "Community Alarms" as a key example areas of DRE that must be considered as part of someone's financial assessment to determine their care charge.

3.2.4 The Project Group are recommending the second option. The provision of Lifelines is not a statutory social care provision. There is no specific guidance for social care on the charging for Lifelines, provision is generally a housing provider responsibility. People who are becoming frail and vulnerable will generally consider having a Lifeline as the first support service that is taken up often several years before care is needed. Therefore in the first couple of years of the Lifeline service the overwhelming majority of people will not be in receipt of care. This option is preferred for the reconfiguration of Mosaic to have one process for setting up of the advance quarterly billing cycles that is distinct and separate from the care billing cycles. The processes and resources needed for Finance Teams will be simpler and manageable within existing capacity.

This recommendation will not require any changes to the most recent Adult Social Care charging policy to accommodate this.

The understanding of the Project Group is that this would not require a consultation with the public because this is a new service and there are no existing customers who would be impacted. The charging would apply only to new customers to the Cambs TEC service who require a Lifeline to be installed, after the project has been implemented. No existing customers who have received the six weeks funded by the Council would be impacted as they are private customers of the Alarm Receiving Centre at the end of the six week period.

### 3.3 Differences in Lifeline Provision in Peterborough and Cambridgeshire

The main difference in the two Council's Lifeline provision is that Peterborough is a unitary authority with Housing Provider responsibility and has funded and provided Lifelines through a contract with Cross Keys Homes. These have been funded by the Council since 2015. The provision of Lifelines, peripherals and key safes has been done at a single visit. Historically no customers have been charged for Lifelines. However the implementation of charges for Lifelines in Peterborough is part of Peterborough City Council's (PCC) budget proposals.

Cambridgeshire has not been a Lifeline provider apart from a winter pressure initiative started in 2018 to simplify and speed hospital discharges where an initial 6 week period has been funded by the Council. There have been at least 6 main Lifeline providers and customers are experiencing two or three separate visits to have their Lifeline, peripherals and a key safe installed. Historically all customers have been charged for Lifelines and there are various rates of charges currently being operated. This is an opportunity to make the customer experience simpler and the process more efficient.

This proposal and business case development relates to Cambridgeshire only at this time. It does not prevent Peterborough joining at a later date if the Cambridgeshire implementation is successful. This would need to be taken through the PCC decision making process.

At the start of the Cambridgeshire Lifeline Project we made contact with all five District/City Councils to see if they wanted to work on a joint proposal. Cambridge City and South Cambridgeshire (South Cambs) District Council's expressed an interest leading to nine months of joint work on gathering baseline information, creating a vision for a joint integrated service and completing initial costings. This was discussed with senior commissioners who recommended that Cambridgeshire County Council (CCC) should ensure that this proposal was cost effective for CCC alone first. Cambridge City Council and South Cambs District Council both preferred to continue to provide and manage their alarms particularly in the sheltered schemes. However if in the future there were sufficient benefits for integrating the provision Cambs TEC would be willing to consider it.

### 3.4 Cost and Savings

3.4.1 The financial modelling for the business case is based on including the costs for:

- Two Scale 5 Assistive Technologist posts and one Scale 4 Business Support Officer position to be members of the TEC service
- Two leased vans and fuel for installers
- Purchase of Lifelines – The business case costs are based on the purchase of fully digital lifelines only in order to be prepared for the digital switchover. The fully digital Lifelines are unlikely to need an engineer visit at the point of switchover. The Lifelines purchased would connect either via internet protocol and mobile sim for backup or via mobile sim as primary connection if the home has no broadband. The purchase of the equipment is proposed through the ICES contract with NRS with its 80% credit model. The benefits of doing this are through using the NRS barcoding for traceability, management and maintenance of stock
- Estimated charges from the Alarm Monitoring Centre. A competitive tender would be run once the business case is approved. The estimated values of the contract are:
 

Year 1	£12,398
Year 2	£31,360
Year 3	£50,322
Year 4	£66,535
Total	£160,614
- Project and management overheads

3.4.2 The business case is based on income from the customers at flat rate per week. The business case cast costed five options, charges of £4.50, £4.75, £5.00, £5.25 and £5.50 per connection per week. Note, all options are a competitive estimate based on benchmarking data (see section 3.6 below). Based on current TEC activity levels the assumption is that 55 people a month retain their Lifeline at the 6 week review. TEC is installing an average of 72 Lifelines a month. The average period that people retain their Lifelines is 3.5 years so the income and expenditure has be calculated over a four year period.

- End of year 1 – 663 connections
- End of year 2 – 1326 connections
- End of year 3 – 1989 connections
- End of year 4 – 2652 connections



It is expected that the Lifeline equipment would be recycled and reissued.

The model also takes into account the annual saving CCC would make on NRS charges for installation of connected telecare, as this would be completed by the TEC team at the same time as they install the Lifeline (average annual saving of £80k). The charges for the 6 week Lifelines to the current provider would cease and be replaced by the new ARC Provider.

- 3.4.3 The following table sets out the net savings for years 1- 5, for each of the different chargeable rates from £4.50 to £5.50 per week. These charges all exclude VAT as the standard process is for Customers to complete a VAT exemption form. The table also sets out the Transformation Funding required and the return on Transformation funding:

Rates	Year 1	Year 2	Year 3	Year 4	Year 5	Total Saving	T.F Required	Return on T.F
4.50	0	0	-39,518	-78,257	-6,528	124,303	203,938	0.61
4.75	0	0	-60,559	-85,589	-7,308	153,456	188,172	0.82
5.00	0	0	-81,599	-92,921	-8,088	182,608	172,406	1.06
5.25	0	0	102,640	-100,253	-8,868	211,761	156,641	1.35
5.50	0	0	123,680	-107,585	-9,648	240,913	134,796	1.79

- 3.4.4 **The Project Group recommendation is that the charge per connection is £5.00.** See Appendix 1 for detailed costs and assumptions. The table below shows the total income and total expenditure projected for five years based on a £5 weekly charge.

£5pw charge	Total Income	Total Costs + Equipment	Transformation Fund Required	Net Saving*
Y1	70,265	212,087	141,822	
Y2	245,050	275,634	30,584	
			<b>172,406</b>	
Y3	420,810	339,211		-81,599
Y4	567,450	392,930		-174,520
Y5	583,050	400,442		-182,608

\* Note as per legislation pertaining to all local authorities, this saving is due to full cost recovery of the service, and will be used to reinvest in frontline services and provision/management of ongoing pressures.

- 3.4.5 Transformation funding of £172,406 is required at the start of the project to cover the overall expenditure until the service can completely cover its own costs. In year 3 the income from customers covers the cost of the service and makes a net saving of £81,599. In year 4 this rises to a net saving of £174,520. The net saving in year 5 of

£183k will then continue annually based on stable numbers of connections at a charge of £5p/w. The charge for the service will be kept under review to ensure costs continue to be covered, and the service will review opportunities to expand or deliver more efficiently, which may see a return on investment over the longer term.

- 3.4.6 Section 93 Local Government Act 2003 gives local authorities the power the charge for services that they have a power but not a duty to provide. The level of income is restricted to the amount it costs to provide the services. It is important for them not to make a profit. They are not constrained in how they calculate costs. They can include the full cost of all aspects of the service provision. To that end the model factors in staff time allocated to the project and their corporate allocation.

### 3.5 **Non-Financial Benefits of the proposal**

- 3.5.1 The provision of Lifelines, TEC and the Enhanced Response Service are often the first services provided from Adult Social Care. The meeting of irregular and on demand needs with these services is effective at postponing the requirement for regular long term social care. Looking at the activity of the Enhanced Response Service (ERS) in the 9 months since April 2019 ERS has responded to 4,366 calls where there was no family member to respond. They have attended 1,668 calls for a fall and provided 1,170 people with personal care that is not part of a regular care package. This team has avoided 4,113 calls going to the Ambulance Service. Family members also respond to Lifeline activations that in reality make the greatest contribution to avoiding and postponing the need for health and social care. Lifeline provision enables people to continue living in their own home for as long as possible and at the same time gives family members peace of mind that their relative can summon assistance whenever it is needed day or night.
- 3.5.2 It is noted that overall cost avoidance attributed to the increased use of TEC in the county is forecast to be around £5.8m for 2019/20. Although the financial benefits costed for this project (section 3.4) clearly show the direct savings and surplus that could be achieved, as the Lifeline is one aspect of this overall TEC cost avoidance, there are indirect financial benefits to the council for undertaking this project that will simplify the whole process and hopefully increase use of TEC.
- 3.5.3 This project has a clear link to social and health benefits as well as the cost savings, further details of which are detailed below:
- Reduce the confusion and complexity for customers and their informal carers in which organisation is responsible for which piece of equipment and knowing who to contact when something goes wrong. For any customers with a Lifeline issued through TEC they would have just one point of contact for their Lifeline, their peripherals and their key safe.
  - Simplification of processes for the TEC team and for referring professionals in health, housing and social care. For the TEC team the simplification of processes is expected to release some capacity and reduce delays from dependency on other third party providers, which will be used to continue to increase the numbers of people benefitting from TEC and to continue to achieve cost avoidance targets.
  - Cambs TEC to be able to directly commission an Alarm Receiving Centre (ARC). As a part of this tender to be able to include additional functions such as monitoring of people outside their home with mobile technology, monitoring of intelligent Lifelines,

making outbound calls such as:

- Welfare checks for two weeks following discharge from hospital
  - Social engagement calls to address loneliness
  - Deal with medication alerts
  - Concierge services for people with no internet access or informal carer support to complete online shopping and other online services
  - Universal Public Health messaging of how to manage in hot weather/ cold weather, take up of flu jabs, falls prevention.
- It is noted that this will be a new service for which a new business case will need to be developed and will offer CCC an opportunity to enhance the Early Intervention and Prevention agenda.
  - Cambs TEC have direct access monitoring reports from ARC and are alerted early to frequent callers, thus enhancing the opportunities for prevention and early interventions. Having direct and immediate access to a customer's call history enables detection of changing trends, improvements or declines, and short intensive clusters of activations indicating an acute change of health or circumstances, which can be used to tailor services more effectively. The processes in Enhanced Response Service (ERS), TEC, prevention hub and Reablement will be updated during the implementation phase to make optimal use of the call history reports.
  - The ARC procured will need to use a digitally ready platform in preparation for the Open Reach digital switchover in 2023-5 and meeting TS50134-9 standards and has open application programming interfaces (APIs). These standards are required to future proof the service and support any potential for integrated information with health and social care records as well as transmission between the control panel in the person's home and the ARC. The Council would have direct management of the risks associated with the transition for the majority of their customers.
  - TEC would purchase digital Lifelines that would be reliable and robust during the digital switchover. These would not require technician visits to upgrade that would be inevitable if we did not implement this when all services move to digitalisation. They would not suffer from the trend of increasing snagging that analogue technology will present the closer to the switchover date.
  - TEC would have the ability and freedom to test and trial new Lifelines and other technologies in a fast developing market. Other technologies TEC would want to consider would include wearables, passive sensors and voice activated devices and could even include lone worker safety and security. This enables TEC to better meet the variety of needs of individuals.
  - Quality of installations for connected telecare is improved and less follow up visits required for rectifying faults and the ARC is fully updated with any changes to the sensors and peripherals installed at the person's home.

**3.5.4 This proposal is the key project of the TEC Strategy. It enables the TEC service to move from being reactive to being preventative and to further develop with intelligent Lifelines to ultimately become predictive.**

### 3.6 Benchmarking with other Local Authorities

3.6.1 To establish a proposal for Cambridgeshire, benchmarking has been conducted which looked at two areas comparing this proposal with practice in other Local Authorities.

The first area is whether other Local Authorities (LAs) make charges for those in receipt of a care package as well as those who do not meet eligibility criteria. Out of 17 LAs asked:

- No charges made for Lifelines – 1
- All customers means tested and charged – 3
- No means test but a standard charge for Lifeline – 10
- For those meeting eligibility charges included in care package – 4
- Hardship policy or directed to benefits support – 7

3.6.2 The second area of benchmarking looked at rates of charges with particular reference for charges by other Lifeline providers in the Cambridgeshire area. CCC's proposed charges are outlined in section 3.4.4.

Local Authority	Lifeline charge to customer (Charges exclude Value Added Tax (VAT) unless otherwise stated)
Lifeline Provider 1 (out of area)	£3 - £9 per week
Lifeline Provider 2 (out of area)	tiered service model, £3, £5, £7, £10
Lifeline Provider 3 (out of area)	weekly non means tested charge for all - £2.65 p/w 1200 service users:
Lifeline Provider 4 (out of area)	£4.40 p/w - includes mobile response £7.96 p/w for mobile SOS
Lifeline Provider 5 (out of area)	£3.60 p/w - monitoring only further £3.60 p/w for mobile response £10.50p/w - option for monitoring of telecare and GPS
Lifeline Provider 6 (out of area)	£3.50. Peripherals additional £1.25. Keysafe £60
Lifeline Provider 7 (out of area)	£4.35
Lifeline Provider 8 (out of area)	£6.15 per week. If on benefits £2.82
Local Lifeline Provider 1	£4.70 per week, £5.64 incl VAT. £45 for keysafe
Local Lifeline Provider 2	£4.10 per week, £39 installation fee, £71.50 to supply and fit keysafe
Local Lifeline Provider 3	£4.40 per week, £35 for installation, £45 for keysafe fitted
Local Lifeline Provider 4	£4.93 per week, £5.92 incl VAT. Keysafe 0.25 per week incl VAT. No installation charge
Local Lifeline Provider 5	£4.47 per week or £5.47 for mobile Doro unit. Installation charge £30. No keysafe installation included

3.6.3 Based on the above benchmarking the business case costed a range of charging options from £4.50 to £5.50 per week. £5.00 is the recommended charge from the Project Group because it is competitive compared with other local Lifeline providers and customers do not incur the up-front costs at the start of having a Lifeline, that customers report is a deterrent to agreeing to have a Lifeline. This charge excludes VAT as Lifeline Customers

are VAT exempt.

### 3.7 Project Interdependencies

3.7.1 Engagement with the below services has started to consider the resource implications for the project. Estimations for resource needed is detailed below.

Service	Requirement	Estimated resource
1. Mosaic	Mosaic would need to be configured to enable charging for Lifelines. TEC implementing use of Mosaic instead of SystemOne.	Business as usual change request. This project has already been approved.
2. IT	IT expertise to contribute to the ARC specification, equipment specifications, assessing the tender submissions and equipment demonstrations, software access to ARC platform	Registered as an IT project. Commitment to support the specifications for ARC and telecare equipment and contract awards. Resource required from IT will need to be reassessed once contract awarded. Implementation phase clashes with 2020 IT move out of Shire Hall.
3. Communications Team	Communications strategy to promote the new service to public and professionals, produce leaflets and add to TEC website	Business as usual request
4. Adults Finance Team	Raise quarterly invoices to customers at an estimated rate of 55 new customers per month	Impact of this proposal to be assessed during a review alongside a number of other workload changes
5. LGSS Finance	Means testing is inclusive of costs for Lifelines or assessing DRE	No change in numbers of people requiring means testing or DRE assessments
6. Long term teams	Care plans are inclusive of Lifelines as a means tested item.	Briefings at team meetings
7. NRS	Secure agreement with NRS to provide new products on ICES contract and operate a TEC substore	Business as usual request
8. Procurement	Support for tender process for the ARC	Business as usual request
9. LGSS Legal	Contract documents for ARC	One day

### 3.8 Stakeholders and Governance

3.8.1 Table of main stakeholders and their engagement with the project group:

Stakeholder	Engagement	Communication (method and frequency)
Cambs Lifeline Project Group	Key steering group and ownership of project plan	Monthly meetings, contact in-between as needed to progress

TEC team	For input and update	Fortnightly TEC team meetings
ARC Provider (current)	Notification prior to start of tender. Invitation to participate in tender	
ARC Provider (future)	Implementation of contract	Fortnightly implementation meetings
Joint Commissioning Board	Approval of business case and tender for ARC	Submission of business case Progress report on implementation
APCP TEC Steering Group	Kept informed of project progress	Representatives from CLP Project Group also attend TEC Steering Group Overview of implementation of CLP

3.8.2 The Project Group has had advice and guidance from the TEC Services Association (TSA). The TSA is the national organisation that sets the standards for telecare, assesses and accredits telecare services and products and advises government on strategic issues and developments in the field of telecare services. Funding for this nine month consultancy was approved as a part of ACPC Investment Tranche 3. Nathan Downing has been a member of the group to:

- Provide the Project Group with impartial and expert advice based on best available evidence, quality standards and models of good practice from other areas.
- Guide and support the Service Development Manager in the planning and implementation of this project, managing risks and promoting benefits and making proposals for managing the change process.
- Ensure the new model service is prepared for the digital switchover and making the most of the opportunity to deliver an end to end digital solution.
- Assist with benchmarking with other authorities to inform establishing a baseline for evidencing outcomes for the Cambridgeshire service.
- Assist with drafting a specification for Telecare Call Centre and external assessor in procurement decision making.

3.8.3 This proposal has been supported at the Practice Governance Board on 10<sup>th</sup> December 2019, the Adults and Safeguarding Management Team on 18<sup>th</sup> December 2019 and Joint Commissioning Board on the 23<sup>rd</sup> January 2020. This report is now being submitted to Adults Committee on 12<sup>th</sup> March 2020 followed by the General Purposes Committee.

### 3.9 Risks

3.9.1 The Project Group has completed a risk assessment. The table below includes the main risks scoring 15 or over (red) and 8-14 (amber) with their planned mitigation.

Risk	Risk level	Mitigation
Something not working at digital switchover	red	Proposal that Cambs TEC becomes a Lifeline provider. TEC purchases digital Lifelines only. TEC procures an ARC with digital platform. TEC

		liaises with other Lifeline providers in Cambs to minimise risks
Lifeline provision in Cambs very different from Peterborough	amber	Need for simplification greater in Cambs but ensure model proposed could include Peterborough at a future date
Costs of business case based on ARC charges of 55p per connection per week	amber	Completed extensive pre tender discovery work. Consultation with TSA
Digital Lifelines more expensive than standard Lifelines and are reliant on roaming sim cards	amber	Secured quotes from several main Lifeline suppliers. Assumed all customers would need sim card and included these costs in business case. Some customers may have broadband that can be utilised that would reduce overall costs of sim cards
Income is lower than expected due to lower referral rates to TEC but also higher numbers of people with care package and on benefits	amber	Communications strategy to raise awareness of TEC with public to promote awareness of TEC and referrals. Council website has a self-referral form to TEC. Baseline of TEC caseload has just 28% cases in receipt of care package. New referrals less likely to have a care package therefore impact delayed.
Not being competitive when compared with other Lifeline providers in the local area	amber	Benchmarking completed with other local providers. Retain advantages of reduced upfront charges and a free to customer for a trial period. Promote the extra advantages of Cambs TEC being part of other services in Prevention and Early Intervention and particularly the Enhance Response Service.
Equipment purchase through the ICES contract, however ICES contract is due for retender in March 2021	amber	Ensure ICES Commissioner is fully aware of this project and includes it in the refreshment of the specification for the ICES contract
Reduced income due to customers refusing to pay or inability to afford payments	amber	Develop guidance on managing hardship. Managers have discretion to fund Lifeline based on levels of risk of the individuals circumstances

### 3.10 Implementation Milestone plan

- 3.10.1 An implementation plan has been developed. It is anticipated that it would take eight months from approval of the business case to a 'go live' of the Cambs TEC Lifeline Service. The main areas that would need to be implemented include:

- Equipment selection and purchase through the Integrated Community Equipment Service - Months 1-4
- Complete a competitive tendering process for the Alarm Receiving Centre – Months 1-6
- Develop processes and protocols between ARC and TEC – Months 6-8
- Map and establish the financial processes and the configuration in Mosaic – Months 3-8
- Recruitment, selection and induction of TEC staff – Months 1-8
- Communications with internal and external customers to launch the new service – Months 7-8

The full implementation plan is available on request.

- 3.10.2 Based on approvals at relevant committees all going to plan and being completed by the end of March this timescale could mean that Cambridgeshire County Council is a Lifeline provider by November 2020 ahead of winter pressures.

#### **4. SUMMARY**

- 4.1 The Cambs Lifeline Project is an important service development that delivers considerable advantages for customers, TEC and Adult Social Care. It minimises the risks for the digital switchover, increases the preventative and early intervention offering and is essential for a further two proposals. The Committee are asked to support Transformation Funding of £172,406 for the start-up of the project. In year three the project will be covering its operation costs and making a net saving of £81,555 increasing to £182,608 in year 5. Future years will make similar savings as year 5, as well as still provide the social and health benefits to residents.

#### **5. ALIGNMENT WITH CORPORATE PRIORITIES**

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

The report above sets out the implications for this priority at section 3.5; this project enables the TEC service to move from being reactive to being preventative and to further develop with intelligent Lifelines to ultimately become predictive, improving the lives of some of the most vulnerable in society.

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

As well as the non-financial benefits, this proposal offers a return on investment after 3 years, which can be used to put back into council services. The report above sets out the implications for this priority at section 3.4.

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

There are no significant implications for this priority.

##### **5.4 Net zero carbon emissions for Cambridgeshire by 2050**

There are no significant implications for this priority.



## **6. SIGNIFICANT IMPLICATIONS**

### **6.1 Resource Implications**

The report above sets out details of significant implications in 3.7.

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

The following bullet points set out details of significant implications:

- There has been engagement with Sarah Fuller from Procurement who has offered advice for the support for tender process for the ARC.

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

The following bullet points set out details of significant implications:

- As per 6.2 above, as per the procurement of a suitable ARC there will be associated legal advice required for the contract.
- Risks and mitigating actions are listed in the report at section 3.9. These are to be managed via the implementation plan.
- The statutory implications are outlined above in sections 3.2.4 and 3.4.6 above.

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

Appendix 1 below sets out details of significant implications.

### **6.5 Engagement and Communications Implications**

The report above sets out details of significant implications in 3.7.

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

There has been engagement with Chair of the Adults Committee, Councillor Anna Bailey, who endorses option 2 at section 3.2.3 above. This report will be discussed in full at opposition leads and Chairs and Vice Chairs pre-meetings. There will also be engagement with Cllr Steve Count ahead of the March GPC.

### **6.7 Public Health Implications**

The report above sets out the implications for this priority at section 0; this project enables the TEC service to move from being reactive to being preventative and to further develop with intelligent Lifelines to ultimately become predictive, improving the lives of some of the most vulnerable in society.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus De Silva
<b>Has the impact on statutory, legal and risk implications been cleared by Monitoring Officer?</b>	Yes Name of Monitoring Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Emily Gutteridge
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Charlotte Black
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Laurence Gibson

<b>Source Documents</b>	<b>Location</b>
<ol style="list-style-type: none"> <li>1. Full financial costings</li> <li>2. Implementation Plan</li> <li>3. Risk Log</li> <li>4. Specification for ARC</li> </ol>	<p>All documents are saved in the CCC Assistive Technology service area and are available on request.</p> <p>Contact: <a href="mailto:Jane.Crawford-White@cambridgesire.gov.uk">Jane.Crawford-White@cambridgesire.gov.uk</a></p>

**COMMUNITY IMPACT ASSESSMENT**

Directorate / Service Area		Officer undertaking the assessment
People and Communities		Name: Emily Gutteridge  Title: Senior Transformation Advisor  Contact details: <a href="mailto:Emily.Gutteridge@cambridgeshire.gov.uk">Emily.Gutteridge@cambridgeshire.gov.uk</a>
Service / Document / Function being assessed		
Cambridgeshire Technology Enabled Care (TEC) to become a Lifeline provider so that the income from the charges to customers funds the provision of the Lifeline service.		
Business Plan Proposal Number (if relevant)	n/a	
Aims and Objectives of Service / Document / Function		
<p>The aim of this project is to produce a viable business case for Cambridgeshire Technology Enabled Care (TEC) to become a Lifeline provider so that the income from the charges to customers funds the provision of the Lifeline service.</p> <p>TEC is a key and integral service that is part of the Prevention and Early Intervention Services for adult social care. Increasing the uptake of TEC is a core part of the Adults Positive Challenge Programme. This proposal will enhance the ability of TEC to achieve their targets and is an essential step prior to further developments and opportunities.</p>		
What is changing?		
<ol style="list-style-type: none"> <li>1. Cambridgeshire County Council (CCC) TEC becomes a lifeline provider</li> <li>2. CCC TEC will charge for Lifelines – but this is no different if the customer went to any other local or national Lifeline provider</li> <li>3. If someone cannot pay – managers' discretion to provide and fund based on level of risks in the persons circumstances. We will have developed a hardship policy with criteria as part of the implementation plan.</li> <li>4. Minimising risks for customers associated with digital switchover.</li> </ol>		
Who is involved in this impact assessment?		
E.g. Council officers, partners, service users and community representatives.		
TEC service Commissioning Service development Transformation		

## What will the impact be?

Impact	Positive	Neutral	Negative
Age	X		
Disability	X		
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation	X		
Deprivation	X		

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
<p>Age: The Lifeline is largely used as a prevention and early intervention device for older people. The expectation is that reducing complexity in the service will increase the numbers of people benefitting from TEC.</p> <p>Disability: Charges could be applied at the flat rate for all people irrespective of whether they had a care package or not. However for those on benefits who undergo a financial assessment, the assessment will take into account their Disability Related Expenditure (DRE) for any community alarm system as per The Care Act's Care and Support Statutory Guidance. The Guidance specifically states "Community Alarms" as one of the key areas of DRE that must be considered as part of someone's financial assessment for care.</p> <p>Deprivation: As a countywide provider this would offer equal provision across for all residents. This will also mean that when there is the digital switch over, any costs / risks to the customer are mitigated against as this CCC as a Lifeline provider will already offer digital ready equipment. This will not be guaranteed if CCC are not the lifeline provider and costs may passed directly to the customer, some of who may not be able to afford the new equipment.</p> <p>Social / rural isolation: Lifelines enable independence and wellbeing for older people and those with disabilities and reduce anxiety for informal carers. With the newer mobile units the ability to summon help when outside the home environment enables greater social and community engagement.</p>
Negative Impact
<p>None identified.</p>
Neutral Impact
<p>The understanding of the Project Group is that this would not require a consultation with the public because this is a new service and there are no existing customers who would be impacted.</p>

Issues or Opportunities that may need to be addressed
None identified.

### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

Neutral impact

**FINANCE MONITORING REPORT – JANUARY 2020**

*To:* **Adults Committee**

*Meeting Date:* **12 March 2020**

*From:* **Chief Finance Officer**

**Executive Director: People and Communities**

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

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

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

**The report is presented to provide the Committee with the opportunity to comment on the financial position for services that are the Committee's responsibility (set out in section 3 of the covering report) as at the end of January 2020.**

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

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

## 1.0 BACKGROUND AND SIGNIFICANT ISSUES

- 1.1 The revised Finance Monitoring Report will be at all scheduled substantive Committee meetings (but not reserve dates) to provide the Committee with the opportunity to comment on the financial position of Adults Services.
- 1.2 The Finance Monitoring Report for January is appendix A. This report sets out the financial position of P&C and is the key thing to be reviewed as part of this item. The main report contains these sections:

Section	Item	Description	Page
1	Revenue Executive Summary	High level summary of information: <ul style="list-style-type: none"> <li>• By Directorate</li> <li>• By Committee</li> <li>• Narrative on key issues in revenue financial position</li> </ul>	2-6
2	Capital Executive Summary	Summary of the position of the Capital programme within P&C	7
3	Savings Tracker Summary	Summary of the latest position on delivery of savings	7
4	Technical Note	Explanation of technical items that are included in some reports	7
5	Key Activity Data	Performance information linking to financial position of main demand-led services	8-12
Appx 1	Service Level Financial Information	Detailed financial tables for P&C's main budget headings	13-15
Appx 2	Service Commentaries	Detailed notes on financial position of services that are predicting not to achieve their budget	16-23
Appx 3	Capital Appendix	This will contain more detailed information about P&C's Capital programme, including funding sources and variances from planned spend.	24-27
<i>The following appendices are not included each month as the information does not change as regularly:</i>			
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan.	28-29

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



- 1.4 Across all of People and Communities, the forecast at the end of January is an overspend of £4.2m (1.6%).
- 1.5 The summary position for Adults Services is below, with the previous forecast column being the last FMR that was presented to Committee (November's). This information is also contained in section 1 of the main FMR, with detailed information by service in appendix 1.

Forecast Variance Outturn (Previous)	Directorate	Budget 2019/20	Actual January 2020	Forecast Outturn Variance
£000		£000	£000	£000
6,117	Adults & Safeguarding	148,297	149,433	7,257
475	Adults Commissioning (including Local Assistance Scheme)	16,114	-11,295	433
<b>6,591</b>	<b>Total Expenditure</b>	<b>164,411</b>	<b>138,138</b>	<b>7,690</b>
0	Grant Funding (including Better Care Fund, Winter Pressures Grant etc.)	-15,169	-12,694	0
-4,739	Expected deployment of grant and other funding to meet pressures			-5,039
<b>1,852</b>	<b>Total</b>	<b>149,241</b>	<b>125,444</b>	<b>2,651</b>

- 1.6 The significant financial issues for Adults Committee are replicated below from section 1.4.1 of the main report:
- 1.6.1 Similar to councils nationally, cost pressures are faced by adult social care. At the end of January, Adults services are forecast to overspend by £2,651k, around 1.6% of budget. This is £33k less than reported in December. Within that, budgets relating to care provision are forecasting a £7.4m overspend, mitigated by around £5m of additional funding.
- 1.6.2 There remains a risk of volatility in care cost projections due to the large volume of care being purchased each month, the continuing focus on reduced delayed discharges from the NHS, ongoing negotiations with providers around the rates paid for care, and the continuing implementation of Mosaic (the new social care recording and payments system).
- 1.6.3 **Older People's and Physical Disability Services** are forecasting an overspend of £6.6m, unchanged from December. The cause of the overspend is predominantly the higher than expected costs of residential and nursing care compared to when budgets were set, in part due to the ongoing focus on discharging people from hospital as quickly as is appropriate. Costs are higher both because of more expensive unit costs and more people receiving care than was expected when budgets were set. A detailed explanation of the pressures due to prior-year activity was provided to Adults Committee and GPC in the first reports of the financial year, and much of the further in-year pressure is due to the trends in price increases continuing. Trends suggesting an increase in demand over the Winter period were reported in December and continue to be factored into projections, reflecting similar experiences in the NHS and in other councils.
- 1.6.4 **The Learning Disability Partnership** is forecast to overspend by £762k, unchanged from December, with the NHS paying a further £227k as part of the pooled budget. This is a relatively static cohort of service users whose needs have been increasing year-on-year in line with experiences nationally. Based on changes over the first half of the year, we expect these increases to exceed the level built into budgets. In particular, the cost of young people transitioning into adults is high, linked to rising cost of services for children with complex needs. Savings delivery within the LDP is on track to overachieve, which provides some mitigation.

- 1.6.5 **Strategic Management – Adults** contains grant and financing mitigations that are partially offsetting care pressures. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ringfenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers of care, we are able to hold a portion as a contingency against in-year care pressures.
- 1.6.6 **Adults Commissioning** is projected to overspend by £434k, mainly as a result of increased demand on some centrally commissioned preventative and lower-level services, particularly the investment into a large amount of block domiciliary care capacity. In addition, delayed delivery of savings around Housing Related Support is contributing to the overspend.

## 2.0 SAVINGS TRACKER

- 2.1 The savings tracker is a council-wide process to monitor the delivery of savings agreed in the business plan each year. It is completed quarterly and included in the next FMR. The tracker for People and Communities at the end of Quarter 3 is summarised in [section 3](#) of the main report and appears in full in [appendix 4](#).
- 2.2 The summary position for savings lines relating to Adults Committee is:

Committee	Number of Savings	Total Original Savings £000	Total Forecast Savings £000	Total Variance £000
Adults	9	-6,782	-6,624	158
Adults & CYP	1	-583	-282	301

### 3.0 ADULTS COMMITTEE – BUDGET LINES

- 3.1 The FMR is for the whole of the P&C Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. The budget lines within Appendix 1 of the main report relevant to Adults Committee are below.

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

## **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

There are no significant implications for this priority

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

There are no significant implications for this priority

## **5.0 SIGNIFICANT IMPLICATIONS**

### **Resource Implications**

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

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

There are no significant implications within this category.

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

There are no significant implications within this category.

### **Equality and Diversity Implications**

There are no significant implications within this category.

### **Engagement and Consultation Implications**

There are no significant implications within this category.

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

There are no significant implications within this category.

### **Public Health Implications**

There are no significant implications within this category.

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

<b>Service</b>	People and Communities (P&C)
<b>Subject</b>	Finance Monitoring Report – January 2020
<b>Date</b>	14 <sup>th</sup> February 2020

## **KEY INDICATORS**

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

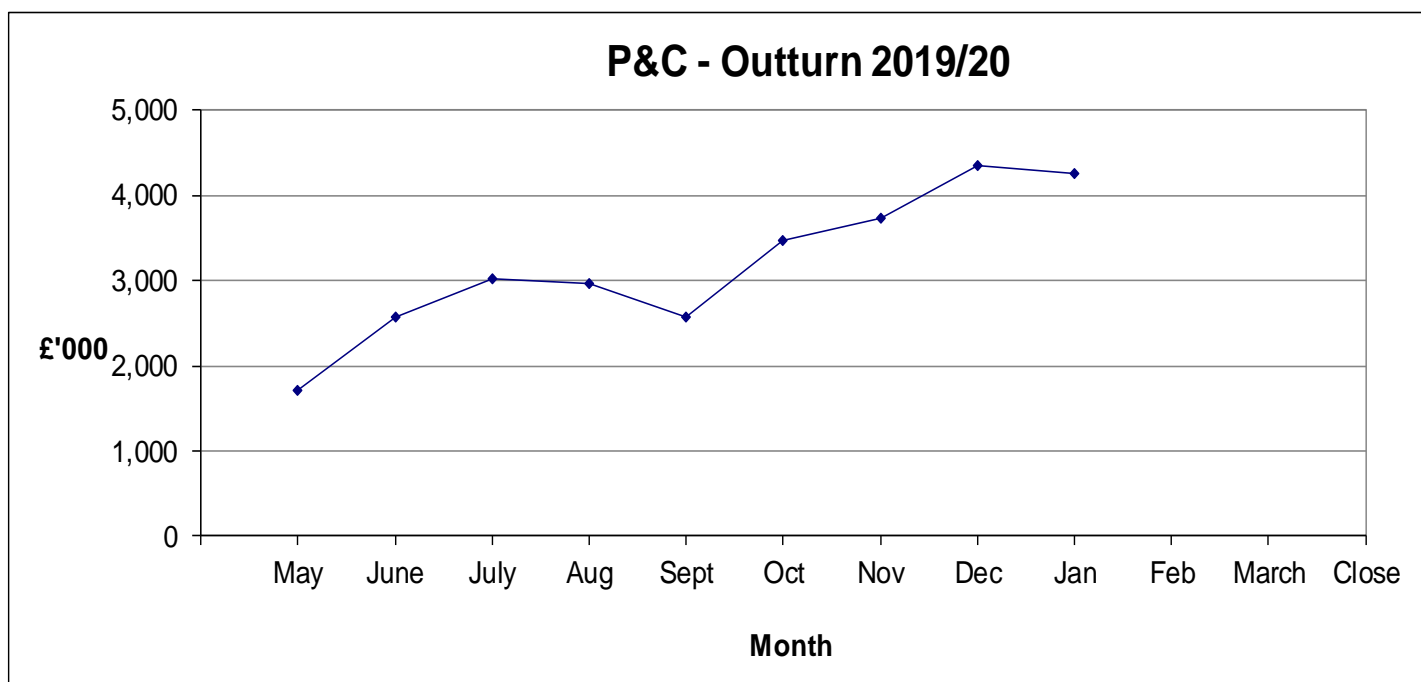
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Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan.	28-29
Appx 5	Technical Appendix	Twice yearly, this will contain technical financial information for P&C showing: <ul style="list-style-type: none"> <li>• Grant income received</li> <li>• Budget virements into or out of P&amp;C</li> <li>• Service reserves</li> </ul>	

## 1. Revenue Executive Summary

### 1.1 Overall Position

People and Communities is forecasting an overspend of £4,247k at the end of January, an decrease of £98k since December.



### 1.2 Summary of Revenue position by Directorate

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual £000	Outturn Variance £000	Outturn Variance %
2,290	Adults & Safeguarding	148,297	149,433	2,218	1.5%
989	Commissioning	42,084	9,035	1,005	2.4%
-48	Communities & Safety	13,059	9,651	-60	-0.5%
774	Children & Safeguarding	60,043	49,413	624	1.0%
9,340	Education	94,224	68,666	10,960	11.6%
0	Executive Director	873	496	0	0.0%
<b>13,345</b>	<b>Total Expenditure</b>	<b>358,579</b>	<b>286,694</b>	<b>14,747</b>	<b>4.1%</b>
-9,000	Grant Funding	-95,157	-85,604	-10,500	11.0%
<b>4,345</b>	<b>Total</b>	<b>263,422</b>	<b>201,090</b>	<b>4,247</b>	<b>1.6%</b>

### 1.3 Summary by Committee

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

#### 1.3.1 Adults Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual January 2020 £000	Forecast Outturn Variance £000
7,329	Adults & Safeguarding	148,297	149,433	7,257
394	Adults Commissioning (including Local Assistance Scheme)	16,114	-11,295	433
<b>7,723</b>	<b>Total Expenditure</b>	<b>164,411</b>	<b>138,138</b>	<b>7,690</b>
0	Grant Funding (including Improved Better Care Fund, Winter Pressures Grant etc.)	-15,169	-12,694	0
-5,039	Expected deployment of grant and other funding to meet pressures			-5,039
<b>2,684</b>	<b>Total</b>	<b>149,241</b>	<b>125,444</b>	<b>2,651</b>

#### 1.3.2 Children and Young People Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Jan 2020 £000	Forecast Outturn Variance £000
550	Children's Commissioning	25,958	20,102	527
-50	Communities & Safety - Youth Offending Service	2,167	1,154	2
-0	Communities & Safety - Central Integrated Youth Support Services	1,399	778	-0
774	Children & Safeguarding	60,043	49,413	624
9,340	Education	94,224	68,668	10,960
0	Executive Director (Exec D and Central Financing)	873	496	0
<b>10,614</b>	<b>Total Expenditure</b>	<b>184,664</b>	<b>140,611</b>	<b>12,114</b>
-9,000	Grant Funding (including Dedicated Schools Grant etc.)	-77,452	-70,623	-10,500
<b>1,614</b>	<b>Total</b>	<b>107,213</b>	<b>69,988</b>	<b>1,614</b>

#### 1.3.3 Community and Partnerships Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Jan 2020 £000	Forecast Outturn Variance £000
-50	Strategic Management - Communities & Safety	15	132	16
0	Safer Communities Partnership	880	1,041	-22
-0	Strengthening Communities	495	433	9
0	Adult Learning and Skills	2,438	1,450	15
0	Trading Standards	694	616	-0
52	Cultural & Community Services	4,971	4,048	-81
<b>2</b>	<b>Total Expenditure</b>	<b>9,493</b>	<b>7,718</b>	<b>-62</b>
0	Grant Funding (including Dedicated Schools Grant etc.)	-2,536	-2,287	0
<b>2</b>	<b>Total</b>	<b>6,956</b>	<b>5,432</b>	<b>-62</b>

## 1.4 Significant Issues

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

At the end of January 2020, the overall P&C position is an overspend of £4,247k, around 1.6% of budget. This is a decrease of around £98k from December.

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

### 1.4.1 Adults

Similar to councils nationally, cost pressures are faced by adult social care. At the end of January, Adults services are forecast to overspend by £2,651k, around 1.6% of budget. This is £33k less than reported in December. Within that, budgets relating to care provision are forecasting a £7.4m overspend, mitigated by around £5m of additional funding.

There remains a risk of volatility in care cost projections due to the large volume of care being purchased each month, the continuing focus on reduced delayed discharges from the NHS, ongoing negotiations with providers around the rates paid for care, and the continuing implementation of Mosaic (the new social care recording and payments system).

**Older People's and Physical Disability Services** are forecasting an overspend of £6.6m, unchanged from December. The cause of the overspend is predominantly the higher than expected costs of residential and nursing care compared to when budgets were set, in part due to the ongoing focus on discharging people from hospital as quickly as is appropriate. Costs are higher both because of more expensive unit costs and more people receiving care than was expected when budgets were set. A detailed explanation of the pressures due to prior-year activity was provided to Adults Committee and GPC in the first reports of the financial year, and much of the further in-year pressure is due to the trends in price increases continuing. Trends suggesting an increase in demand over the Winter period were reported in December and continue to be factored into projections, reflecting similar experiences in the NHS and in other councils.

**The Learning Disability Partnership (LDP)** is forecast to overspend by £762k, unchanged from December, with the NHS paying a further £227k as part of the pooled budget. This is a relatively static cohort of service users whose needs have been increasing year-on-year in line with experiences nationally. Based on changes over the first half of the year, we expect these increases to exceed the level built into budgets. In particular, the cost of young people transitioning into adults is high, linked to rising cost of services for children with complex needs. Savings delivery within the LDP is on track to overachieve, which provides some mitigation.

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

**Adults Commissioning** is projected to overspend by £434k, mainly as a result of increased demand on some centrally commissioned preventative and lower-level services, particularly the investment into a large amount of block domiciliary care capacity. In addition, delayed delivery of savings around Housing Related Support is contributing to the overspend.



### 1.4.2 Children's

*Children in Care* is anticipating a pressure of c£159k, a reduction of £50k from the previous month. Pressures on Unaccompanied Asylum Seeking Children budgets (£200k) and Supervised Contact (£50k) are offset in part by a forecast underspend across Fostering and the Corporate Parenting Teams. The service is working to mitigate the remaining pressures by reviewing all applicable arrangements in order to attempt to bring these into line with the amount of government funding available.

*The Children's Disability Service* is forecasting an over spend of £165k. This is mainly due to a change in policy resulting in families having the option to purchase overnight care in the child's home via a Direct Payment (DP). This change was due to take place in April 2020 but for operational reasons has had to be implemented earlier. There have also been some exceptional costs which have had an impact on the budget, such as funding agency care staff to support one young adult in his home and funding two young adults to live in supported accommodation pending access to benefits at 18 years (avoiding more costly residential placements.)

*Children in Care Placements* is forecasting a year end overspend of £475k, a reduction from previous months as a result of the continued decrease in the number of children in care. As previously reported an additional budget allocation of £350k as approved by General Purposes Committee (GPC) and £500k of additional social care grant has been applied to support this budget.

Significant work is underway to reduce high cost placements, however the placement market is saturated, with Independent Fostering Agency (IFA) providers having no vacancies which results in children going into higher cost residential placements. We are, however, seeing a net increase in, in-house fostering placements which is contributing towards planned savings.

*Legal Proceedings* is forecasting a £300k overspend, a reduction of £100k on the previous month due to the reduction in live cases.

The remaining pressure is directly linked to numbers of care proceedings per month which increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. The spike in proceedings is related to the introduction of the new model of specialist teams, and greater scrutiny and management oversight. This has resulted in the identification of children for whom more urgent action was required.

There are currently (end Dec) 177 live care proceedings, and whilst we have seen reductions in live proceedings (183 end July), legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget. The expectation is that reductions in live proceedings will continue, further mitigating the overall pressure.

### 1.4.3 Education

*Home to School Transport – Special* is forecasting an increased overspend of £950k. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs. Between 1<sup>st</sup> April and 1<sup>st</sup> January 2020 there was an increase in the number of pupils with EHCPs of 448 (10.5%), compared with 347 (9%) over the same period last year.

Alongside this, we are seeing an increase in complexity of need resulting in assessments being made that the child/young person requires individual transport, and, in many cases, a passenger assistant to accompany them.

*Children in Care Transport* is forecasting a revised underspend of £500k – Ongoing work around route optimisation, combined with decreasing numbers of Children in Care have resulted in lower than budgeted costs, despite the pressures on the wider transport market.

*Home to School Transport – Mainstream* is reporting an anticipated £200k overspend for 2019/20. While savings were achieved as part of the annual tender process we are continuing to see a significant increase in the costs being quoted for routes in some areas of the county, which are in excess of the inflation that was built into the budget. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible, however there is no guarantee that operators will offer lower rates in future.

There have also been pressures due to the number of in-year admission requests when the local school is full. These situations require us to provide transport to schools further away, outside statutory walking distance. The effect on the transport budget is taken into account when pupils are placed in-year which has mitigated the effect of this to some degree, however in many cases the only viable transport is an individual or low-occupancy taxi.

*Dedicated Schools Grant (DSG)* – Initial in-year pressures have been forecast for a number of DSG funded High Needs Block budgets including funding for special schools and units, top-up funding for mainstream schools and Post-16 provision, and out of school tuition. As previously reported In 2018/19 we saw a total DSG overspend across Special Education Needs (SEND) services of £8.7m which, combined with underspends on other DSG budgets, led to a deficit of £7.2m carried forward into 2019/20. Current estimates forecast an in-year pressure of approximately £10.5m as a result of the continuing rise in EHCPs. This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line but are carried forward as a deficit balance into the next year.

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

*Registration & Citizenship Services* are forecasting a surplus of £370k. An increase in the statutory charge for birth, marriage and death certificates has resulted in an over-recovery of income in the service. This increase is expected to continue into future years and as such has been recognised as part of the 2020/21 Business Plan.

*Coroners* is now forecasting an increased pressure of £375k. This is due to the increasing complexity of cases being referred to the coroner that require inquest and take time to conclude, requiring more specialist reports and advice and the recruitment of additional staff to complete investigations and prevent backlogs of cases building up. The cost of essential contracts for body storage, pathology, histology and toxicology has also increased.

## 2. Capital Executive Summary

### 2019/20 In Year Pressures/Slippage

At the end of January 2020 the capital programme forecast underspend continues to be zero. The level of slippage and underspend in 2019/20 is currently anticipated to be £11.3m and, as such, has not yet exceeded the revised Capital Variation Budget of £13.4m. A forecast outturn will not be reported unless this happens.

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

## 3. Savings Tracker Summary

The savings tracker is produced quarterly, and will be included in the FMR once per quarter. The tracker at the end of quarter 3 is included as appendix 4, with a summary position of:

Committee	Number of Savings	Total Original Savings £000	Total Forecast Savings £000	Total Variance £000
Adults	9	-6,782	-6,624	158
Communities and Partnership (C&P)	2	-60	-60	0
Children and Young People (C&YP)	14	-3,419	-3,389	30
Adults & CYP	1	-583	-282	301
<b>TOTAL</b>	<b>26</b>	<b>-10,844</b>	<b>-10,355</b>	<b>489</b>

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

## 4. Technical note

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

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

## 5. Key Activity Data

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

### 5.1 Children and Young People

5.1.1 Key activity data to January 2020 for **Children in Care Placements** is shown below:

	BUDGET				ACTUAL (Jan)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Jan 20	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	3	£425k	52	2,980.70	3	3.00	£461k	3,133.22	0.00	£36k	152.52
Residential - secure accommodation	1	£376k	52	5,872.95	0	1.82	£614k	6,269.93	0.82	£238k	396.98
Residential schools	19	£2,836k	52	2,804.78	14	15.95	£1,769k	2,054.78	-3.49	-£1,066k	-750.00
Residential homes	33	£6,534k	52	3,704.67	37	38.08	£6,995k	3,984.85	5.08	£461k	280.18
Independent Fostering	240	£11,173k	52	798.42	274	294.78	£12,688k	857.16	54.90	£1,515k	58.74
Supported Accommodation	26	£1,594k	52	1,396.10	23	22.72	£1,735k	1,485.56	-3.56	£141k	89.46
16+	7	£130k	52	351.26	6	6.84	£162k	402.42	-0.28	£32k	51.16
Growth/Replacement	-	£k	-	-	-	-	£113k	-	-	£113k	-
Additional one off budget/actuals	-	£850k	-	-	-	-	-£144k	-	-	-£994k	-
Mitigations required	0	£k	0	0.00	0	0.00	£k	0.00	-	£k	0.00
<b>TOTAL</b>	<b>330</b>	<b>£23,919k</b>			<b>357</b>	<b>383.19</b>	<b>£24,394k</b>		<b>53.46</b>	<b>£475K</b>	
In-house fostering - Basic	205	£2,125k	56	179.01	177	191.66	£1,959k	179.60	-13.34	-£165k	0.59
In-house fostering - Skills	205	£1,946k	52	182.56	180	204.31	£1,916k	200.94	-0.69	-£30k	18.38
Kinship - Basic	40	£425k	56	189.89	36	42.63	£487k	201.84	2.63	£61k	11.95
Kinship - Skills	10	£35k	52	67.42	11	11.23	£46k	72.82	1.23	£10k	5.40
<b>TOTAL</b>	<b>245</b>	<b>£4,531k</b>			<b>213</b>	<b>234.29</b>	<b>£4,407k</b>		<b>-10.71</b>	<b>-£124k</b>	
Adoption Allowances	107	£1,107k	52	198.98	107	107.05	£1,175k	200.76	0.05	£68k	12.15
Special Guardianship Orders	307	£2,339k	52	142.30	283	265.00	£2,079k	141.48	-42	-£260k	-2.80
Child Arrangement Orders	88	£703k	52	153.66	86	87.77	£710k	155.74	-0.23	£6k	2.08
Concurrent Adoption	5	£91k	52	350.00	1	0.78	£7k	210.00	-4.22	-£84k	-140.00
<b>TOTAL</b>	<b>507</b>	<b>£4,240k</b>			<b>477</b>	<b>471.81</b>	<b>£3,970k</b>		<b>0.05</b>	<b>-£270k</b>	
<b>OVERALL TOTAL</b>	<b>1,082</b>	<b>£32,690k</b>			<b>1047</b>	<b>1,089.29</b>	<b>£32,771k</b>		<b>42.80</b>	<b>£82k</b>	

NOTE: In house Fostering and Kinship basic payments fund 56 weeks as carers receive two additional weeks payment during the Summer holidays, one additional week payment at Christmas and a birthday payment.

## 5.1.2 Key activity data to the end of January 2020 for **SEN Placements** is shown below:

BUDGET				ACTUAL (Jan 20)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No of placements Jan 20	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	102	£6,218k	£61k	96	98.44	£5,799k	£59k	-6	-3.56	£-418k	£-2k
Hearing Impairment (HI)	3	£117k	£39k	3	3.42	£107k	£31k	0	0.42	£-10k	£-8k
Moderate Learning Difficulty (MLD)	10	£200k	£20k	10	9.39	£401k	£43k	0	-0.61	£201k	£23k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£-75k	£k
Physical Disability (PD)	5	£89k	£18k	5	4.94	£186k	£38k	0	-0.06	£97k	£20k
Profound and Multiple Learning Difficulty (PMLD)	1	£68k	£68k	1	1.00	£67k	£67k	0	0.00	£-1k	£-1k
Social Emotional and Mental Health (SEMH)	45	£2,013k	£45k	56	47.81	£2,710k	£57k	11	2.81	£697k	£12k
Speech, Language and Communication Needs (SLCN)	3	£138k	£46k	5	5.00	£231k	£46k	2	2.00	£93k	£k
Severe Learning Difficulty (SLD)	5	£445k	£89k	6	6.34	£464k	£73k	1	1.34	£19k	£-16k
Specific Learning Difficulty (SPLD)	4	£138k	£35k	6	5.42	£195k	£36k	2	1.42	£57k	£1k
Visual Impairment (VI)	2	£73k	£36k	2	2.76	£89k	£32k	0	0.76	£16k	£-4k
Growth	-	£k	-	-	-	£-77k	-	-	-	£-77k	-
Recoupment	-	-	-	0	0.00	£k	£k	-	-	£k	£k
<b>TOTAL</b>	<b>181</b>	<b>£9,573k</b>	<b>£53k</b>	<b>190</b>	<b>184.52</b>	<b>£10,173k</b>	<b>£56k</b>	<b>9</b>	<b>3.52</b>	<b>£600k</b>	<b>£3k</b>

## 5.2 Adults

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

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

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

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

**5.2.1** Key activity data to end of January 2020 for the **Learning Disability Partnership (LDP)** is shown below:

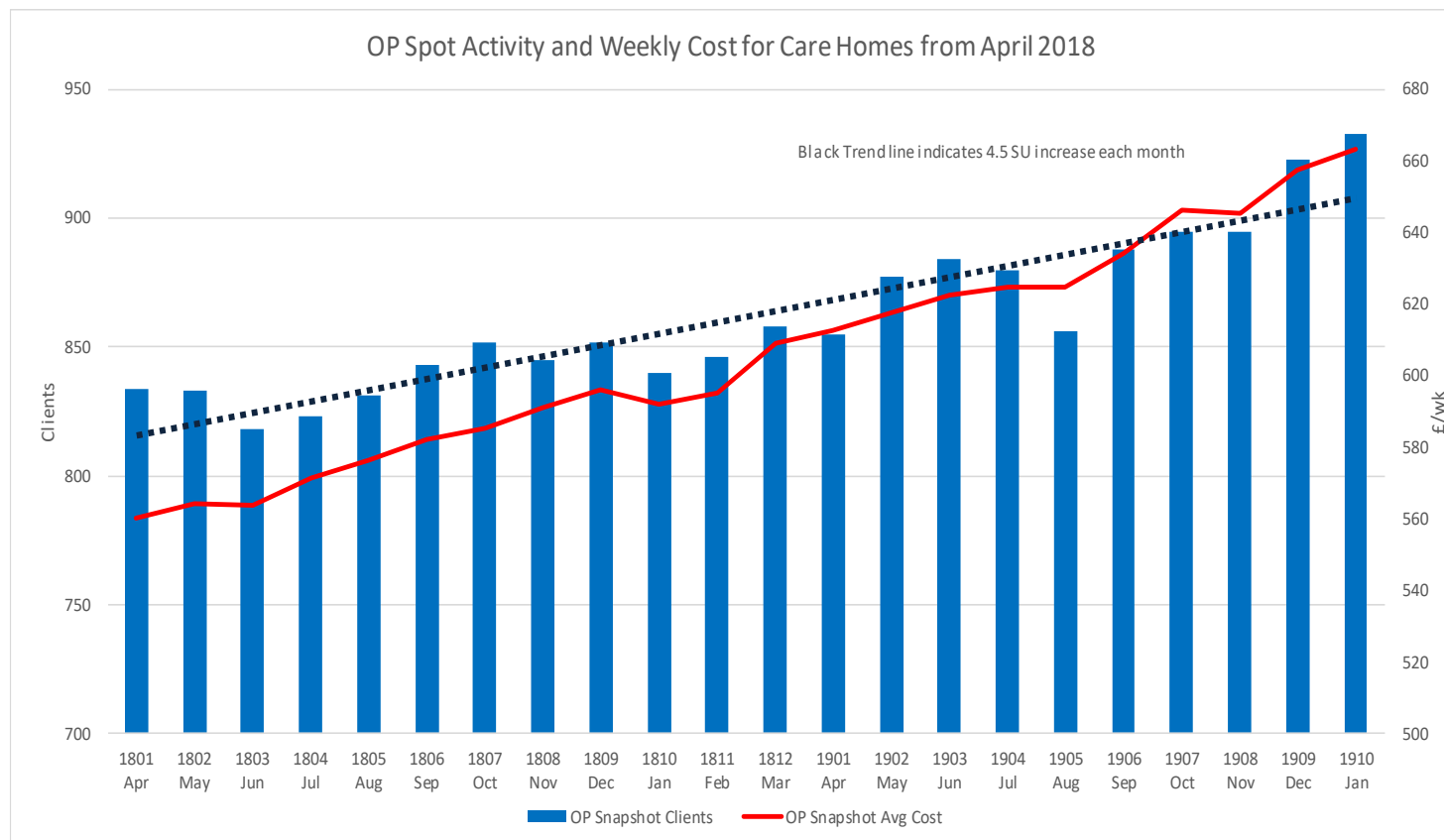
Learning Disability Partnership	BUDGET			ACTUAL (January 20)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	274	£1,510	£21,822k	262	↓	£1,660	↑	£22,912k	↓	£1,089k
~Residential Dementia										
~Nursing	7	£1,586	£430k	7	↔	£1,822	↓	£519k	↓	£90k
~Nursing Dementia										
~Respite			£431k					£756k	↑	£326k
Community based										
~Supported Living	411	£1,202	£26,815k	462	↑	£1,158	↓	£28,168k	↑	£1,352k
~Direct payments	415	£404	£8,572k	414	↑	£411	↔	£8,513k	↑	-£59k
~Live In Care	14	£1,953	£k	15	↑	£1,952	↑	£k		£k
~Day Care	469	£136	£3,459k	467	↑	£171	↑	£4,037k	↑	£577k
~Other Care	175	£68	£758k	55	↓	£43	↓	£812k	↑	£54k
~Homecare	474		£10,491k	343				£8,642k	↓	-£1,849k
Total In Year Expenditure			£72,778k					£74,358k		£1,580k
Care Contributions			-£3,407k					-£4,026k	↑	-£619k
Health Income										
Total In Year Income			-£3,407k					-£4,026k		-£619k
Further savings included within forecast										£k
Forecast total in year care costs										£961k

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

**5.2.2** Key activity data to the end of January 2020 for **Older People's (OP)** Services is shown below:

Older People	BUDGET			ACTUAL (January 20)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	446	£551	£11,791k	449	↑	£584	↑	£13,856k	↑	£2,065k
~Residential Dementia	432	£586	£13,271k	441	↑	£628	↑	£14,650k	↓	£1,379k
~Nursing	289	£643	£10,234k	274	↓	£684	↑	£10,145k	↓	-£89k
~Nursing Dementia	113	£753	£4,543k	129	↔	£824	↑	£5,759k	↓	£1,216k
~Respite			£1,733k					£1,712k	↑	-£21k
Community based										
~Supported Living	116		£4,043k	110	↔			£4,789k	↑	£747k
~Direct payments	208	£287	£2,921k	199	↑	£309	↑	£2,832k	↑	-£89k
~Live In Care	27	£779	£1,012k	29	↓	£807	↓	£1,150k	↓	£138k
~Day Care	43	£82	£1,447k	25	↓	£102	↓	£835k	↓	-£612k
~Other Care	6	£31	£11k	3	↔	£32	↔	£133k	↓	£122k
~Homecare	1,127	Per Hour £16.43	£11,270k	1,141	↓	Per Hour £16.74	↑	£11,629k	↓	£359k
Total In Year Expenditure			£62,277k					£67,491k		£5,214k
Care Contributions			-£17,732k					-£18,939k	↓	-£1,207k
Health Income			-£86k					-£86k	↔	£k
Total In Year Income			-£17,818k					-£19,026k		-£1,207k
Inflation and uplifts			£87k					£87k	↔	£k
Forecast total in year care costs			£44,545k					£48,552k		£4,007k

### OP Spot Activity and Weekly Cost for Care Homes from April 2018



5.2.3 Key activity data to the end of January 2020 for **Physical Disabilities** (OP) Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (January 20)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	41	£786	£1,790k	34	↔	£1,028	↓	£1,716k	↓	-£75k
~ Residential Dementia	1	£620	£32k	1	↓	£750	↑	£39k	↓	£7k
~ Nursing	31	£832	£1,441k	35	↑	£970	↓	£1,655k	↑	£214k
~ Nursing Dementia	1	£792	£41k	1	↔	£792	↔	£41k	↓	£k
~ Respite			£220k					£211k	↑	-£9k
Community based										
~ Supported Living	7	£774	£258k	4	↑	£1,096	↓	£227k	↓	-£31k
~ Direct payments	288	£357	£5,188k	283	↑	£370	↑	£5,088k	↑	-£99k
~ Live In Care	29	£808	£1,359k	32	↔	£820	↑	£1,362k	↑	£3k
~ Day Care	48	£70	£181k	25	↓	£84	↓	£129k	↓	-£52k
~ Other Care	4	£39	£4k	0	↔		↔	£2k	↓	-£1k
~ Homecare	257	Per Hour £16.37	£2,777k	287	↓	Per Hour £16.90	↑	£2,994k	↓	£216k
Total In Year Expenditure			£13,291k					£13,464k		£173k
Care Contributions			-£1,062k					-£1,259k	↓	-£197k
Health Income			-£561k					-£561k	↔	£k
Total In Year Income			-£1,623k					-£1,820k		-£197k
Inflation and Uplifts									↔	£k
Forecast total in year care costs			£11,668k					£11,644k		-£24k

**5.2.4 Key activity data to the end of January 2020 for Older People Mental Health (OPMH) Services is shown below:**

Older People Mental Health	BUDGET			ACTUAL (January 20)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	25	£528	£691k	26	↔	£668	↔	£927k	↓	£236k
~Residential Dementia	23	£539	£648k	19	↓	£595	↓	£694k	↓	£46k
~Nursing	25	£638	£833k	21	↑	£682	↓	£790k	↑	-£43k
~Nursing Dementia	80	£736	£3,079k	73	↓	£847	↑	£3,064k	↓	-£15k
~Respite	1	£137	£7k	1	↔	£475	↔	£5k	↑	-£2k
Community based										
~Supported Living	5	£212	£55k	4	↓	£484	↑	£102k	↓	£47k
~Direct payments	7	£434	£149k	5	↓	£192	↓	£112k	↓	-£37k
~Live In Care	2	£912	£95k	5	↓	£1,084	↑	£265k	↓	£170k
~Day Care	2	£37	£4k	2	↔	£30	↔	£3k	↔	-£1k
~Other Care	0	£0	£k	1	↔	£11	↔	£28k	↑	£28k
~Homecare	42	Per Hour £16.49	£406k	42	↔	Per Hour £16.69	↓	£388k	↓	-£18k
Total In Year Expenditure			£5,967k					£6,380k		£413k
Care Contributions			-£851k					-£961k	↓	-£110k
Health Income			£k					£k	↔	£k
Total In Year Income			-£851k					-£961k		-£110k
Inflation Funding to be applied			£184k					£103k		-£81k
Forecast total in year care costs			£5,300k					£5,522k		£222k

**5.2.5 Key activity data to end of January 2020 for Adult Mental Health Services is shown below:**

Adult Mental Health	BUDGET			ACTUAL (January 20)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	58	£654	£1,984k	57	↔	£776	↑	£2,122k	↑	£138k
~Residential Dementia	5	£743	£194k	7	↑	£808	↑	£253k	↑	£59k
~Nursing	16	£612	£512k	14	↔	£689	↔	£521k	↑	£9k
~Nursing Dementia	1	£624	£33k	1	↔	£629	↔	£33k	↔	£k
~Respite	0	£0	£k	0	↔	£0	↔	£k	↔	£k
Community based										
~Supported Living	123	£162	£1,041k	118	↑	£119	↑	£832k	↑	-£209k
~Direct payments	9	£355	£167k	14	↓	£317	↑	£229k	↓	£62k
~Live In Care	0	£0	£k	2	↔	£970	↔	£58k	↔	£58k
~Day Care	2	£77	£8k	3	↔	£55	↔	£10k	↔	£2k
~Other Care	1	£152	£8k	0	↔	£0	↔	£20k	↑	£12k
~Homecare	140	£80.00	£586k	61	↑	£135.35	↑	£610k	↑	£24k
Total In Year Expenditure			£4,533k					£4,689k		£156k
Care Contributions			-£396k					-£375k	↑	£21k
Health Income			-£22k					-£2k		£20k
Total In Year Income			-£418k					-£377k		£41k
Inflation Funding to be applied			£k					£k		
Forecast total in year care costs			£4,249k					£4,395k		£146k



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

Forecast Outturn Variance (December) £'000	Service		Budget 2019/20 £'000	Actual January 2020 £'000	Outturn Variance £'000   %	
Adults & Safeguarding Directorate						
-5,108	1	Strategic Management - Adults	-1,328	16,032	-5,010	-377%
0		Transfers of Care	1,836	1,687	0	0%
71		Prevention & Early Intervention	8,774	8,665	68	1%
5		Principal Social Worker, Practice and Safeguarding	1,404	1,219	38	3%
-4		Autism and Adult Support	987	736	-8	-1%
-266	2	Carers	416	83	-316	-76%
<u>Learning Disability Partnership (LD)</u>						
0		Head of Service	5,781	4,583	0	0%
271	3	LD - City, South and East Localities	35,304	30,808	270	1%
594	3	LD - Hunts & Fenland Localities	28,295	24,054	594	2%
56	3	LD - Young Adults	7,924	7,230	57	1%
68	3	In House Provider Services	6,396	5,487	68	1%
-227	3	NHS Contribution to Pooled Budget	-19,109	-19,109	-227	-1%
762	Learning Disability Partnership Total		64,591	53,052	762	1%
<u>Older People (OP) and Physical Disability Services</u>						
384	4	Physical Disabilities	12,338	11,614	384	3%
1,344	5	OP - City & South Locality	20,610	18,982	1,344	7%
1,039	5	OP - East Cambs Locality	6,565	6,365	1,039	16%
1,861	5	OP - Fenland Locality	7,977	8,538	1,861	23%
1,979	5	OP - Hunts Locality	10,921	11,121	1,979	18%
6,607	Older People and Physical Disability Total		58,411	56,621	6,607	11%
<u>Mental Health</u>						
-240		Mental Health Central	1,973	1,558	-240	-12%
67		Adult Mental Health Localities	5,445	4,714	189	3%
396		Older People Mental Health	5,788	5,066	128	2%
223	Mental Health Total		13,205	11,338	77	1%
2,290	Adults & Safeguarding Directorate Total		148,297	149,433	2,218	1%
Commissioning Directorate						
45		Strategic Management –Commissioning	11	229	45	396%
0		Access to Resource & Quality	1,795	1,341	52	3%
-6		Local Assistance Scheme	300	214	-6	-2%
<u>Adults Commissioning</u>						
513	6	Central Commissioning - Adults	11,095	-16,011	546	5%
0		Integrated Community Equipment Service	1,024	1,406	6	0%
-113	7	Mental Health Commissioning	3,696	3,095	-113	-3%
401	Adults Commissioning Total		15,814	-11,509	439	3%

Forecast Outturn Variance (December) £'000	Service	Budget 2019/20 £'000	Actual January 2020 £'000	Outturn Variance £'000   %	
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	<u>Children's Commissioning</u>				
550	<sup>8</sup> Children in Care Placements	23,919	18,576	475	2%
-0	Commissioning Services	245	184	-0	0%
<b>550</b>	<b>Children's Commissioning Total</b>	<b>24,164</b>	<b>18,760</b>	<b>475</b>	<b>2%</b>

<b>989</b>	<b>Commissioning Directorate Total</b>	<b>42,084</b>	<b>9,035</b>	<b>1,005</b>	<b>2%</b>
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### Communities & Safety Directorate

-50	Strategic Management - Communities & Safety	15	132	16	105%
-50	Youth Offending Service	2,167	1,154	2	0%
-0	Central Integrated Youth Support Services	1,399	778	-0	0%
0	Safer Communities Partnership	880	1,041	-22	-3%
-0	Strengthening Communities	495	433	9	2%
0	Adult Learning & Skills	2,438	1,450	15	1%
0	Trading Standards	694	616	-0	0%
<b>-100</b>	<b>Community &amp; Safety Total</b>	<b>8,088</b>	<b>5,603</b>	<b>21</b>	<b>0%</b>

-0	Strategic Management - Cultural & Community Services	163	137	-0	0%
0	Public Library Services	3,442	2,656	-78	-2%
0	Cultural Services	308	183	-7	-2%
0	Archives	455	301	0	0%
-301	<sup>9</sup> Registration & Citizenship Services	-516	-760	-370	-72%
353	<sup>10</sup> Coroners	1,117	1,530	375	34%
<b>52</b>	<b>Cultural &amp; Community Services Total</b>	<b>4,971</b>	<b>4,048</b>	<b>-81</b>	<b>-2%</b>

<b>-48</b>	<b>Communities &amp; Safety Directorate Total</b>	<b>13,059</b>	<b>9,651</b>	<b>-60</b>	<b>0%</b>
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### Children & Safeguarding Directorate

-0	Strategic Management – Children & Safeguarding	3,900	3,335	0	0%
-0	Partnerships and Quality Assurance	2,326	1,836	-0	0%
209	<sup>11</sup> Children in Care	15,746	15,309	159	1%
0	Integrated Front Door	1,974	1,923	0	0%
165	<sup>12</sup> Children's Disability Service	6,594	5,351	165	3%
-0	Children's Centre Strategy	29	-6	-0	0%
0	Support to Parents	1,749	615	0	0%
-0	Adoption Allowances	5,772	4,506	-0	0%
400	<sup>13</sup> Legal Proceedings	1,970	1,713	300	15%

### District Delivery Service

0	Safeguarding Hunts and Fenland	3,741	3,208	0	0%
-0	Safeguarding East + South Cambs & Cambridge	6,773	3,870	-0	0%
0	Early Help District Delivery Service – North	5,116	3,813	0	0%
-0	Early Help District Delivery Service – South	4,351	3,940	-0	0%
<b>-0</b>	<b>District Delivery Service Total</b>	<b>19,981</b>	<b>14,831</b>	<b>-0</b>	<b>0%</b>

<b>774</b>	<b>Children &amp; Safeguarding Directorate Total</b>	<b>60,043</b>	<b>49,413</b>	<b>624</b>	<b>1%</b>
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Forecast Outturn Variance (December) £'000	Service	Budget 2019/20 £'000	Actual January 2020 £'000	Outturn Variance £'000   %	
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### Education Directorate

-60	Strategic Management - Education	7,069	3,433	-28	0%
0	Early Years' Service	2,122	1,753	-0	0%
0	Schools Curriculum Service	167	-72	-79	-47%
0	Schools Intervention Service	969	715	-53	-5%
-0	Schools Partnership service	537	1,262	-0	0%
-50	Teachers' Pensions & Redundancy	2,910	2,006	-30	-1%

#### Special Education Need and Disability (SEND)

##### Specialist Services (0-25 years)

0	<sup>14</sup> SEND Specialist Services	9,647	8,368	-1,100	-11%
3,500	<sup>14</sup> Funding for Special Schools and Units	16,849	16,408	4,300	26%
3,000	<sup>14</sup> High Needs Top Up Funding	17,100	16,121	3,500	20%
500	<sup>14</sup> Special Educational Needs Placements	9,973	9,944	600	6%
2,000	<sup>14</sup> Out of School Tuition	1,519	2,691	3,200	211%
<b>9,000</b>	<b>SEND Specialist Services (0 - 25 years) Total</b>	<b>55,087</b>	<b>53,533</b>	<b>10,500</b>	<b>19%</b>

#### Infrastructure

-0	0-19 Organisation & Planning	4,076	3,188	-0	0%
0	Early Years Policy, Funding & Operations	94	45	0	0%
0	Education Capital	178	-12,387	0	0%
700	<sup>15</sup> Home to School Transport – Special	9,821	7,351	950	10%
-450	<sup>16</sup> Children in Care Transport	2,005	1,144	-500	-25%
200	<sup>17</sup> Home to School/College Transport – Mainstream	9,189	6,693	200	2%
<b>450</b>	<b>0-19 Place Planning &amp; Organisation Service Total</b>	<b>25,363</b>	<b>6,036</b>	<b>650</b>	<b>3%</b>

<b>9,340</b>	<b>Education Directorate Total</b>	<b>94,224</b>	<b>68,666</b>	<b>10,960</b>	<b>11%</b>
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### Executive Director

0	Executive Director	782	578	0	0%
0	Central Financing	91	-81	0	0%
<b>0</b>	<b>Executive Director Total</b>	<b>873</b>	<b>496</b>	<b>0</b>	<b>0%</b>

<b>13,345</b>	<b>Total</b>	<b>358,579</b>	<b>286,694</b>	<b>14,747</b>	<b>4%</b>
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### Grant Funding

-9,000	<sup>18</sup> Financing Dedicated Schools Grant (DSG)	-61,469	-59,974	-10,500	-17%
0	Non Baselined Grants	-33,688	-25,630	0	0%
<b>-9,000</b>	<b>Grant Funding Total</b>	<b>-95,157</b>	<b>-85,604</b>	<b>-10,500</b>	<b>11%</b>

<b>4,345</b>	<b>Net Total</b>	<b>263,422</b>	<b>201,090</b>	<b>4,247</b>	<b>2%</b>
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## APPENDIX 2 – Service Commentaries on Forecast Outturn Position

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

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management – Adults</b>	<b>-1,328</b>	<b>16,032</b>	<b>-5,010</b>	<b>-377%</b>
<p>Around £3.7m of grant funding has been applied to partially mitigate opening pressures in Older People's Services detailed in note 3 below, in line with one of the purposes of the grant funding, in addition to a number of other underspends in the services within this budget heading. A further £1.35m of in-year funding was agreed by GPC in July 2019 and applied to this line to provide further mitigation to cost pressures.</p>				
<b>2) Carers</b>	<b>416</b>	<b>83</b>	<b>-316</b>	<b>-76%</b>
<p>The number of direct payments made to Carers is lower than in previous years, mainly as a result of the focussed work in the Adults Positive Challenge Programme to provide more individualised support to Carers. This includes increased access to the right information and advice at the right time and an improved awareness of the need to work with the Carer and the cared-for person together, which may result in increased support to the cared-for person if required in order to better support the needs of the Carer.</p>				
<b>3) Learning Disability Partnership</b>	<b>58,810</b>	<b>48,470</b>	<b>762</b>	<b>1%</b>
<p>An overspend of £990k is forecast against the Learning Disability Partnership (LDP). According to the risk sharing arrangements of the LDP pooled budget, the proportion of the overspend that is attributable to the Council is <u>£762k</u>, the same as in December.</p> <p>Total new savings of £950k are budgeted in 2019/20 in addition to the LDP share of the Adult's Positive Challenge saving of £562k. These comprise the business plan target of £700k and a funnel saving of £250k relating to additional reassessments to be carried out by locality teams. Currently delivery of these savings is on track.</p> <p>However, demand pressures have been higher than anticipated and have exceeded the demand funding allocated to the budget thus far. This is despite much positive work that has been carried out to maintain a stable number of service users. Particular pressures have been seen on the budgets for residential care and supported living, despite service user numbers in these provisions being stable or decreasing. This reflects the increasing cost of packages, particularly for service users with complex and increasing needs, which we have a statutory duty to meet.</p> <p>New packages and package increases are scrutinised by panel and, where possible, opportunities to support people in alternative ways are being pursued. Referrals to Technology Enabled Care for LDP service users have increased in 2019/20.</p>				
<b>4) Physical Disabilities</b>	<b>12,338</b>	<b>11,614</b>	<b>384</b>	<b>3%</b>
<p>An overspend of £384k continues to be forecast for Physical Disabilities services. The net current year activity continues to partially offset the carried forward pressure from 2018/19 relating to increases in client numbers and the number of people with more complex needs requiring more expensive types of care.</p> <p>The total savings expectation in this service for 2019/20 is £269k, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain service user independence.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>5) Older People's Services</b>	<b>46,073</b>	<b>45,006</b>	<b>6,224</b>	<b>14%</b>

An overspend of £6,224k is forecast for Older People's Services. The overall forecast reflects the full-year effect of the overspend in 2018/19 and additional pressures expected to emerge over the course of 2019/20. The full-year-effect of the pressures that emerged in 2018/19 is £2.8m.

It was reported during 2018/19 that the cost of providing care was generally increasing, with the unit costs of most types of care increasing month-on-month and the number of people requiring residential care was also going up. The focus on discharging people from hospitals as quickly as possible to alleviate pressure on the broader health and social care system can result in more expensive care for people, at least in the shorter-term, and in the Council funding care placements that were appropriate for higher levels of need at point of discharge through the accelerated discharge process.

Residential placements are typically £50 per week more than 12 months ago (8%), and nursing placements are typically around £100 per week more expensive (15%). Within this, there was a particularly stark increase particularly in nursing care in the last half of 2018/19 – around 75% of the increase seen in a nursing bed cost came between November and March, and so the full impact was not known when business planning was being undertaken by committees. The number of people in residential and nursing care increased over 2018/19 by around 30% more than anticipated, again concentrated in the second half of the year.

This trend is continuing into 2019/20; there has been a significant increase in demand in recent months, impacting on both current commitment levels and projections for the rest of the financial year. It is estimated that the additional in-year pressure that will be seen by year end as a result of the upwards trend in price and service user numbers in bed-based care is approximately £3.4m.

A deep dive has been carried out into 100 care home placements between 11/11 and 9/12 to understand what is driving the increase in demand. This shows that the increase in bed based placements and spend is due to the net increase in demand being higher than expected. All but 3 people were already receiving care and support but needs had escalated- the average age being 82. One third of referrals resulted from hospital discharge, the remainder from the community. The deep dive confirmed that opportunities had been taken to maintain independence for as long as possible in line with Adults Positive Challenge.

The total savings expectation in this service for 2019/20 is £3.1m. It is expected that £2.1m will be delivered in-year through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain independence, and a further £400k will be delivered through increased capacity in the Occupational Therapy service. The shortfall against the saving is contributing to the overall overspend position.

In addition to the work embodied in the Adults Positive Challenge Programme to intervene at an earlier stage so the need for care is reduced or avoided, work is ongoing within the Council to bolster the domiciliary care market, and the broader care market in general:

- Providers at risk of failure are provided with some intensive support to maximise the continuity of care that they provide;
- The Reablement service has been greatly expanded and has a role as a provider of last resort for care in people's homes.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>6) Central Commissioning – Adults</b>	<b>11,095</b>	<b>-16,011</b>	<b>546</b>	<b>5%</b>

An overspend of £546k is forecast on Central Commissioning Adults.

£400k of the forecast overspend is in relation to increased spend on the contract for block cars that deliver domiciliary care to people, including those leaving hospital. The Council has needed to support a number of packages at an enhanced rate this year due to the large scale failure of a major provider of homecare in the last quarter of 2018. There was a need to retain the capacity in the market, as domiciliary care enables people to remain in their own homes and retain their independence; the alternative is often moving into bed-based care at a higher cost. Retaining this capacity has helped us to support winter pressures and facilitate earlier discharges from hospital.

This is an in-year pressure only as the contract has now been re-commissioned, with more favourable rates secured that will lead to a balanced budget in 2020/21. Reducing capacity within this area in order to mitigate the in-year cost pressure would ultimately lead to increased spend on alternative provision such as bed based care.

The remainder of the overspend is mainly due to a delay in the realisation of savings on the Housing Related Support contracts; some contracts have been extended until the service is retendered. The full saving is still forecast to be delivered by 2021/22 and work is ongoing as to how best to deliver this service. The in-year pressure on housing related support is £366k, however, this has been mitigated in part with underspends on other contracts.

<b>7) Mental Health Commissioning</b>	<b>3,696</b>	<b>3,095</b>	<b>-113</b>	<b>-3%</b>
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Mental Health Commissioning is forecasting an underspend of £113k. There is a one-off benefit as a result of credits due from two external providers relating to prior year activity (£90k). Additionally, a number of efficiencies have been achieved against current year contracts. Whilst these only have a relatively immaterial impact on the 2019/20 financial position, any ongoing efficiencies will be factored in to Business Planning for 2020/21 onwards.

<b>8) Children in Care Placements</b>	<b>23,819</b>	<b>18,576</b>	<b>475</b>	<b>2%</b>
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The revised Children in Care Placements outturn forecast is a £475k overspend. This is following an additional budget allocation of £350k as approved by GPC and the application of £500k of additional social care grant. Overspend is a result of:

Recent activity in relation to gang-related crime which has led to additional costs and high cost secure placements being required [at an average weekly cost of £7000.00 per child].

Additional unaccompanied asylum seekers became Looked After

An increase in the number of Children in Care in external placements [+20%] against a projected reduction.

External Placements Client Group	Budgeted Packages	31 Dec 2019 Packages	31 Jan 2019 Packages	Variance from Budget
Residential Disability – Children	3	3	3	0
Child Homes – Secure Accommodation	1	0	0	-1
Child Homes – Educational	19	14	14	-5
Child Homes – General	33	38	37	+4
Independent Fostering	240	281	274	+34
Supported Accommodation	26	26	23	-3
Supported Living 16+	7	5	6	-1
<b>TOTAL</b>	<b>329</b>	<b>367</b>	<b>357</b>	<b>+28</b>

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<p><b>Children in Care Placements continued;</b></p> <p>The foster placement capacity both in house and externally is overwhelmed by demand both locally and nationally. The real danger going forward is that the absence of appropriate fostering provision by default, leads to children and young people's care plans needing to change to residential services provision.</p> <p>Mitigating factors moving forward include:</p> <p>Monthly Placement Mix and Care Numbers meeting chaired by the Service Director and attended by senior managers. This meeting focuses on activity aimed at reducing the numbers in care, length of care episodes and reduction in the need for externally commissioned provision.</p> <p>Reconstitution of panels to ensure greater scrutiny and supportive challenge.</p> <p>Introduction of twice weekly conference calls per Group Manager on placement activity followed by an Escalation Call each Thursday chaired by the Head of Service for Commissioning, and attended by each of the Children's Social Care (CSC) Heads of Service as appropriate, Fostering Leads and Access to Resources.</p> <p>Authorisation processes in place for any escalation in resource requests.</p> <p>Assistant Director authorisation for any residential placement request.</p> <p>Monthly commissioning intentions (sufficiency strategy work-streams), budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting (in-house provider services and Access to Resources).</p> <p>Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.</p> <p>Provider meetings scheduled through the Children's Placement Service (Access to Resources) to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.</p> <p>Regular High Cost Placement Review meetings to ensure children in externally funded placements are actively managed in terms of the ability of the provider to meet set objectives/outcomes, de-escalate where appropriate [levels of support] and maximizing opportunities for discounts (length of stay/siblings/ volume) and recognising potential lower cost options in line with each child's care plan.</p> <p>Additional investment in the recruitment and retention of the in-house fostering service to significantly increase the net number of mainstream fostering households over a three year period, as of 2018.</p> <p>Access to the Staying Close, Staying Connected Department for Education (DfE) initiative being piloted by a local charity offering 16-18 year old Children in Care Placements the opportunity to step-down from residential provision, to supported community-based provision in what will transfer to their own tenancy post 18.</p> <p>Greater focus on those Children in Care Placements for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>9) Registration &amp; Citizenship Services</b>	<b>-516</b>	<b>-760</b>	<b>-370</b>	<b>-72%</b>
Registration & Citizenship Services are forecasting a surplus of £370k. An increase in the statutory charge for birth, marriage and death certificates has resulted in an over-recovery of income in the service. This increase is expected to continue into future years and as such has been recognised as part of the 2020/21 Business Plan.				
<b>10) Coroners</b>	<b>1,117</b>	<b>1,530</b>	<b>375</b>	<b>34%</b>
Coroners is forecasting a pressure of £375k. This is due to the increasing complexity of cases being referred to the coroner that require inquest and take time to conclude, requiring more specialist reports and advice and the recruitment of additional staff to complete investigations and prevent backlogs of cases building up. The cost of essential contracts for body storage, pathology, histology and toxicology has also increased.				
<b>11) Children in Care</b>	<b>15,746</b>	<b>15,309</b>	<b>159</b>	<b>1%</b>
<p>The Children in Care budget is forecasting an over spend of c£159k. This is a reduction of £50k since last month based on the projected spend for the in-house fostering placements service reducing by £50k.</p> <p>The Unaccompanied Asylum Seeker Children (UASC) budget is forecasting a pressure of £200k. This is in the over 18 budget due to the increased number of children turning 18 and acquiring care leaver status. The costs associated with supporting this group of young people are not fully covered by the grant from the Home Office.</p> <p>The Supervised Contact Service is currently forecasting a £50k overspend with underspends of -£50k and -£41k respectively in the Fostering and Multi Systemic Therapy (MST) services.</p> <p><b><u>Actions being taken:</u></b></p> <p>For UASC we are continuing to review placements and are moving/have moved young people as appropriate to provisions that are more financially viable in expectation of a status decision. We are also reviewing our young people who are appeal rights exhausted. To note: We are currently undertaking further analysis of our internal commitment record to confirm the current estimated outturn position. For Supervised Contact we will continue to review/manage all contact until year end.</p>				



Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>12) Children's Disability Service</b>	<b>6,594</b>	<b>5,351</b>	<b>165</b>	<b>3%</b>
<p>The Children's Disability Service is forecasting an over spend of £165k.</p> <p>This is mainly due to a change in policy resulting in families having the option to purchase overnight care in the child's home via a Direct Payment (DP). This change was due to take place in April 2020 but for operational reasons we had to bring this offer forward. We have also had some exceptional costs which have had an impact on the budget, such as funding agency care staff to support one young adult in his home and funding two young adults to live in supported accommodation pending access to benefits at 18 years (avoiding more costly residential placements.) Added to this, we have seen an increase in the number of requests for DPs, an increase in the average amount of DPs paid per family (due to increasingly complex needs) and an increase in day time support (as opposed to overnight provisions). The service have also seen an increase in exceptional costs, including court-directed transport costs for parental contact to an out-of-county placement, No Recourse to Public Funds cases, and several one-off payments for specialist equipment in foster carer homes.</p> <p><b>Actions being taken:</b> A full review of the short breaks contract and our overnight short breaks offer is being undertaken. We are also investing in a finance team to streamline our monitoring processes, enable more in-depth analysis, address debt recovery and identify savings.</p>				
<b>13) Legal Proceedings</b>	<b>1,970</b>	<b>1,713</b>	<b>300</b>	<b>15%</b>
<p>The Legal Proceedings budget is forecasting a £300k overspend. This is a reduction of £100k on the previous month due to the reduction in live cases and a revised forward forecast to reflect this.</p> <p>Numbers of care proceedings per month increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. The increase was mainly due to care applications made in March, April and May, particularly in the North where four connected families saw 16 children coming into our care with sexual abuse and neglect the main concerns.</p> <p>There are currently (end Dec) 177 live care proceedings, and whilst we have seen reductions in live proceedings (183 end July), legacy cases and associated costs have caused significant pressure on the legal budget.</p> <p><b>Actions being taken:</b> Work is ongoing to manage our care proceedings and Child Protection (CP) Plans and better track the cases through the system to avoid additional costs due to delay.</p>				
<b>14) SEND Specialist Services (0-25 years)</b>	<b>55,087</b>	<b>53,533</b>	<b>10,500</b>	<b>19%</b>
<p>A continuing increase in the number of children and young people with an EHCP is resulting in an ongoing worsening financial position in SEND Specialist Services, with an overspend of £10.5m anticipated on the High Needs Block of the Dedicated Schools Grant (DSG), an increase of £1.5m from the previously reported position.</p> <p>Between 1<sup>st</sup> April 2019 and 1<sup>st</sup> January 2020 there was an increase in the number of pupils with EHCPs of 448 (10.5%), compared with 347 (9%) over the same period last year. This increase, along with an increase in complexity of need has resulted in a pressure on all demand-led elements of the service.</p> <p><b>High Needs Top Up Funding - £3.5m DSG overspend:</b> As well as the overall increases in EHCP numbers creating a pressure on the Top-Up budget, the number of young people with EHCPs in Post-16 Further Education is continuing to increase significantly as a result of the provisions laid out in the 2014 Children and Families Act. This element of provision is causing the majority of the forecast overspend on the High Needs Top-Up budget.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>SEND Specialist Services (0-25 years) continued;</b>				
<p><b>Funding to Special Schools and Units - £4.3m DSG overspend:</b> Additional demand for places at Special Schools and High Needs Units combined with an increase in complexity of need has resulted in a significant pressure on this budget. Average top up paid to special schools is increasing, as is the number of places being commissioned, with the demand such that the majority of our Special Schools are now full.</p> <p><b>SEN Placements – £0.6m DSG overspend:</b> Where a suitable placement cannot be made in a mainstream school or a Cambridgeshire Special School pupils may be placed in an independent special school, or out-of-county. An increase in such cases has resulted in an overspend of £0.6m on the SEN Placements budget.</p> <p><b>Out of School Tuition - £3.2m DSG overspend:</b> There has been a continuing increase in the number of children with an EHCP who are awaiting a permanent school placement. Where this happens, pupils are provided with out of school tuition. Due to the increase in demand for specialist placements the anticipated expenditure of Out of School Tuition has increased significantly compared to previous years.</p> <p><b>SEND Specialist Services - £1.1m DSG Underspend:</b> Wider SEND Specialist services are forecasting a £1.1m underspend. This is due to a combination of factors including staffing vacancies and support to Early Years.</p> <p><b>Mitigating Actions:</b> A SEND Project Recovery team has been set up to oversee and drive the delivery of the SEND recovery plan to address to current pressure on the High Needs Block.</p>				
<b>15) Home to School Transport – Special</b>	<b>9,821</b>	<b>7,351</b>	<b>950</b>	<b>10%</b>
<p>Home to School Transport – Special is forecasting an £950k overspend for 2019/20. As outlined in note 15 we are continuing to see significant increases in pupils with EHCPs and those attending special schools, leading to a corresponding increase in transport costs. Between 1<sup>st</sup> April 2019 and 1<sup>st</sup> January 2020 there was an increase in the number of pupils with EHCPs of 448 (10.5%), compared with 347 (9%) over the same period last year.</p> <p>Alongside this, we are seeing an increase in complexity of need resulting in assessments being made that the child/young person's requires individual transport, and, in many cases, a passenger assistant to accompany them. In two cases, private ambulances have had to be provided due to the severity of the children's medical needs. This follows risk assessments undertaken by health and safety, and insurance colleagues.</p> <p>A strengthened governance system around requests for costly exceptional transport requests introduced in 2018/19 is resulting in the avoidance of some of the highest cost transport as is the use of personal transport budgets offered in place of costly individual taxis. Further actions being taken to mitigate the position include:</p> <p>An ongoing review of processes in the Social Education Transport and SEND teams with a view to reducing costs</p> <p>An earlier than usual tender process for routes starting in September to try and ensure that best value for money is achieved</p> <p>Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently. Four organisations who responded to a soft market test initiative have been invited to present their suggestions for what such a programme might involve for Cambridgeshire and Peterborough. This will inform the specification for a formal tender process.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>16) Children in Care Transport</b>	<b>2,005</b>	<b>1,144</b>	<b>-500</b>	<b>-25%</b>
Children in Care Transport is forecasting a £500k underspend. Ongoing work around route optimisation, combined with decreasing numbers of Children in Care have resulted in lower than budgeted costs, despite the pressures on the wider transport market.				
<b>17) Home to School Transport – Mainstream</b>	<b>9,189</b>	<b>6,693</b>	<b>200</b>	<b>2%</b>
<p>Home to School Transport – Mainstream is reporting an anticipated £200k overspend for 2019/20. While savings were achieved as part of the annual tender process we are continuing to see a significant increase in the costs being quoted for routes in some areas of the county, which are in excess of the inflation that was built into the budget. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible, however there is no guarantee that lower prices will be secured in future.</p> <p>There have also been pressures due to the number of in-year admission requests when the local school is full. These situations require us to provide transport to schools further away, outside statutory walking distance. The effect on the transport budget is taken into account when pupils are placed in-year which has mitigated the effect of this to some degree, however in many cases the only viable transport is an individual or low-occupancy taxi.</p>				
<b>18) Financing DSG</b>	<b>-61,469</b>	<b>-59,974</b>	<b>-10,500</b>	<b>-17%</b>
<p>Within P&amp;C, spend of £61.5m is funded by the ring fenced Dedicated Schools Grant. Current pressures on Funding to Special Schools and Units (£4.3m), High Needs Top Up Funding (£3.5m), Out of School Tuition (£3.2m), SEN Placements (£0.6m) and SEND Specialist Services (-£1.1m) equate to £10.5m and as such will be charged to the DSG.</p> <p>The final DSG balance brought forward from 2018/19 was a deficit of £7,171k.</p>				

## APPENDIX 3 – Capital Position

### 3.1 Capital Expenditure

2019/20						TOTAL SCHEME	
Original 2019/20 Budget as per BP	Scheme	Revised Budget for 2019/20	Actual Spend (Jan)	Forecast Spend – Outturn (Jan)	Forecast Variance – Outturn (Jan)	Total Scheme Revised Budget	Total Scheme Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
51,085	Basic Need – Primary	34,420	22,694	32,820	-1,600	273,739	-11,560
64,327	Basic Need – Secondary	51,096	37,772	42,735	-8,360	321,067	-813
100	Basic Need - Early Years	2,173	811	2,173	0	5,718	0
7,357	Adaptations	1,119	913	1,090	-29	13,428	0
6,370	Specialist Provision	4,073	3,053	5,370	1,297	23,128	-53
2,500	Condition & Maintenance	3,623	3,400	4,083	460	27,123	952
1,005	Schools Managed Capital	2,796	0	2,796	0	9,858	0
150	Site Acquisition and Development	485	122	485	0	935	0
1,500	Temporary Accommodation	1,500	377	257	-1,243	12,500	-1,243
275	Children Support Services	275	0	275	0	2,575	0
5,565	Adult Social Care	5,565	4,189	5,565	0	30,095	0
3,117	Cultural and Community Services	5,157	1,719	3,308	-1,849	10,630	0
-16,828	Capital Variation	-13,399	0	-2,075	11,324	-61,000	0
2,744	Capitalised Interest	2,744	0	2,744	0	8,798	0
<b>129,267</b>	<b>Total P&amp;C Capital Spending</b>	<b>101,627</b>	<b>75,050</b>	<b>101,627</b>	<b>0</b>	<b>678,594</b>	<b>-12,717</b>

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

Revised Budget for 2019/20	Forecast Spend - Outturn (January)	Forecast Spend - Outturn Variance (January)	Variance Last Month (December)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b><u>Basic Need – Primary</u></b>						
<b>Histon Additional Places</b>						
400	3,000	2,600	2,600	0	0	2,600
Although delays were initially anticipated on this project as it involves building a replacement for the current Histon & Impington Infant School on a site (Buxhall Farm) in the Green Belt, the scheme has accelerated and construction is now well underway. While the replacement school is not be required until 2021, commencing work at this point will result in lower construction costs than if the project were delayed.						
<b>Chatteris Additional Primary Places</b>						
4,600	2,500	-2,100	-1,700	-400	0	-2,100
£1.6m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This scheme has now been combined with that listed separately for Cromwell Community College, following approval from the DfE to a proposal to extend the school's age range to enable it to provide all-through education, 4-19. A further £0.5spend adjustment has been made on receipt of contractor revised cashflow.						
<b>Bassingbourn Primary School</b>						
2,666	2,350	-316	-316	0	-225	-91

Savings made on completion of scheme.
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Revised Budget for 2019/20	Forecast Spend - Outturn (January)	Forecast Spend - Outturn Variance (January)	Variance Last Month (December)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000

<b>Godmanchester Bridge (Bearscroft Development)</b>						
355	60	-295	-262	-33	-295	0

Savings made on completion of scheme.
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<b><u>Basic Need - Secondary</u></b>
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<b>Fenland Secondary</b>						
5,000	150	-4,850	-4,700	-150	0	-4,850

None of the applications submitted to the DfE to establish the new secondary as free school were approved. Further delays have occurred as work to determine the final specification for the scheme and the associated project cost are being reconsidered.
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<b>Cromwell Community College, Chatteris</b>						
5,500	3,400	-2,100	-1,600	-500	0	-2,100

£1.5m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This scheme has now been combined with that listed separately for Chatteris Additional Primary Places, following approval from the DfE to a proposal to extend the school's age range to enable it to provide all-through education, 4-19. A further £0.5spend adjustment has been made on receipt of contractor revised cashflow.
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<b>Alconbury Weald Secondary &amp; Special</b>						
350	100	-270	-270	0	0	-270

As a result of on-going discussions with the DfE over the timing of the opening of the secondary school, consideration is now being given to proceeding with plans which would enable the Special School to open independent of the secondary school in 2023.
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<b>Cambourne Village College</b>						
5,550	4,100	-1,450	0	-1,450	0	-1,450

Reduction due to completion of project on site and release of unspent contingency and risk register allowances. Also, the phase 3b and 3c pre-construction works fees included in contractor contract sum will not be spent now, as it is now likely that a separate new project will be developed in response to an updated demographic assessment. Also, it is not expected any spend on ICT will be incurred this year.
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<b>Northstowe Secondary</b>						
32,000	32,500	500	0	500	0	500

Spend forecast adjusted in line with the latest contractor cashflow forecast.
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<b><u>Specialist provision</u></b>
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<b>Highfields Ely Phase 2</b>						
3,600	5,000	1,400	1,600	-200	0	1,400

Revised spend forecast received from contractor. Value of works higher than anticipated for 2019/20 due to pre-fabricated construction and works progressing ahead of schedule, which means that the project is likely to be completed in May 2020.
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Revised Budget for 2019/20	Forecast Spend - Outturn (January)	Forecast Spend - Outturn Variance (January)	Variance Last Month (December)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b><u>Condition &amp; Maintenance</u></b>						
<b>School Condition, Maintenance &amp; Suitability</b>						
3,123	3,482	359	359	0	952	-593
The forecast overspend of £359k has arisen due to an increase in the number of unplanned emergency and condition projects requiring urgent attention to ensure the schools concerned remained operational. The in-year position has been offset with slippage of £593k for Galfrid Primary (formerly Abbey Meadows) which was agreed by GPC as additional funding for 2019/20. This funding is required in 2020/21 due to the scheme timescales being delayed.						
<b><u>Temporary Accommodation</u></b>						
1,500	257	-1,243	-1,243	0	-1,243	0
£1,243k forecast underspend as the level of temporary mobile accommodation was lower than initially anticipated when the Business Plan was approved.						
<b><u>Cultural and Community Services</u></b>						
<b>Libraries - Open access &amp; touchdown facilities (hub libraries)</b>						
567	11	-556	-556	-0	0	-556
Work is ongoing to tender for the system and create a detailed plan for the rollout of Open Access across all libraries; this will involve building surveys of all sites to determine the requirements for implementation, which is the expenditure projected within the current financial year. A report will be brought to C&P Committee in the Spring to update members and make decisions about prioritisation and principles of the rollout, with implementation and expenditure taking place later in 2020/21 and 2021/22.						
<b>Libraries - Open access &amp; touchdown facilities - further 22 Libraries</b>						
605	0	-605	-605	-0	0	-605
Work is ongoing to tender for the system and create a detailed plan for the rollout of Open Access across all libraries; this will involve building surveys of all sites to determine the requirements for implementation, which is the expenditure projected within the current financial year. A report will be brought to C&P Committee in the Spring to update members and make decisions about prioritisation and principles of the rollout, with implementation and expenditure taking place later in 2020/21 and 2021/22.						
<b>Community Hubs – Sawston</b>						
1,603	1,180	-423	0	-423	0	-423
Work is ongoing to complete the new Sawston Community Hub. Spend updated as per the latest Business Case which was presented at Capital Programme Board. A further £65k funding has been requested to complete the project, this will be funded through Prudential Borrowing.						
<b><u>Other changes across all schemes (&lt;250k)</u></b>						
-	-	-1,975	-1,890	-85	-1,323	-652
Other changes below £250k make up the remainder of the scheme variances.						
<b>Total P&amp;C variances:</b>		<b>-11,324</b>	<b>-8,584</b>	<b>-2,740</b>	<b>-2,134</b>	<b>-9,190</b>

## P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been calculated as below, updated for the transfer of Cultural and Community Services. Slippage and underspends expected in 2019/20 are currently resulting in £11.3m of the capital variations budget being utilised.

2019/20					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Jan 20) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Jan 20) £000
P&C	-13,399	-11,324	11,324	64.0%	0
<b>Total Spending</b>	<b>-13,399</b>	<b>-11,324</b>	<b>11,324</b>	<b>64.0%</b>	<b>0</b>

### 3.2 Capital Funding

2019/20				
Original 2019/20 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2019/20 £'000	Funding Outturn (Jan 20) £'000	Funding Variance - Outturn (Jan 20) £'000
6,905	Basic Need	6,905	6,905	0
4,126	Capital maintenance	3,547	3,547	0
1,005	Devolved Formula Capital	2,796	2,796	0
4,115	Adult specific Grants	4,146	4,146	0
14,976	S106 contributions	6,555	6,555	0
2,052	Other Specific Grants	2,576	2,576	0
0	Capital Receipts	131	131	0
10,100	Other Revenue Contributions	10,100	10,100	0
390	Prudential Borrowing	48,730	48,730	0
11,598	Prudential Borrowing (Repayable)	16,141	16,141	0
<b>129,267</b>	<b>Total Funding</b>	<b>101,627</b>	<b>101,627</b>	<b>0</b>

## APPENDIX 4 – Savings Tracker

Savings Tracker 2019-20															
Quarter 3						Forecast Savings 2019-20 £000									
						-10,844	-4,201	-2,272	-1,664	-2,246	-10,355	489			
RAG	Reference	Title	Service	Committee	Original Saving 19-20	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 19-20	Variance from Plan £000	Saving complete?	% Variance	Forecast Commentary	
Blue	A/R.6.114	Learning Disabilities - Increasing independence and resilience when meeting the needs of people with learning disabilities	P&C	Adults	-200	-250	-148	-52	-20	-470	-270	No	-135.00	On track to over-achieve	
Amber	A/R.6.126	Learning Disabilities - Converting Residential Provision to Supported Living	P&C	Adults	-250	0	0	0	-20	-20	230	No	92.00	This is a complex and very volatile area for savings delivery, with challenge from family carers, service user advocates and housing providers. This has slowed delivery of this saving, with only a small element expected to be achieved.	
Blue	A/R.6.127	Care in Cambridgeshire for People with Learning Disabilities	P&C	Adults	-250	-200	-478	-65	-63	-806	-556	No	-222.40	On track to over-achieve	
Green	A/R.6.128	Better Care Fund - Investing to support social care and ease pressures in the health and care system	P&C	Adults	-1,300	-1,300	0	0	0	-1,300	0	No	0.00	On track	
Amber	A/R.6.132	Mental Health Social Work PRISM Integration Project	P&C	Adults	-200	-10	-28	0	-27	-75	125	No	62.50	A change of direction regarding implementation of PRISM has meant that the original model for savings delivery is no longer appropriate. Whilst alternative savings plans are being considered, it is expected that there will be a shortfall against the target, reflecting upwards demand pressures in relation to the provision of care.	
Blue	A/R.6.133	Impact of investment in Occupational Therapists	P&C	Adults	-220	-50	-100	-110	-80	-340	-120	No	-54.55	On track to over-achieve	
Green	A/R.6.143	Review of Support Functions in Adults	P&C	Adults	-150	-150	0	0	0	-150	0	No	0.00	On track	
Red	A/R.6.174	Review of Supported Housing Commissioning	P&C	Adults	-583	-80	-80	-80	-81	-282	301	No	51.63	Expected to be delivered over 2 years into 2020/21 - this revised phasing was agreed when Council set the 2019-24 budget, with the service finding mitigations in-year to offset the revised phasing.	
Amber	A/R.6.176	Adults Positive Challenge Programme	P&C	Adults & CYP	-3,800	-591	-781	-700	-978	-3,051	749	No	19.71	Evidence of slower than expected delivery in some workstreams, with cases of interventions not having avoided as much cost as expected or as quickly as expected. In particular, a large proportion of the saving was expected to come from the use of Technology Enabled Care – this already contributes millions to savings year on year but delivering above this has proven slower than expected and we expect to see benefits in future years. Over-delivery in Reablement is a positive, and analysis shows further evidence of the impact of 'changing the conversation' work, which has demonstrated demand is being managed. Savings are not 'claimed' against this work without robust evidence that programme interventions are having an impact	
Green	A/R.6.177	Savings through contract reviews	P&C	Adults	-412	-412	0	0	0	-412	0	Yes	0.00	Complete	
Green	A/R.6.211	Safer Communities Partnership	P&C	C&P	-30	-30	0	0	0	-30	0	Yes	0.00	Complete	
Green	A/R.6.212	Strengthening Communities Service	P&C	C&P	-30	-30	0	0	0	-30	0	Yes	0.00	Complete	
Green	A/R.6.213	Youth Offending Service - efficiencies from joint commissioning and vacancy review	P&C	C&YP	-40	-40	0	0	0	-40	0	Yes	0.00	Complete	
Green	A/R.6.214	Youth Support Services	P&C	C&YP	-40	-40	0	0	0	-40	0	Yes	0.00	Complete	



RAG	Reference	Title	Service	Committee	Original Saving 19-20	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 19-20	Variance from Plan £000	Saving complete?	% Variance	Forecast Commentary
Green	A/R.6.252	Total Transport - Home to School Transport (Special)	P&C	C&YP	-110	-28	-27	-28	-27	-110	0	Yes	0.00	Complete
Green	A/R.6.253	Children in Care - Mitigating additional external residential placement numbers	P&C	C&YP	-500	-125	-125	-125	-125	-500	0	No	0.00	On track
Green	A/R.6.254	Children in Care - Fee negotiation and review of high cost placements	P&C	C&YP	-200	-50	-50	-50	-50	-200	0	No	0.00	On track
Green	A/R.6.255	Children in Care - Placement composition and reduction in numbers	P&C	C&YP	-1,311	-336	-325	-325	-325	-1,311	0	No	0.00	On track
Green	A/R.6.258	Children's home changes (underutilised)	P&C	C&YP	-350	-350	0	0	0	-350	0	Yes	0.00	Complete
Green	A/R.6.259	Early Years Service	P&C	C&YP	-200	-50	-50	-50	-50	-200	0	Yes	0.00	Complete
Green	A/R.6.260	Reduction of internal funding to school facing traded services	P&C	C&YP	-151	-38	-38	-38	-37	-151	0	No	0.00	On track
Green	A/R.6.261	Schools Intervention Service	P&C	C&YP	-100	-25	-25	-25	-25	-100	0	Yes	0.00	Complete
Black	A/R.6.263	Term time only contracts	P&C	C&YP	-30	0	0	0	0	0	30	No	100.00	Saving unachieved in 2019/20 however mitigating savings have been made elsewhere to offset this
Green	A/R.6.264	Review of Therapy Contracts	P&C	C&YP	-321	0	0	0	-321	-321	0	No	0.00	On track
Green	A/R.7.101	Early Years subscription package	P&C	C&YP	-16	-4	-4	-4	-4	-16	0	No	0.00	On track
Green	A/R.7.103	Attendance and Behaviour Service income	P&C	C&YP	-50	-12	-13	-12	-13	-50	0	Yes	0.00	Complete



**PERFORMANCE REPORT – QUARTER 3 2019/20**

*To:* **Adults Committee**

*Meeting Date:* **12 March 2020**

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

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

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

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

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

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## 1. BACKGROUND

1.1 This performance report provides information on the status of performance indicators the Committee has selected to monitor to understand performance of services the Committee oversees.

1.2 The report covers the period of Quarter 3 (Q3) 2019/20, up to the end of December 2019.

1.3 The full report is in the appendix. It contains information on

- Current and previous performance and projected linear trend
- Current and previous targets (not all indicators have targets, this may be because they are being developed or because the indicator is being monitored for context)
- Red / Amber / Green / Blue (RAGB) status
- Direction for improvement (this shows whether an increase or decrease is good)
- Change in performance (this shows whether performance is improving (up) or deteriorating (down))
- Statistical neighbour performance (only available where a standard national definition of indicator is being used)
- Indicator description
- Commentary on the indicator

1.4 The following RAGB statuses are being used:

- Red – current performance is 10% or more from target
- Amber – current performance is off target by less than 10%
- Green – current performance is on target or better by up to 5%
- Blue – current performance is better than target by 5% or more

As agreed by General Purposes Committee, “Blue” has replaced “Very Green” as the colour grading for indicators exceeding target by 5% or more.

Red and Blue indicators will be reported to General Purposes Committee in a summary report.

1.5 Information about all performance indicators monitored by the Council Committees will be published on the internet at <https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/> following the General Purposes Committee meeting in each quarterly cycle.

## 2. CURRENT PERFORMANCE

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

Status	Number of indicators	Percentage of total indicators with target
Red	1	10%
Amber	3	30%
Green	2	20%
Blue	4	40%
No target	0	0%

Source Documents	Location
None	



Produced on:

24 February 2020



# Corporate Performance Report

## Quarter 3

### 2019/20 financial year

#### Adults Committee

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

## Key



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



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

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February 2020

Pro Rata Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
4.5%	↑	4.7%	4.7%	Unchanged
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
7.2%	6.0%	A		

## Indicator Description

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

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

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

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

Where:

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

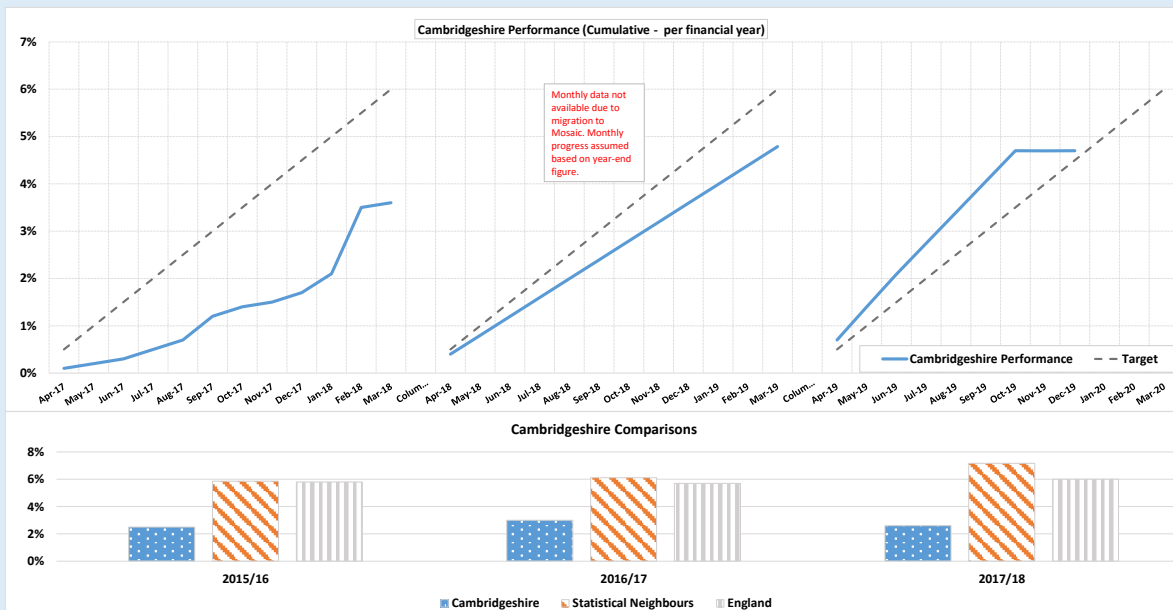
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascf/archive>

LG Inform:

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

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

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



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

## Commentary

Performance at this indicator was improving through Q1 & Q2, however there has been no significant progress to report since September. Performance is still exceeding that of the equivalent periods in all of the last 4 years.

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

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

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

Although performance is above target at the end of Q3, the indicator remains amber as there is still a significant risk that the year end target may not be met at year end due to the complexities involved in securing paid employment in the current economic climate. This judgement will be kept under review and will be revised in subsequent reports if the recent trends continue.

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

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February 2020

Pro Rata Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
423.0	↓	236.2	224.0	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
535.6	585.6	G		

## Indicator Description

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

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

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

Where:

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

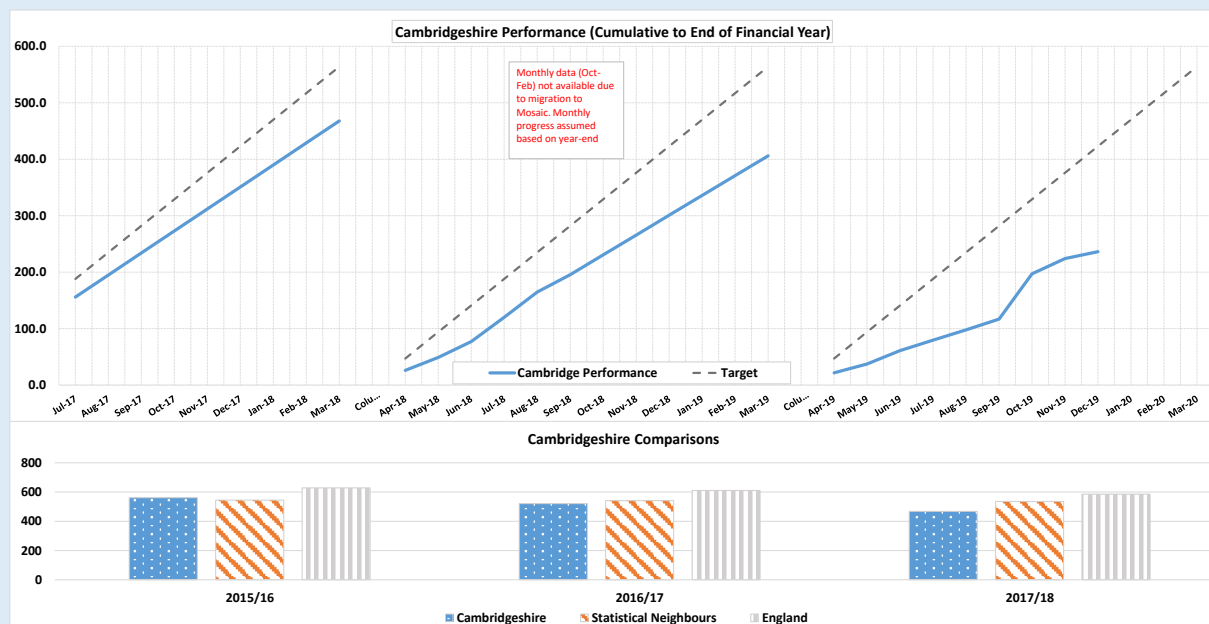
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

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

## Commentary

The focus on supporting people to remain in their homes for as long as possible, the focus of both the Transforming Lives model and the current Adult Positive Challenge Programme, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages. However we are seeing increase in demand for bed based care for people whose complex needs have reached a level where either nursing care or dementia care are now required.

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

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

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

Return to Index

February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
114.0	↓	179.5	160.2	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
194.0	129.0	R		

## Indicator Description

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

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

Where:

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

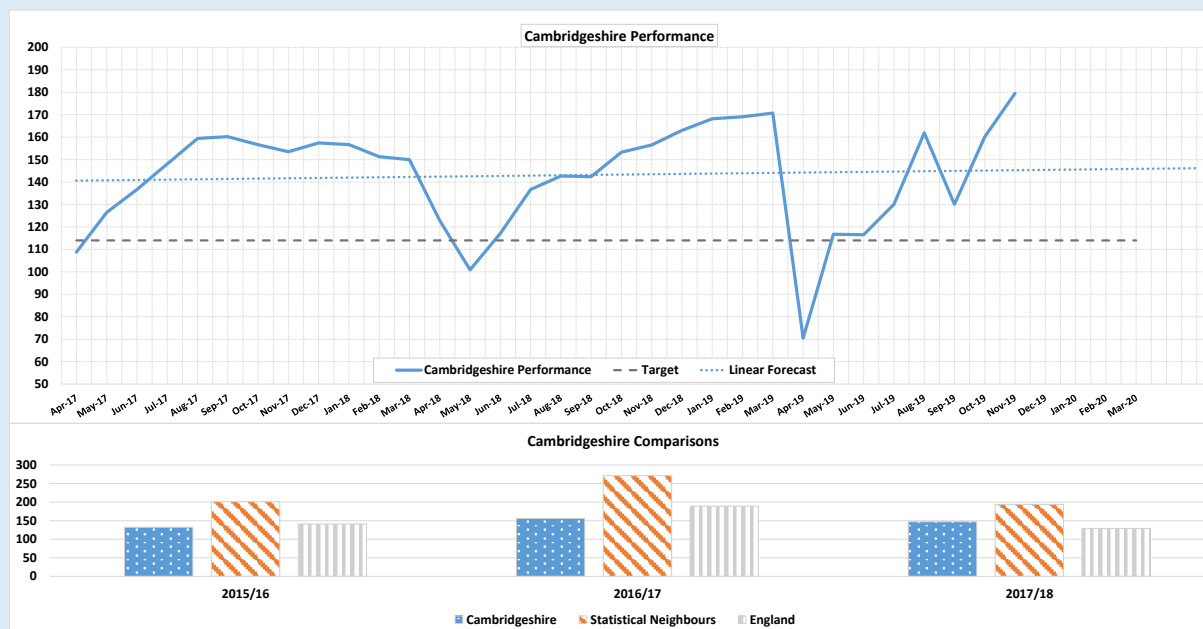
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

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

## Commentary

November saw the highest monthly figure for ASC attributable bed-day delays since the last peak in March.

Since April, delays arranging domiciliary care account for 64% of social care attributable bed day delays. This reason was the most common cause for ASC delays for the top 4 hospital trusts reporting DTOCs in Cambridgeshire, Cambridge University Hospitals FT, North West Anglia FT, Cambridgeshire & Peterborough FT and Queen Elizabeth Hospital.

The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital. Commissioners continue to focus on ways to maximise the capacity in the domiciliary care market and the award of the new Direct Payments support contract is anticipated over time to lead to an increase in availability of personal assistants as an alternative to domiciliary care.

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

Return to Index

February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
12.5%	↑	11.4%	12.2%	Declining
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
9.3%	7.0%	A		

## Indicator Description

The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Adults here are defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The measure is focused on 'paid' employment. Voluntary work is to be excluded for the purposes of this measure.

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

Where:

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

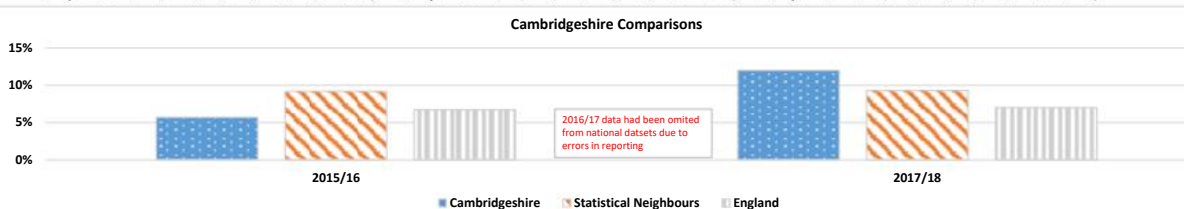
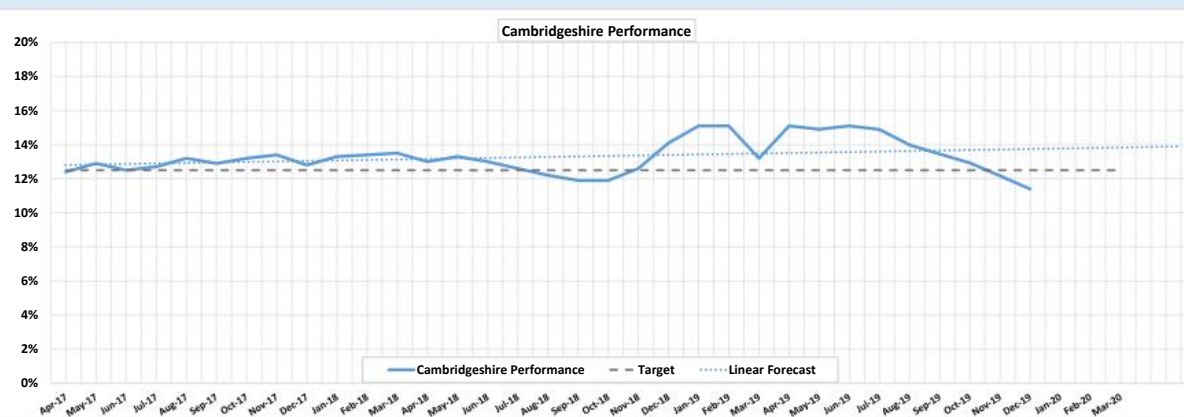
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(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

After a strong start to the year, performance at this measure fell below target in November '19 and continued to fall to a low of 11.4% in December. This is the lowest percentage recorded since April '17.

Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

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

[Return to Index](#)

February 2020

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

## Indicator Description

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

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

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

Calculation:

$(X/Y) \times 100$

Where:

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

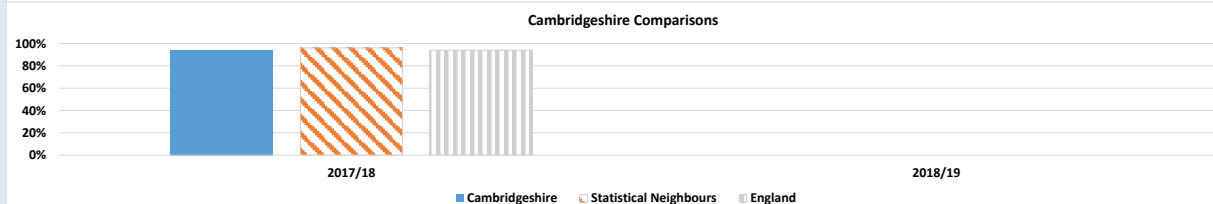
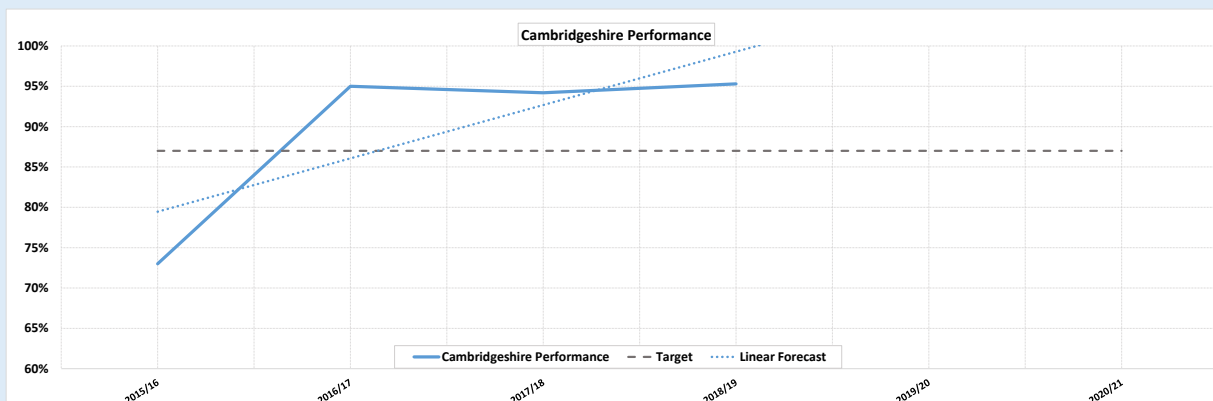
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(Mean England and Statistical Neighbour data obtained from NHS Digital)

## Commentary

Performance at this measure is strong and remains consistent with national performance and that of statistical neighbours. There is room for improvement in the number of adults at risk being asked to express their desired outcomes. In 2018/19, approximately 18% of adults at risk who were subject to a S42 enquiry were not asked for their desired outcomes.

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

Return to Index

February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
24.0%	↑	22.7%	22.7%	Unchanged
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
31.7%	28.5%	A		

## Indicator Description

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

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

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

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

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

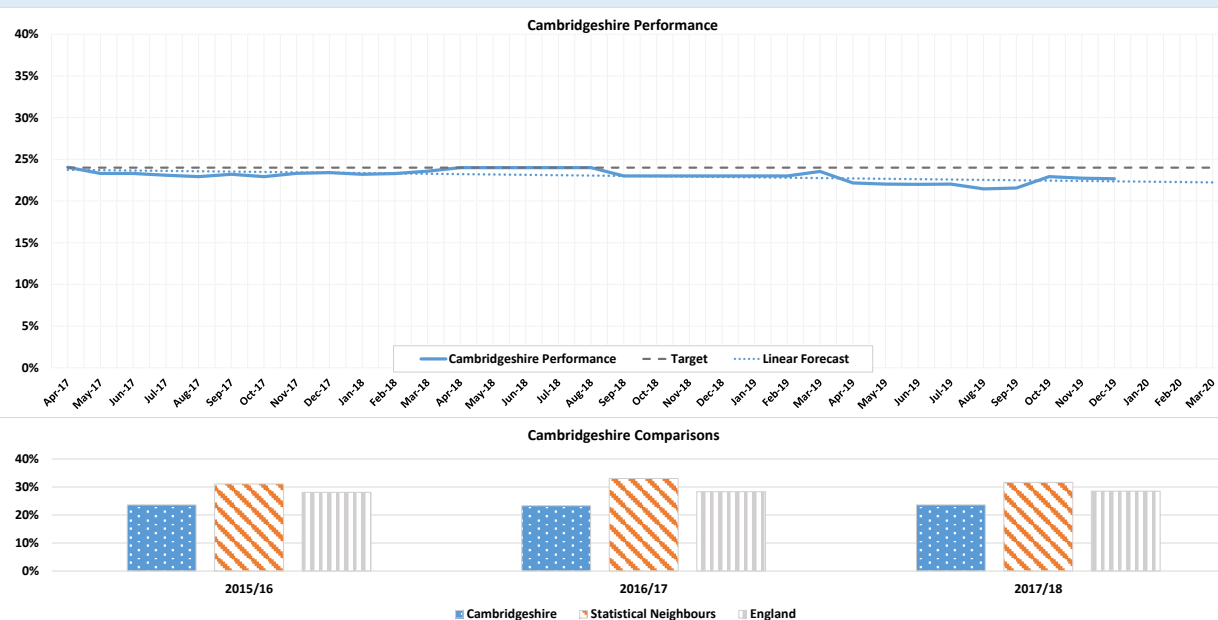
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

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

## Commentary

Performance in October climbed slightly compared to the previous month, bringing the proportion of community clients supported with a direct payment to a high point so far for 2019/20. Performance continued to slip again slightly in November and December but remains above average compared to the first 6 months of 2019/20.

A new contract for Direct Payments support has been awarded and will start from 1 April 2020. The support service is expected to not only better promote and support people to take up direct payments but also to expand on the availability of and support to Personal Assistants. As part of the role out of the new support provision there will be an increased amount of promotion of direct payments to both service users and professionals. Whilst not likely to impact on performance this financial year we do anticipate seeing an increase in take up in 20/21.

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

Return to Index

February 2020

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

## Indicator Description

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

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

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

Where:

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

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

## Useful Links

NHS Digital 2017/18 Data:

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

NHS Digital Archived Data:

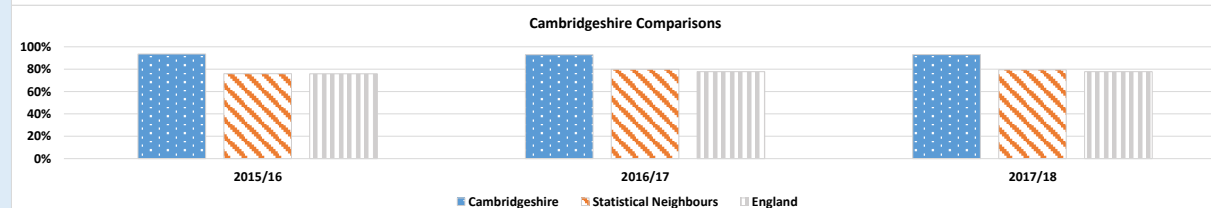
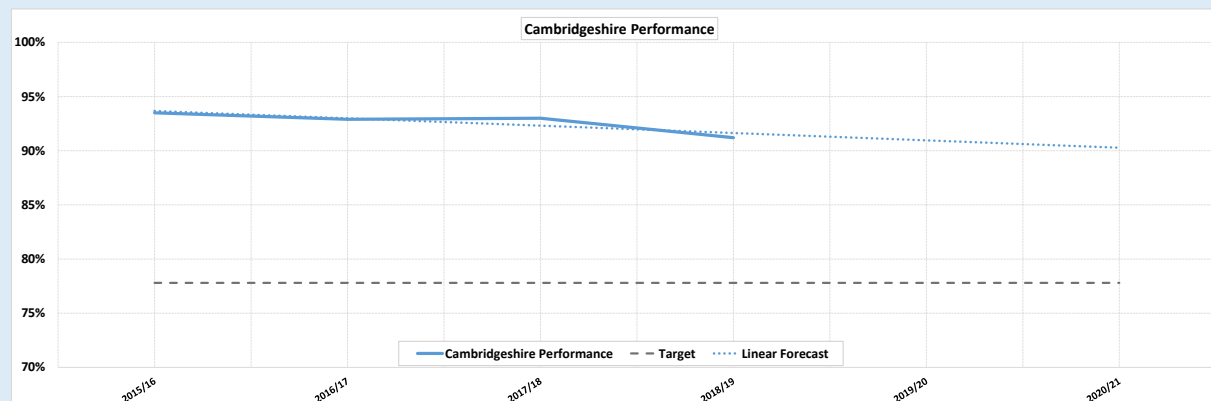
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/archive>

LG Inform:

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

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

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/687208/Final\\_ASOF\\_handbook\\_of\\_definitions\\_2018-19\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASOF_handbook_of_definitions_2018-19_2.pdf)



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

## Commentary

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

## Indicator 161: Number of people receiving long term care in community based (non residential/prison settings) per 100,000 of the population

[Return to Index](#)

February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
804	↓	786	787	Improving
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
875	1031	G		

## Indicator Description

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

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

$$R = X/Y * 100000$$

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

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

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

Source: SALT LTS001b, Tables 1a and 1b

## Useful Links

NHS Digital 2017/18 Data:

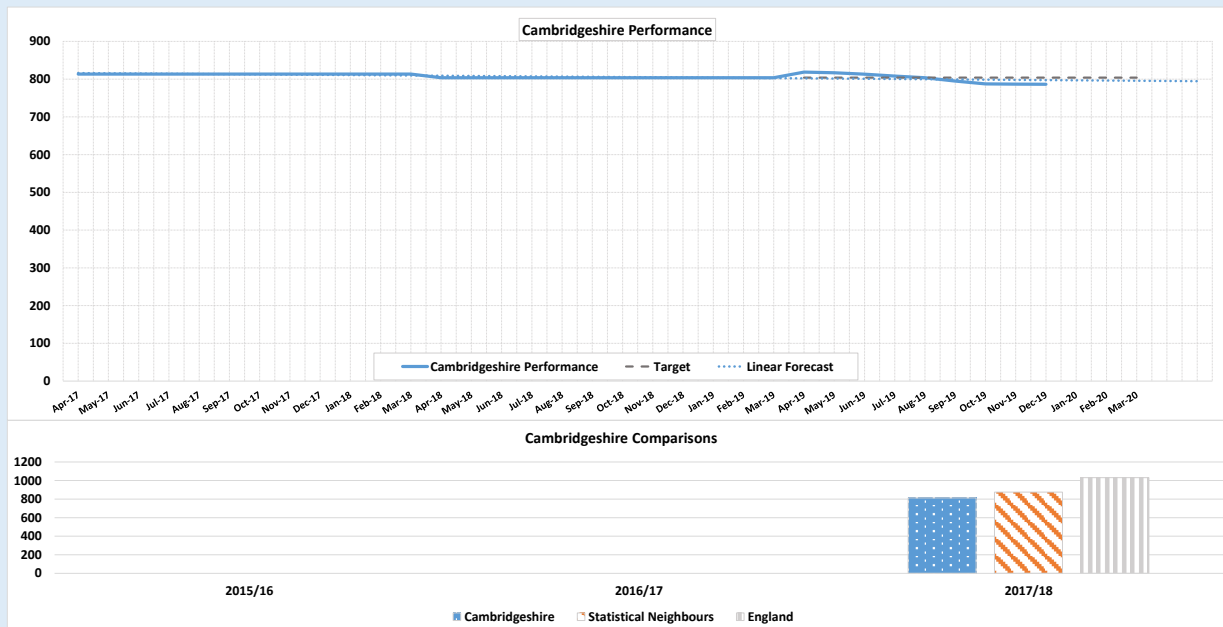
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

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

LG Inform:

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



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

## Commentary

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



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

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February 2020

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
271	↓	43	44	n/a
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
280	249	B		

## Indicator Description

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

The method used for calculating this measure is as follows:

$$R = X/Y * 100000$$

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

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

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

Source: SALT LTS003, Table 1

## Useful Links

NHS Digital 2017/18 Data:

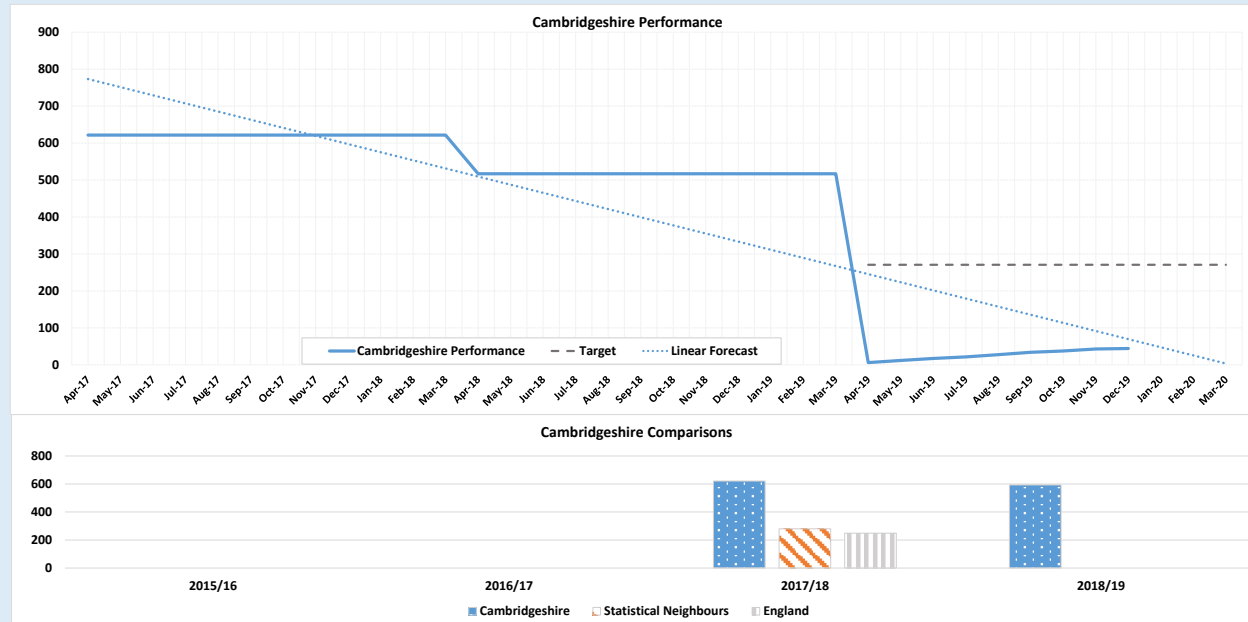
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascol/current>

NHS Digital Archived Data:

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

LG Inform:

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



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

## Commentary

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

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

Therefore, we are expecting to see a reduction in the number of carers supported on this measure. The performance target represents an ambitious 50% reduction of Direct Payments from the 2018/19 baseline (from around 2,500 Direct Payments issued in 2018/19 to 1,270). Administrative data about the issue of Direct Payments suggests that the new approach is working, as between April - September 2019, the average number of Direct Payments issued to carers has fallen to 28 per month, from an average of 75 per month in Jan-Mar 2019. This has resulted in much better performance than target. During Q3, another 264 carers were supported indirectly by services, such as respite, delivered to the person that they care for.

## Note on indicators:

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

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

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February 2020

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
12.3%	↑	36.8%	39.3%	Declining
Statistical Neighbours Mean (2018/19)	England Mean (2017/18)	RAG Rating		
11.2%	16.8%	B		

## Indicator Description

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

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

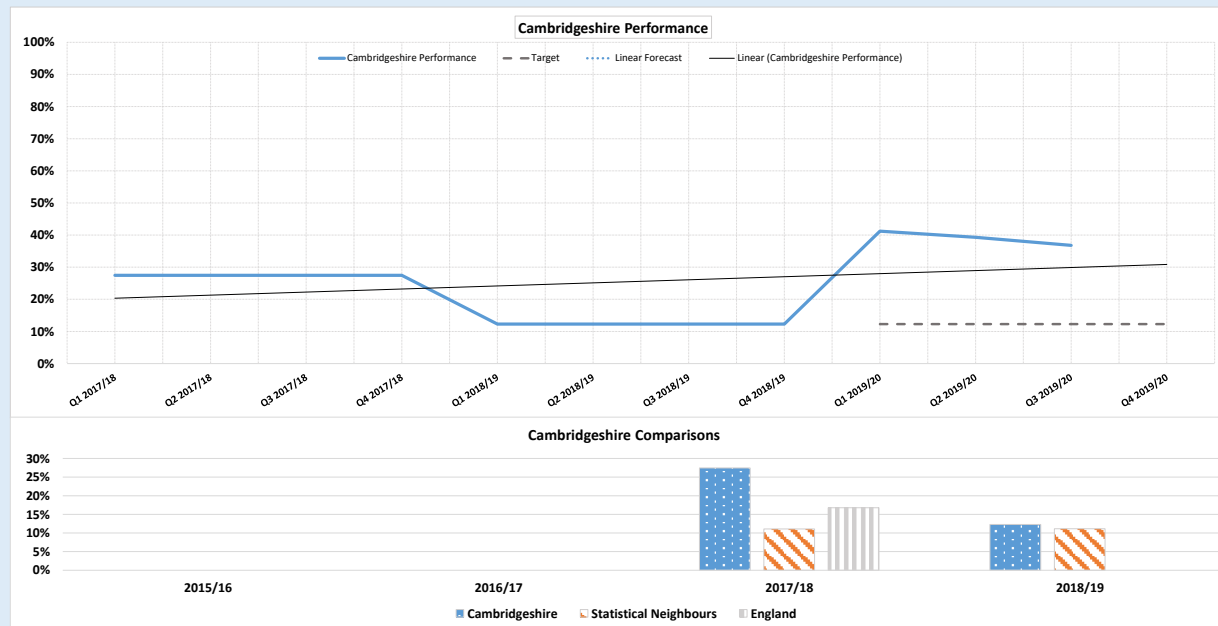
$\% = X/Y$

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

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

Source: SALT STS001, Tables 1a and 1b

## Useful Links



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

## Commentary

The proportion of requests for support (RFS) resulting in only ongoing low-level support, for 2019/20 is significantly higher than that reported in previous years. This reflects the efforts made to increase the provision of TEC and OT equipment to people, supporting them to maintain their independence. The improved recording of ongoing low-level support brought in with the Mosaic system has also contributed by improving our ability to evidence the work that is being done by services such as TEC and Occupational Therapy.

In 2018/19, the proportion of requests for support resulting in ongoing low-level support (OLLS) recorded in 2018/19 was affected by having to draw data from two different systems due to the move from AIS to Mosaic, part way through the year. However, comparing performance in 2019/20 to that of 2017/18 (neither of which are affected by system changes) shows that performance has improved by approximately 10 percentage points over this period.

Furthermore, the number of referrals to TEC has been increasing consistently throughout 2019, with November seeing the highest monthly figures to date for referrals (902 people) and equipment provision (634 people).

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

**THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID YEAR REPORT 2019/20 ON THE DELIVERY OF THE COUNCILS' DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS**

*To:* **Adults Committee**

*Meeting Date:* **12 March 2020**

*From:* **Acting Director of Operations, CPFT**

*Electoral division(s):* **ALL**

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

*Purpose:* **This is the mid-year report by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for 2019/20 on the delivery of Cambridgeshire County Council (CCC) delegated duties under the Social Work Section 75 Partnership Agreement for Adult and Older People Mental Health.**

*Recommendation:* **The Committee is asked to note progress and developments in the context of the commitments agreed under the signed Social Work Section 75 Partnership Agreement for Adult and Older People Mental Health.**

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Name: Fiona Adley Post: Head of Commissioning (Mental Health and Learning Disabilities, PCC and CCC) Email: <a href="mailto:fiona.adley@cambridgeshire.gov.uk">fiona.adley@cambridgeshire.gov.uk</a> Tel: 07720 531347	

## 1. BACKGROUND

- 1.1 The Council has delegated the delivery of mental health services and specified duties to CPFT for people over 18 years with mental health needs through a Partnership Agreement under Section 75 of the NHS Act 2006. The primary aim of the Agreement is to enable the effective delivery of a well-coordinated health and social care mental health service which appears seamless to the people who use the service and their carers and families.
- 1.2 This report updates the Committee on performance against the financial and performance targets and the Annual Work Plan 2019/20 which was agreed as a result of the key priorities for development as part of the review of the previous Partnership Agreement. Care was taken to ensure that responsibility for delivery of this plan was attributed clearly to key individuals within CPFT and the Councils as listed in the table below:

Name	Role	Organisation
Fiona Adley	Mental Health Commissioner	CCC/ Peterborough City Council (PCC)
Charlotte Black	Director of Adult Social Services	CCC/PCC
Shona Britten	Trust Professional Lead for Social Work	CPFT
Nicky Brookes-Jones	Associate Director – Commissioning, Contracts and Business Development	CPFT
Rachel Gomm	Interim Executive Director of Nursing & Quality	CPFT
Helen Duncan	PSW & Head of Safeguarding Adults	CCC/PCC
John Martin	Interim Executive Director of Operations	CPFT
Oliver Hayward	Assistant Director - Commissioning	CCC/PCC
Anna Tuke	Associate Director –Involvement and Partnerships	CPFT

- 1.3 This report describes performance against financial and activity and targets and progress against the Annual Work Plan:
- Legal Agreement
  - Adult Social Care Operational Delivery Model
  - Management Arrangements
  - Carers
  - Complaints
  - Members, MPs Enquiries – Freedom of Information (FOI) Requests
  - Financial Quality Assurance (Panel)
  - Information Sharing
  - Safeguarding
  - Care Act Assessments
  - CCC & PCC AMHP Services
  - AMHP arrangements for Christmas 2019

## 2. MAIN ISSUES

### 2.1 Legal Agreement Lead: Fiona Adley

**Principle Aim: A robust legal Agreement that will support effective partnership working and protects the interests of all parties in place.**

Operational implementation of the 2019/20 Mental Health Section 75 Partnership Agreement for Adult and Older People Mental Health was achieved from August 2019 ahead of sign off by the CPFT Board on 25<sup>th</sup> September 2019. The new Mental Health Section 75 Partnership Agreement includes a new set of performance indicators. Core data is being collected against these indicators while further work is done to ensure that practice and delivery is Care Act compliant and quality assured. (Key aspects of this are covered in 2.2 – 2.11 below.)

### 2.2 Adult Social Care Operational Delivery Model Lead: Shona Britten

**Principle Aim: Variation in practice across Cambridgeshire and Peterborough is reduced.** (cross ref: Workstreams 1 - 8) (See Appendix 1 - S75 Partnership Agreement Adult Social Care Model)

2.2.1 The need to address variation in social work practice across Cambridgeshire and Peterborough was identified as a key priority for 2020/21. The main concerns related to current arrangements in Cambridgeshire where an integrated model of care is in place with social workers managed within the multi-disciplinary mental health teams. This had created a number of concerns including:

- Responsibility for assessment, care and support planning and review of Adult Social Care provision is shared across members of the multi-disciplinary teams;
- In some adult mental health teams, Social Workers do not fulfil the full range of required statutory functions;
- The requirements of the Care Act 2015 are not completely fulfilled.

2.2.2 During the year, the work required to ensure that the learning and actions arising from the Adults Positive Challenge and Neighbourhood Cares pilots has informed the work to develop the model.

2.2.3 A co-production event was held on 12/09/2019 with Social Work Team Managers and Social Workers representing both Adult and Older People's Teams from Peterborough and Cambridgeshire. The framework for the day was designed jointly by the Heads of Social Work, and Trust Professional Lead for Social Work, with input from the CCC Mental Health Commissioning Team. The terms of reference agreed for the workshop were to commission operational representatives from Older People's and Adult Mental Health Services whose responsibilities have been delegated to CPFT by CCC and PCC to achieve the following outcomes:

- Clarify current models of practice across adult social care mental health services;
- Adopt a professionally curious approach in identifying and analysing the strengths and weaknesses of existing social care delivery arrangements;

- Make recommendations for future service planning and delivery modelling as applicable;
- Support the achievement of a co-produced social care delivery model which most effectively and efficiently delivers equity of access to the citizens of the areas and meets required legal compliance and best practice quality standards.

2.2.4 The feedback received both at and following this co-production event, identified that Social Workers in both Adults and Older People's Teams want to achieve an autonomous professional identity within CPFT whilst remaining co-located, wherever possible, with members of the wider mental health team as co-location and direct social work involvement in multi-disciplinary team meetings were identified by all as a significant benefit of the existing working arrangements. This was a common theme shared across both Adults and Older People's Teams.

2.2.5 Following this event, further detailed work was undertaken to create options for an operational model which would align the Social Work structure with the NHS staff within the Adult and Older People's Mental Health Services whilst maintaining and continuing to promote integrated working arrangements. An option appraisal was completed leading to identification of a preferred model. The proposed model will ensure that, in future, all statutory social work functions and requirements are fulfilled appropriately clarifying responsibility and accountability for these. It reflected and therefore addresses national recommendations and guidance for the promotion of the role and expertise of the Social Worker in a mental health setting contained within:

- Social work for better mental health, a Strategic Statement, Department of Health, January 2016
- How are we doing? Department of Health, January 2016
- Making the difference together. Department of Health, January 2016
- The Community mental health framework for adults and older adults, NHS England, September 2019
- The Role of the Social Worker in Adult Mental Health Services, College of Social Work, April 2014
- NHS Long Term Plan, Department of Health, January 2019;
- Final report from the social workers new roles task & finish group, Health Education England, March 2019
- Care & Support Statutory Guidance, Department of Health & Social Care, October 2018.

2.2.6 The new model achieves the outcomes described above by aligning Social Workers, across both Adults and Older People's Teams to teams led by Social Work team managers definitively locating responsibility for the completion of Care Act assessment, care and support planning and review activities within the Section 75 Social Work Teams. This form of service and function alignment already exist in both the Adult and Older People's Teams in the PCC area following a decision to change the model some years ago.

2.2.7 The new model will ensure compliance with the requirements of the Care Act 2015. During the remodelling of the Cambridgeshire service, Social Workers identified a concern that introducing Care Act assessment would lead to a significant increase in

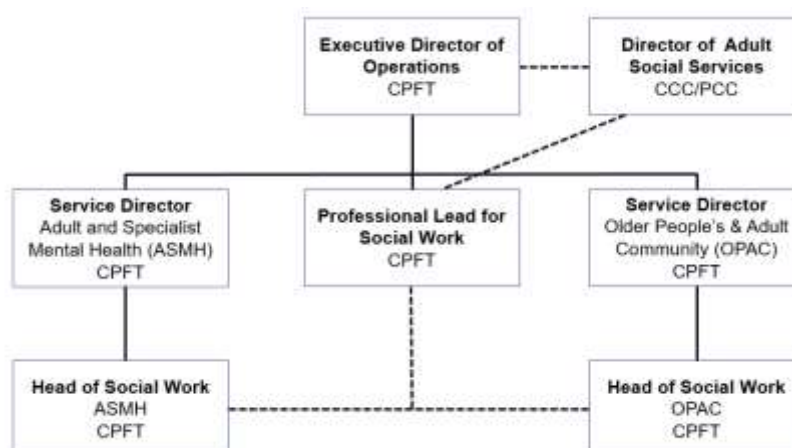
workload. This was logged as a moderate risk on the CPFT Risk Register. To date, concerns have not been realised. However, this issue continues to be closely monitored.

- 2.2.8 The potential to improve outcomes including increased independence and reduced dependency on longer term support and services through the use of support staff as a form of 'Mental Health Intermediate Care' resource was also identified from the work to develop the new Social Work model.
- 2.2.9 While the work described above was completed, learning and proposals relating to strengths and asset based work - 'Changing the Conversation' - with individuals and communities from the Adults Positive Challenge and the Neighbourhood Cares models was shared with Social Work staff. It was agreed that practice should be developed in line with the key principles from these initiatives through 2019/20 and 2020/21 and that implementation of the new model would support delivery.
- 2.2.10 The model was presented to and agreed by the Mental Health Governance Board on 30<sup>th</sup> January 2020. Work is underway to identify any Human Resource impacts and financial implications with the new model expected to be fully operational from 30/06/2020.
- 2.2.11 The new model will be implemented within the current model of primary and secondary care mental health services in Cambridgeshire. At the same time, a pilot "Exemplar" project funded by NHS England to enhance the PRISM primary enhanced mental health services model is underway in the Peterborough City area. This project is designed to develop primary care mental health services and will include registered Social Workers within its workforce. Close joint working on the further development of this initiative, by Social Work leaders within both CPFT and the local authority with the project leads, should enable valuable lessons to be learned which can be used to inform development of Social Work roles to meet mental health needs identified by primary care in both Cambridgeshire and Peterborough as the Primary Care Networks develop and delivering against the objectives of the NHS Long Term Plan.

## 2.3 **Management Arrangements** Lead: John Martin

### **Principle Aim: Effective management /leadership arrangements in place**

The CPFT Professional Lead for Social Work post was appointed in July 2019. Since appointment, the post holder has led progression of the Workstream Plan. The operational and professional reporting arrangements are described in the diagram below:



## 2.4 **Carers** Lead: Anna Tuke

**Primary Aim: A consistent approach to carers assessment in place with assessments being completed by CPFT Mental Health (MH) practitioners for those whose cared for person is supported by CPFT.**

A Process Flowchart was presented to the Section 75 Governance Board on 30/01/20. This flowchart has been developed to provide a clear process to be followed by all CPFT staff when they have identified a carer who may require the completion of a statutory Carer's Assessment. This is in line with Care Act (2014) responsibilities. It confirms the role and responsibilities held by Section 75 Social Work staff within CPFT and reflects the wider alignment of staff responsible for the completion of Carers' Assessments within the Adult Early Help Team. The aim is to ensure that a timely and robust assessment of carers' needs is carried out in all cases. When agreed, implementation plans will be confirmed. This is in line with the Carers' workstream which forms part of the Adults Positive Challenge Programme.

## 2.5 **Complaints** Lead: Rachel Gomm

**Primary Aim: Complaints are managed effectively and within the timescales and requirements set for Local Authorities**

A draft schedule document for addition to the Social Work Section 75 Partnership Agreement for Adult and Older People's Mental Health has been completed and was presented to the Section 75 Governance Board on 30/01/20. This document clarifies and confirms the approach to be adopted across CPFT and CCC when managing joint social work and health complaints. It also addresses the need to manage Freedom of Information (FOI) requests, complaints and enquiries within prescribed timescales.

## 2.6 **Members, MPs Enquiries – FOI Requests** Lead: Rachel Gomm

**Primary Aim: Requests are managed effectively and within the timescales and requirements set for Local Authorities**

Addressed within the Complaints Workstream above. A clear process is now in place.



2.7 **Financial Quality Assurance (Panel)** Lead: Helen Duncan/Shalna Torrance

**Primary Aim: Processes are consistent with Adult Social Care (ASC) standards**

Work to review the way in which the Quality Assurance Panel system for making decisions about how to meet care needs across all client groups including mental health is underway.

2.8 **Information Sharing** Lead: Charlotte Black

**Primary Aim: An information sharing agreement is in place which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.**

An Information Sharing agreement was developed in the work to draft the new MH Section 75 Partnership Agreement. This has been supported with circulation of a leaflet to all CPFT Mental Health Section 75 Social Work staff. An easy-read version for people who use the service and their carers has been developed and was signed off by the Section 75 Governance Board on 30/01/20.

2.9 **Safeguarding Adults** Lead: Rachel Gomm

**Primary Aim: Safeguarding processes are effective and delivered within the timescales and standards/requirements set for Local Authorities**

Work in this area has commenced and incorporates a review of the current roles and responsibilities of CPFT Section 75 Social Work staff involved with Safeguarding Adults case work. This workstream will be progressed further during 2020 addressing the current variations in practice and interface with the Multi-agency Safeguarding Hubs (MASH) across both Cambridgeshire County Council and Peterborough City Council.

2.10 **Care Act Assessments** Lead: Shona Britten

**Primary Aim: Care Act assessments are carried out consistently**

- 2.10.1 A Quality Assurance Audit of Mental Health Section 75 Social Work activity is underway. This process will confirm practice compliance with the Care Act (2014) and identify areas for targeted practice development. A clear and robust Action Plan will be confirmed to ensure statutory compliance and improve outcomes and efficiency. An initial report is to be available by 20/02/20.
- 2.10.2 The Adults Positive Challenge Programme and Changing the Conversation approach and principles, which promote the identification and utilisation of personal and community assets, are to be implemented across CPFT Mental Health Section 75 Social Work during 2020. An initial workshop was held during December 2019, with further support and information sessions to commence from May 2020.
- 2.10.3 The Mental Health Section 75 Social Work staff will start to use the CCC case management system, MOSAIC, as their primary record keeping data base. This will result in a significant improvement in the quality and accuracy of data the Council

receives to report on performance.

2.11 **Approved Mental Health Professionals (AMHP) Services** Lead: John Martin

**Primary Aim: Services are robust and cost effective**

The AMHP rota currently includes the retention of one full time locum post until Sept 2020 to ensure sufficient cover of the rota. 3 AMHP trainees have been confirmed, and following successful completion of required training and warranting, these candidates will be available for inclusion on the rota from Sept 2020. Further forward planning is required regarding future service needs and reporting of operational activity and links with the local Crisis Concordat are to be explored.

2.12 **AMHP Arrangements for Christmas 2019** Lead: John Martin/Charlotte Black

**Primary Aim: Arrangements for 2019 Christmas period.**

The AMHP cover rota over the Christmas and New Year periods worked successfully, supporting the Council's decision to close all but essential services over the Christmas period.

**3. MAIN ISSUES**

This section of the report covers the following areas:

- Service Activity Quarters 1-3 2019/20
- Care Packages Budgetary Performance

**3.1 Service Activity 2019/20**

3.1.1 The percentage of adults aged between 18 and 69 years in contact with secondary mental health care services who are on the Care Programme Approach (CPA), and in paid employment was 13.4% in December 2019 against a target of 12.5%. The level remains the same as the 2018/19 outturn.

3.1.2 The proportion of adults aged between 18 and 69 years in contact with secondary mental health care services on CPA living independently with support, in December 2019 was 81.4% against a target of 75%. Performance has been maintained above target for 3 ¾ years.

**3.2 Care Packages Budgetary Performance**

**3.2.1 Overview**

The December snapshot of Mental Health cost of care shows that commitments are £373k over budget overall, a reduction of £5k, with a forecast variance that takes into account the anticipated impact of demand, savings and other known forecast adjustments of £432k overspend. This has reduced by £71k over the month continuing the downward trend that started in November 2019.

		Apr		Q1		Q2		Nov		Q3		Variance	
	Budget	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast
AMH	4,114	4,176	4,114	4,244	4,202	4,182	4,130	4,253	4,291	4,060	4,113	-54	-1
OPMH	5,116	4,795	5,116	4,925	5,177	5,366	5,650	5,355	5,479	5,543	5,586	427	470
<b>Total</b>	<b>9,230</b>	<b>8,971</b>	<b>9,230</b>	<b>9,169</b>	<b>9,379</b>	<b>9,548</b>	<b>9,780</b>	<b>9,608</b>	<b>9,770</b>	<b>9,603</b>	<b>9,699</b>	<b>373</b>	<b>469</b>
<b>Other Finance Adjustments</b>													
Inflation	318	318	318	318	318	259	259	206	206	206	206	-112	-112
VL Backdating Risk	0	0	0	0	119	0	0	0	0	0	0	0	0
Prior Year Liabilities	0	0	0	0	0	0	75	0	75	0	75	0	75
<b>Adjusted Total</b>	<b>9,548</b>	<b>9,289</b>	<b>9,548</b>	<b>9,487</b>	<b>9,816</b>	<b>9,807</b>	<b>10,114</b>	<b>9,814</b>	<b>10,051</b>	<b>9,809</b>	<b>9,980</b>	<b>261</b>	<b>432</b>

### 3.2.2 Adult Mental Health

The detailed breakdown for Adult Mental Health is shown in the table below. The gross cost of care commitments has reduced by £113k since November 2019, although £52k of this relates to prior year, and are currently over-budget by £117k before forecast adjustments. See summary table below.

AMH Activity	Budget	Apr		Q1		Q2		Nov		Q3		Variance		Change from Nov	
		ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast
Residential	2,178	2,195	2,178	2,224	2,212	2,337	2,331	2,442	2,439	2,329	2,327	151	149	-113	-112
Nursing	544	548	544	489	486	511	509	529	528	530	529	-14	-15	1	1
Dom Care	586	590	586	622	618	550	548	543	542	549	549	-37	-37	6	6
Live In	0	0	0	0	0	26	26	58	58	26	26	26	26	-32	-33
Supp Living	1,041	1,113	1,041	1,093	1,044	884	860	811	798	835	827	-206	-214	24	29
Day Care	8	8	8	12	12	9	9	10	10	10	10	2	2	0	0
Dir Payments	167	175	167	218	218	236	220	236	230	240	235	73	67	4	5
Other	8	8	8	8	8	19	19	20	20	17	17	9	9	-3	-3
<b>Expenditure Total</b>	<b>4,532</b>	<b>4,637</b>	<b>4,532</b>	<b>4,666</b>	<b>4,598</b>	<b>4,572</b>	<b>4,522</b>	<b>4,649</b>	<b>4,626</b>	<b>4,536</b>	<b>4,519</b>	<b>4</b>	<b>-13</b>	<b>-113</b>	<b>-107</b>
Health Cont	-22	-22	-22	0	0	0	0	0	0	0	0	22	22	0	0
Client Conts	-396	-440	-396	-422	-396	-390	-392	-396	-335	-476	-406	-80	-10	-80	-71
<b>Income Total</b>	<b>-418</b>	<b>-462</b>	<b>-418</b>	<b>-422</b>	<b>-396</b>	<b>-390</b>	<b>-392</b>	<b>-396</b>	<b>-335</b>	<b>-476</b>	<b>-406</b>	<b>-58</b>	<b>12</b>	<b>-80</b>	<b>-71</b>
<b>Total</b>	<b>4,114</b>	<b>4,175</b>	<b>4,114</b>	<b>4,244</b>	<b>4,202</b>	<b>4,182</b>	<b>4,130</b>	<b>4,253</b>	<b>4,291</b>	<b>4,060</b>	<b>4,113</b>	<b>-54</b>	<b>-1</b>	<b>-193</b>	<b>-178</b>

### 3.2.3 Older People's Mental Health

Older People's Mental Health gross commitments have increased by £188k, of which £61k relates to prior year, and are now £522k over-budget. The total client contributions forecast improved by £141k, and £102k of this is due to prior year income. See summary table below.

OPMH Activity	Budget	Apr		Q1		Q2		Nov		Q3		Variance		Change from Nov	
		ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast	ISP	Forecast
Residential	1,339	1,293	1,339	1,397	1,428	1,577	1,593	1,503	1,511	1,660	1,665	321	326	157	154
Nursing	3,912	3,814	3,912	3,717	3,785	3,925	3,958	3,885	3,902	3,902	3,913	-10	1	17	11
Dom Care	406	377	406	367	387	387	397	400	405	403	406	-3	1	3	1
Live In	95	97	95	230	229	263	263	263	263	278	278	183	183	15	15
Supp Living	55	55	55	55	55	102	102	105	105	104	104	49	48	-1	-1
Day Care	4	4	4	4	4	4	4	3	3	3	3	-1	-1	0	0
Dir Payments	149	135	149	135	142	136	144	119	122	121	124	-28	-25	2	1
Other	7	0	7	0	0	12	25	24	24	19	19	12	12	-5	-4
<b>Expenditure Total</b>	<b>5,968</b>	<b>5,775</b>	<b>5,967</b>	<b>5,905</b>	<b>6,030</b>	<b>6,406</b>	<b>6,486</b>	<b>6,302</b>	<b>6,335</b>	<b>6,490</b>	<b>6,513</b>	<b>522</b>	<b>545</b>	<b>188</b>	<b>177</b>
Health Cont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Client Conts	-852	-979	-852	-979	-852	-1,041	-837	-947	-857	-948	-927	-96	-75	-1	-70
<b>Income Total</b>	<b>-852</b>	<b>-979</b>	<b>-852</b>	<b>-979</b>	<b>-852</b>	<b>-1,041</b>	<b>-837</b>	<b>-947</b>	<b>-857</b>	<b>-948</b>	<b>-927</b>	<b>-96</b>	<b>-75</b>	<b>-1</b>	<b>-70</b>
<b>Total</b>	<b>5,116</b>	<b>4,796</b>	<b>5,115</b>	<b>4,926</b>	<b>5,178</b>	<b>5,365</b>	<b>5,649</b>	<b>5,355</b>	<b>5,479</b>	<b>5,542</b>	<b>5,586</b>	<b>426</b>	<b>470</b>	<b>187</b>	<b>107</b>

### 3.3 Staffing

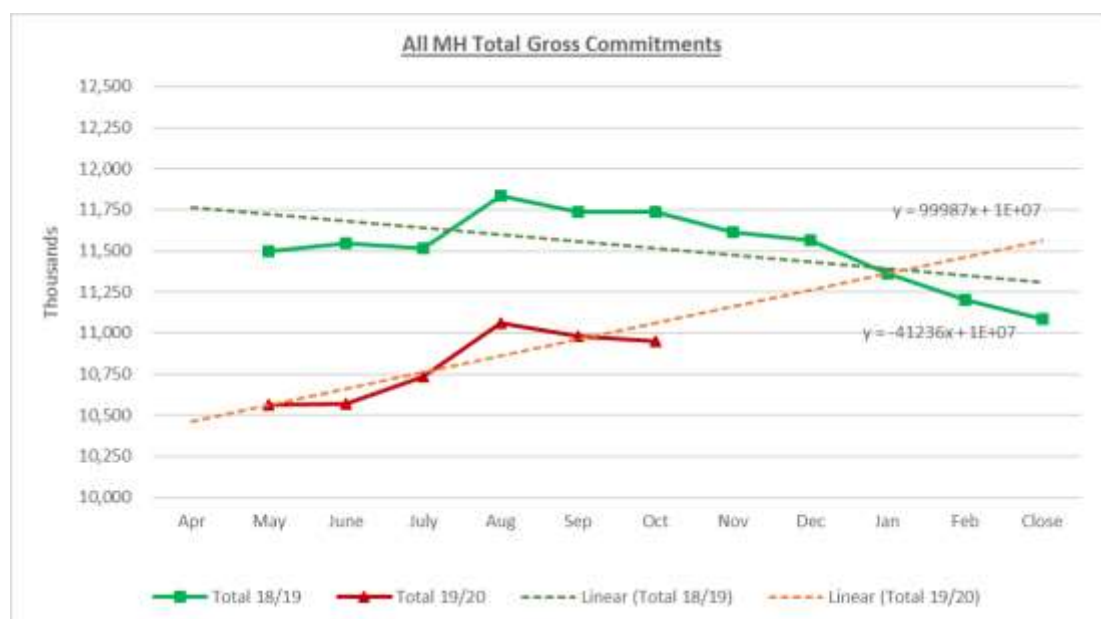
3.3.1 The latest staffing position is shown in the table below. The forecast has improved to an underspend of £164k.

CCC/ CPFT	Group	Budget (S75 Est)	Adj Budget	Adj Budget to date	Sum of Actual to Date	Total Forecast	Adj FO Var
CCC	AP	100,294	100,294	66,863	39,153	108,877	8,583
CCC	Mgmt	224,452	284,252	189,501	201,588	306,467	22,215
CCC	AMH	1,160,438	1,176,938	784,626	765,508	1,157,281	-19,657
CCC	OPMH	483,126	483,126	322,084	302,208	474,112	-9,014
<b>CCC Total</b>		<b>1,968,310</b>	<b>2,044,610</b>	<b>1,363,074</b>	<b>1,308,457</b>	<b>2,046,736</b>	<b>2,126</b>
CPFT	Mgmt	413,004	363,574	242,383	180,950	322,828	-40,746
CPFT	AMH	492,000	451,130	300,753	190,110	360,367	-90,763
CPFT	OPMH	270,100	284,100	189,400	133,624	234,369	-49,731
<b>CPFT Total</b>		<b>1,175,104</b>	<b>1,098,804</b>	<b>732,536</b>	<b>504,685</b>	<b>917,564</b>	<b>-181,240</b>
CCC Adjs	CCC Adjs	0	0	0	12,086	14,856	14,856
<b>CCC Adjs Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>12,086</b>	<b>14,856</b>	<b>14,856</b>
<b>Grand Total</b>		<b>3,143,414</b>	<b>3,143,414</b>	<b>2,095,610</b>	<b>1,825,229</b>	<b>2,979,157</b>	<b>-164,258</b>

3.3.2 The overspend on the CCC-held budget for seconded social worker posts has reduced significantly. Continuing vacancies in support worker roles, and the part-year vacancy of the professional lead post funded through S75 contract are the main causes of the underspend position.

### 3.4 Mental Health Deep Dive

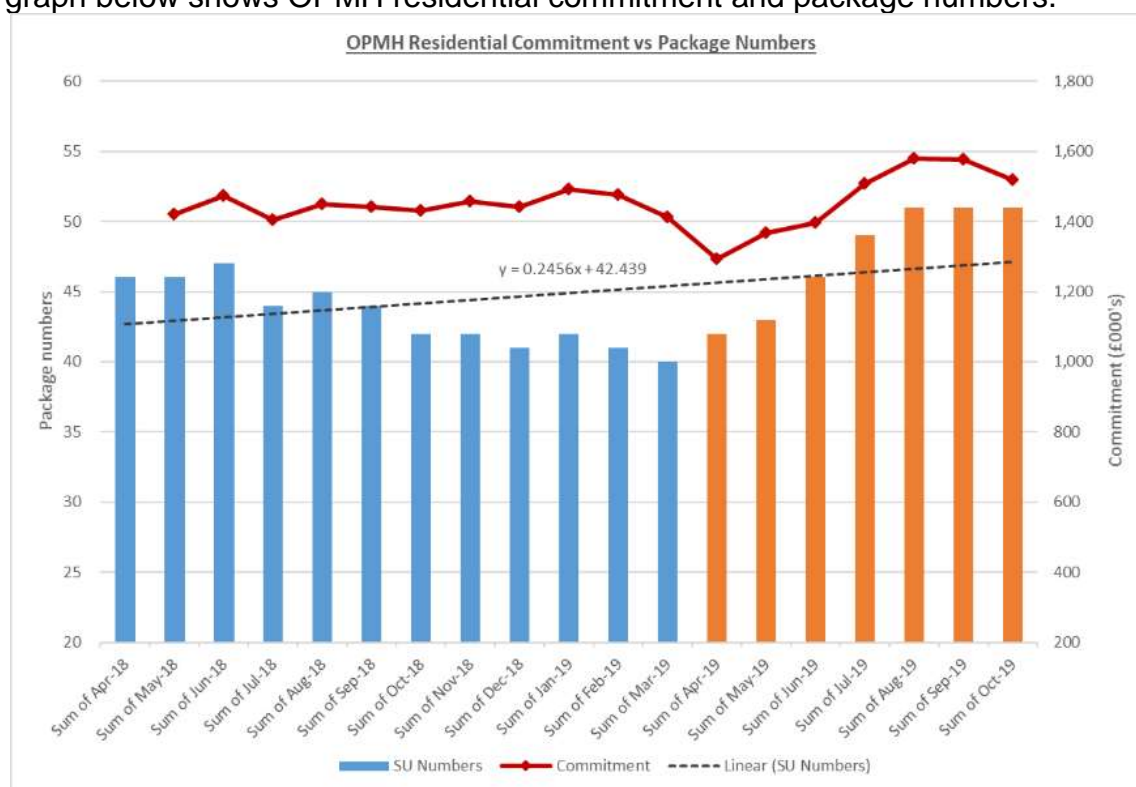
3.4.1 Across the first 5 months of the year, pressure within the CCC mental health budget increased significantly with the most material increases occurring in the July and August reporting periods. (See Graph: All Mental Health Gross Commitments below.)



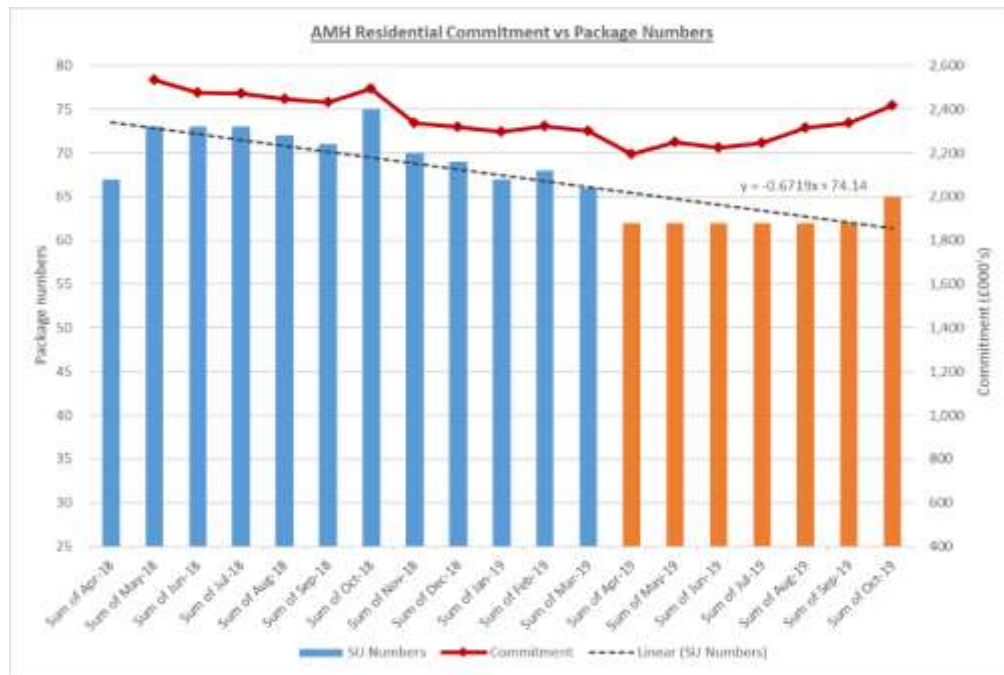
3.4.2 This represented a significant shift from a balanced 2018/19 budget outturn position and so a deep dive was commissioned to identify any key trends in budgets and understand the key factors for any increasing costs and associated recommended mitigations. Key findings from the deep dive are detailed below:

3.4.3 The pressure is predominantly related to bed based care, with an upward trend in bed based commitments seen across Adult Mental Health (AMH) and Older People's Mental Health (OPMH) particularly for residential packages:

- OPMH: increasing demand during 2019/20 such that increased numbers of service users were identified as the primary factor for the increase in commitments. The graph below shows OPMH residential commitment and package numbers.



- AMH: the service user base was relatively stable with no increase in demand for the period of the deep dive. Increased unit costs for care were identified as the key factor driving the pressures within this budget. (See Graph: AMH Residential Commitment vs Package Numbers overleaf.)



- In relation bed based care, an increase in the proportion of OPMH cases that were joint (health and social care) funded appeared to have increased whilst the proportion of joint funded cases in AMH have remained consistent. However, across AMH and OPMH budgets for both bed based and community based packages it appeared that the proportion of the funding attributed to social care had increased.

3.4.4 As described above, pressure on the mental health budget has decreased a little in recent months. However, a significant overspend is forecast at year end of £432k although there is a possibility that the downward pressure experienced at the end of 2018/19 will be repeated resulting in a better final position than currently forecast.

3.4.5 Key actions agreed following completion of the Deep Dive are as follows:

- A review of the top 10 most expensive cases on the Social Work caseload.
- Action to consider whether there could be minor improvements to the operation of the Mental Health Quality and Assurance Panel and brokerage processes.
- Increase the frequency of review of high cost packages.
- Review of the 4 live in care packages recently commissioned to ensure that they provided the most appropriate response to presenting need.
- Review of lifetime transitions within mental health to understand impact and facilitate proactive planning.
- Review of lifetime transitions within mental health to understand impact and facilitate proactive planning.
- The planned implementation of changing the conversation/asset based approaches as part of the Adults Positive Challenge programme should be progressed and completed.
- The planned review of the CCC/CCG Joint Commissioning Tool should be progressed and complete.
- Work should be undertaken to ensure that commissioning strategy/priorities and operational needs are aligned as closely as possible.

- 3.4.6 These recommendations are due for completion by 30<sup>th</sup> September 2020 with some actions for completion before then.

### **3.5 Operational Budget & Staffing**

The operational budget has a forecast underspend of £164k this is primarily due vacancies within the support worker role and part year vacancy for the professional lead. Recruitment to vacant posts is ongoing and operational mitigations are put in place.

## **4. ALIGNMENT WITH CORPORATE PRIORITIES**

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

Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength based approach to enable people, utilising the recovery model. The proposed social and health care model (see 2.2 above) provides a holistic response for people and carers, to enable people live healthy and independent lives.

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

There are no significant implications for this priority.

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

Mental Health services utilise the required legislation to safeguard and support adults at risk. Again the proposed social and health care model (see 2.2 above) enables a holistic response for people and their carers.

### **4.4 Net zero carbon emissions for Cambridgeshire by 2050**

There are no significant implications for this priority.

## **5. SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

There are no significant implications within this category.

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

There are no significant implications within this category.

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

Issues relating to ensuring sufficient capacity to ensure fulfilment of statutory responsibilities regarding the provision of a robust AMHP service are of significant concern and are being addressed through ongoing work plan activity (see 2.12 above).

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

There are no significant implications within this category.

#### 5.5 **Engagement and Communications Implications**

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	N/A Name of Financial Officer:
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	N/A Name of Officer:
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	N/A Name of Legal Officer:
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A Name of Officer:
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/A Name of Officer:
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A Name of Officer:
<b>Have any Public Health implications been cleared by Public Health</b>	N/A Name of Officer:



Source Documents	Location
<b>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust</b>	<b>Charlotte Black SH1210 Shire Hall Cambridge CB3 0AP</b>

# S75 Partnership Agreement

## Adult Social Care Operational Model

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Date: **24/01/2020**  
 To: **Mental Health S75 Governance Board**

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## 1. Introduction

Over recent years Adult Social Care Services in both Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) have delegated responsibility for the delivery of adult social work services, and specified duties, for people aged 18 years and over with needs associated with their mental health, to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act (2006).

Detailed within the current Partnership Agreement (dated April 2019 – March 2020) is the primary intention of the agreement being to enable the effective delivery of a well-coordinated health and social care mental health service which appears seamless to the people who use the service and their carers.

In order to achieve this intention both staffing and financial resources are transferred from the local authorities to CPFT. Given the longstanding nature of the S75 Partnership Agreement, over time transparency of operational performance has become increasingly opaque. This has resulted in an inability to reliably and accurately report Social Work practice that is legally compliant with the delegated functions contained in Section 5 of the agreement, these being:

## 5. DELEGATION OF FUNCTIONS

***5.1 For the purposes of the implementation of the Partnership Arrangements, the Authority hereby delegates the exercise of the Authority Health and Social Care Related Functions to the NHS Body to act as lead commissioner of the Services for the provision of safeguarding, assessment (under both the Mental Capacity Act and the Care Act), care and support planning for Adults with (and carers of Adults with):***

- i. severe and enduring mental health problems within the threshold of the Care Programme Approach (CPA); and/or***
- ii. mental health problems who meet the Care Act Eligibility Threshold (CAET) but not CPA thresholds; and/or***
- iii. mental health problems who require signposting and/or information advice but do not meet either the CAET or CPA thresholds.***

It is important to note that this opacity relates to the discharge of local authority duties contained within the Care Act (2014) as detailed in points ii and iii above, rather than CPA responsibilities within the Mental Health Act (1983). This is not an uncommon situation nationally and is recognised within the current “Social Work for Better Mental Health” initiatives<sup>1</sup> and “The

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<sup>1</sup> Social work for better mental health, a Strategic Statement, Department of Health, January 2016

<https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>

How are we doing? Department of Health, January 2016

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495510/How\\_are\\_we\\_doing\\_-\\_social\\_work\\_adult\\_mental\\_health\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495510/How_are_we_doing_-_social_work_adult_mental_health_A.pdf)

[Making the difference together.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495517/Making_the_difference_together_-_social_work_adult_mental_health_A.pdf) Department of Health, January 2016

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495517/Making\\_the\\_difference\\_together\\_-\\_social\\_work\\_adult\\_mental\\_health\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/495517/Making_the_difference_together_-_social_work_adult_mental_health_A.pdf)

Community Mental Health Framework for Adults and Older People”<sup>2</sup>; an overview of these key practice and policy drivers for change are summarised below in Section 2 of this report.

As such, a review of the existing staffing structure and role/responsibilities of statutory social work practice under the S75 Partnership Agreement has been identified as necessary, and are included as Workstreams 2, and 10 of the Annual Development Plan. This process of review, evaluation and future planning has also been required in order to clarify and address the variations in operational structures and professional practice across the combined Peterborough City and Cambridgeshire County Council areas. This variation includes for example, in Cambridgeshire the shared responsibility, across multi-disciplinary team members, for the assessment, care and support planning and review of Adult Social Care provision – a key social work role, and in some adult mental health teams, S75 Social Workers who do not, at this time, fulfil the full range of required statutory functions.

The seconded staff establishment (Schedule 6) and Financial Contribution (Schedule 3) tables contained within the current S75 Partnership Agreements applicable to each of the local authorities are attached with this report as Appendices One and Two.

Particular variation in the CPFT Safeguarding Adults operational structure, processes and practice between Cambridgeshire County and Peterborough City Council areas is not addressed within this report; it is detailed as Workstream 9 of the Annual Development Plan.

## **2. Legislative and National Policy Context**

As described above, the Care Act (2014) is the key driver for the need to review the way in which the statutory social work functions delegated by the local authorities to CPFT are delivered. This piece of legislation is supported by a comprehensive suite of practice initiatives and policy guidance; including “Social Work for Better Mental Health” (2016) initiatives<sup>3</sup>; “The Community Mental Health Framework for Adults and Older People” (2019)<sup>4</sup>; “The Role of the Social Worker in Adult Mental Health Services” (2014)<sup>5</sup>; “NHS Long Term Plan” (2019)<sup>6</sup> and the Health Education England “Final Report from the Social Workers New Task & Finish Group” (2019)<sup>7</sup>.

The Care Act (2014) was implemented in England from 1<sup>st</sup> April 2015. This legislation created a single, consistent route to establishing an entitlement to public care and support provision for all adults with needs for care and support, and a similar entitlement to support for informal carers. It prescribes processes which must be followed in the promotion of “well-being” to establish if a person has needs for care and support that are eligible for support from a local authority.

In order to simply clarify the nature and context of this piece of primary legislation, for a non-adult social care audience, it is worth highlighting that before a journey through adult social care begins, the Care Act requires that the responsible local authority adopts and discharges a set of key

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<sup>2</sup> The Community mental health framework for adults and older adults, NHS England, September 2019  
<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

<sup>3</sup> As footnote 1

<sup>4</sup> As footnote 2

<sup>5</sup> The Role of the Social Worker in Adult Mental Health Services, College of Social Work, April 2014  
[https://www.basw.co.uk/system/files/resources/basw\\_112306-10\\_0.pdf](https://www.basw.co.uk/system/files/resources/basw_112306-10_0.pdf)

<sup>6</sup> NHS Long Term Plan, Department of Health, January 2019  
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>7</sup> Final report from the social workers new roles task & finish group, Health Education England, March 2019  
<http://londonadass.org.uk/wp-content/uploads/2019/05/New-Roles-in-MH-Task-and-Finish-Group-Social-Work-Final-V3for-Board-27th-March-MT-SH-DH.pdf>

principles “*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.*”<sup>8</sup> This requirement is further defined by clear statutory duty “*Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as ‘the wellbeing principle’ because it is a guiding principle that puts wellbeing at the heart of care and support.*”<sup>9</sup>.

Factors to be considered by statutory social workers in the promotion of “well-being”, defined within the Care Act, are (this is not a hierarchical list):

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual’s contribution to society

The statutory guidance<sup>10</sup> which supports local authorities to clearly understand their duties under the Care Act explains (emphasis has been added):

*“In addition to the general principle of promoting wellbeing, there are a number of other key principles and standards which local authorities must have regard to when carrying out the same activities or functions:*

- a) **The importance of beginning with the assumption that the individual is best-placed to judge the individual’s wellbeing.** Building on the principles of the Mental Capacity Act, the local authority should assume that **the person themselves knows best their own outcomes, goals and wellbeing.** Local authorities should not make assumptions as to what matters most to the person.*
- b) **The individual’s views, wishes, feelings and beliefs. Considering the person’s views and wishes is critical to a person-centred system.** Local authorities should not ignore or downplay the importance of a person’s own opinions in relation to their life and their care. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these should be taken into account. **This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions themselves.***
- c) **The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.** At every interaction with a person, a local authority should consider whether or how the person’s needs could be reduced or other needs could be delayed from arising. Effective interventions at the right*

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<sup>8</sup> Care & Support Statutory Guidance, department of Health & Social Care, October 2018

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>9</sup> As footnote 8

<sup>10</sup> As footnote 8

time can stop needs from escalating, and help people maintain their independence for longer.

- d) **The need to ensure that decisions are made having regard to all the individual's circumstances** (and are not based only on their age or appearance, any condition they have, or any aspect of their behaviour which might lead others to make unjustified assumptions about their wellbeing). **Local authorities should not make judgments based on preconceptions about the person's circumstances, but should in every case work to understand their individual needs and goals.**
- e) **The importance of the individual participating as fully as possible.** In decisions about them and being provided with the information and support necessary to enable the individual to participate. **Care and support should be personal, and local authorities should not make decisions from which the person is excluded.**
- f) **The importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual.** People should be considered in the context of their families and support networks, not just as isolated individuals with needs. **Local authorities should take into account the impact of an individual's need on those who support them, and take steps to help others access information or support.**
- g) **The need to protect people from abuse and neglect.** In any activity which a local authority undertakes, it should consider how to ensure that the person is and remains protected from abuse or neglect. **This is not confined only to safeguarding issues, but should be a general principle applied in every case including with those who self-neglect.**
- h) **The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.** For achieving the purpose for which the function is being exercised. **Where the local authority has to take actions which restrict rights or freedoms, they should ensure that the course followed is the least restrictive necessary.** Concerns about self-neglect do not override this principle.”<sup>11</sup>

The journey a person follows in their involvement with local authority adult social care services begins with an initial meaningful conversation. This initial element of the journey acts as an aid to the collection of information about the person and informs the assessment process (if this is to be undertaken) in order that it be completed in an appropriate and proportionate manner.

*“The nature of the assessment will not always be the same for all people, and depending on the circumstances, it could range from an initial contact or triage process which helps a person with lower needs to access support in their local community, to a more intensive, ongoing process which requires the input of a number of professionals over a longer period of time.”<sup>12</sup>*

Following completion of an assessment under the Care Act, a decision about eligibility for support from the local authority, to achieve the person's self-defined outcomes and goals, is made. Where outcomes to be achieved have been confirmed to be eligible for support from the local authority a

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<sup>11</sup> As footnote 10

<sup>12</sup> As footnote 10



Care and Support Plan is created with the person by the local authority worker. This Care and Support Plan will include both eligible and non-eligible needs and how they will be met; where only non-eligible needs are identified, these can be recorded solely within the assessment documentation. A similarly prescribed process is given in relation to the support which is required to be provided to informal carers of people who have care and support needs; Workstream 4 of the Annual Development Plan aims to embed a consistent approach to work with carers.

All Care and Support Plans (and Support Plans for carers) are required to be formally reviewed each 12-month period; it is also suggested that a “light-touch” review be undertaken within 6-8 weeks of a plan being agreed.

Over the last 5 years a series of practice guidance and initiatives have emerged in relation to the role of social work, and social workers within mental health services. In early 2014 “**The Role of the Social Worker in Adult Mental Health Services**”<sup>13</sup> was published by The College of Social Work. This report proposed “five key areas of practice that should frame the deployment and development of social workers”<sup>14</sup> in order to address the concern that “... the role and priorities of social workers in mental health in recent years have often not been well defined.”<sup>15</sup> The key areas of practice identified were:

- A. Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.
- B. Promoting recovery and social inclusion with individuals and families.
- C. Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.
- D. Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, earlier intervention and active citizenship.
- E. Leading the Approved Mental Health Professional workforce.

The Chief Social Worker, Lyn Romeo, described this report as “.....a compelling case for modern social work in mental health services, based around early intervention, building resilience and reducing dependency rather than solely focusing upon case co-ordination, case management or the Approved Mental Health Professional function..... To do this well will require employers, particularly the NHS where many social workers in mental health are based to provide solid organisational support for good social work practice, including robust arrangements for social work supervision and opportunities for continuous professional development.”<sup>16</sup>

This initial practice report highlighted that in order for these key areas of social work practice in mental health to flourish, in integrated multi-professional teams managed within the NHS, the following components are required:

- Very strong operational management of social work practice.
- High level and locally available professional leadership.
- Opportunities for social work and interdisciplinary career advancement.
- Access to continuing social work professional development.
- High-level organisational commitment to excellent social work practice.

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<sup>13</sup> As footnote 5

<sup>14</sup> As footnote 5

<sup>15</sup> As footnote 5

<sup>16</sup> As footnote 5

- **Clarity about the priorities and roles of social workers.**

Building upon the proposals made by The College of Social Work in 2014, the Department of Health, in 2016 launched “**Social work for better mental health – a strategic statement**”<sup>17</sup>; part of a 3 piece suite of resources which place a spotlight on the strategic place of social work in mental health. These resources are designed to provide organisations with “improvement tools and methodologies to help develop and sustain great social work across the mental health sector and help ensure the value of social work in improving mental well-being in society is recognised.” The principle outline contained within these resources link closely with this review of the model of social work recommended for implementation across CPFT in Peterborough City and Cambridgeshire County Council areas.

In line with the focus of the delegated functions in the current S75 Partnership Agreement and its clearly articulated intention “to enable delivery of a mental health service which is well coordinated and appears seamless to the people using the service and their carers.” Social work for better mental health”<sup>18</sup> resources recognize “Working with the principles of personalisation and the opportunities of the Care Act 2014, social workers are crucial to ensuring people with mental health needs are seen first and foremost as citizens with equal rights, rather than exclusively through a diagnostic or clinical lens.” Care and Support Statutory Guidance Chapter 2.1 (updated Oct 2018) defines:

“It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.”<sup>19</sup>

This approach is sometimes referred to as the joint aims of “prevent, reduce or delay”; this vision for adult social care applies equally to social work practice in mental health services where it has been acknowledged that “Attention to this has sometimes been diminished within the care coordinator role in integrated services which has tended to be dominated by NHS performance drivers. Ultimately lack of attention to this can undermine partnerships.”<sup>20</sup>

“**The Community Mental Health Framework for Adults and Older People**”<sup>21</sup> published at the end of September 2019, continued to highlight “ ..... assessment under the Care Act 2014 can be difficult to access and is often not integrated with other assessments. Not having such an assessment can mean that people cannot access personalised support and housing, advocacy, welfare advice and employment support. This in turn can increase the risk of poorer mental health.”<sup>22</sup>

This framework document describes a local community level model of mental health service delivery which brings together the types of support currently provided via “primary care” with that provided via “secondary care” thereby supporting a reduction in the transitions and transfers a person may experience in their journey as “When people’s care moves between teams, typically over 20% of them do not reach the new team. This may be due to complicated referral and

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<sup>17</sup> As footnote 1

<sup>18</sup> As footnote 1

<sup>19</sup> As footnote 8

<sup>20</sup> As footnote 1

<sup>21</sup> As footnote 2

<sup>22</sup> As footnote 2



transition processes, or a lack of the most appropriate support in one place to address multiple needs.”<sup>23</sup> In order to effectively deliver the NHS Long Term Plan’s (NHS LTP) <sup>24</sup> “commitment to create new and integrated models of primary and community mental health care.”<sup>25</sup>

“Each area will need to ensure that they have processes in place that will bring together the different facets of community care and deliver better mental health outcomes for the local population by ensuring that:

- People can have a good-quality **assessment** at whatever point they present
- **Interventions** for mental health problems are readily available and accessible at the location most appropriate to people’s needs
- Care can be stepped up where or when more **specialist care** is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There are effective links with **community assets** to support and enable people to become more embedded within their community and to use these assets to support their mental health.” <sup>26</sup>

The proposals and planning required to achieve the NHS LTP aims and objectives are clearly much broader and more complex than consideration of the model for delivery of adult social work services under the current S75 Partnership Agreement. However, it is recommended that the adoption of a clearly aligned model of practice (described below) for both Adult and Older Peoples Mental Health across Peterborough City and Cambridgeshire County Council areas will enable all partner agencies to be best placed to respond effectively and efficiently to future developments

### 3. Work undertaken

A co-production event was held on 12/09/2019 with Social Work Team Managers, Senior Social Workers and Social Workers representing both Adult and Older Peoples Teams from Peterborough and Cambridgeshire. The framework for the day was designed jointly by the Heads of Social Work, and Trust Professional Lead for Social Work, with input from the Local Authorities Mental Health Commissioning Team. The terms of reference agreed for the workshop were:

“Operational representatives from Older Peoples and Adult Mental Health Services whose responsibilities have been delegated to CPFT by CCC & PCC, to work in positive collaboration to:

- Clarify current models of practice across adult social care mental health services (ref: Figure 1)
- Adopt a professionally curious approach in identifying and analysing the strengths and weaknesses of existing social care delivery arrangements
- Make recommendations for future service planning and delivery modelling as applicable
- Support the achievement of a co-produced social care delivery model which most effectively and efficiently delivers equity of access to the citizens of the areas and meets required legal compliance and best practice quality standards.”

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<sup>23</sup> As footnote 2

<sup>24</sup> As footnote 6

<sup>25</sup> As footnote 2

<sup>26</sup> As footnote 2

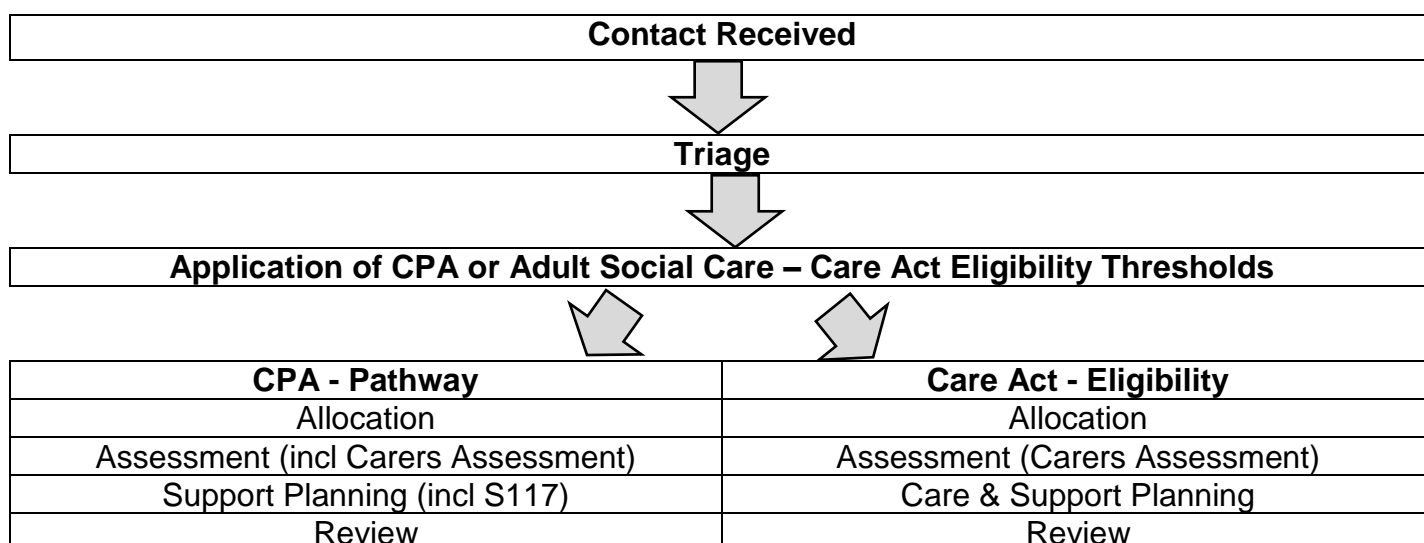


Figure 1

Working groups, aligned by service area and geographic location, addressed the following key questions:

- Workshop One:** What are the existing arrangements for your area (Figure 1 above)?  
Do existing arrangements meet recognised practice and legal requirements?
- Workshop Two:** What are the strengths and weaknesses of the existing social care model?  
What changes/improvements are needed (if any)?

The feedback received both at and following this co-production event identified that Social Workers want to achieve an autonomous professional identity within the CPFT (comments included: “Social Work Identity”; “lack of understanding of the Social Worker role in integrated teams – across all patches”) and remain co-located, where ever possible, with members of the wider mental health team – this was a common theme shared by both Adults and Older Peoples Teams. Co-location and direct social work involvement in multi-disciplinary team meetings were identified by all as clear strengths within existing working arrangements (“Social Worker involvement in MDT/clinical meetings across all patches – informal/formal meetings”; “Collaborative across all disciplines”).

As described in the overview of legislative requirements, statutory guidance and models of best practice given in Section Two above, the feedback from the co-production event echoed national recommendations for the promotion of the role and expertise of the Social Worker in a mental health setting.

Following analysis and consideration of all feedback received, and the “delegated function” requirements of the S75 Partnership Agreement, an Option Model was identified. This model aligns all relevant Social Workers, across both Adults and Older People Teams, to Social Work Team Manager led teams. This alignment of social work function and practice locates

responsibility for the completion of Care Act assessment, care and support planning and review activities with the S75 Social Work Teams and removes the current “blurring” of the professional statutory Social Worker identity and role which has developed within the “integrated” model currently in place within Cambridgeshire based multi-disciplinary teams.

This form of service and function alignment already exist in both the Adult and Older People’s Teams in the Peterborough City Council area following implementation some years ago. Social Workers in Adults and Older People Teams in Cambridgeshire are integrated with their health colleagues in teams where a Social Work Team Manager provides professional supervision and operational support. The implementation of these arrangements followed a partial service restructure during 2016/17; however under current arrangements non-social work colleagues continue to complete assessments and arrange the provision of adult social care funded support services.

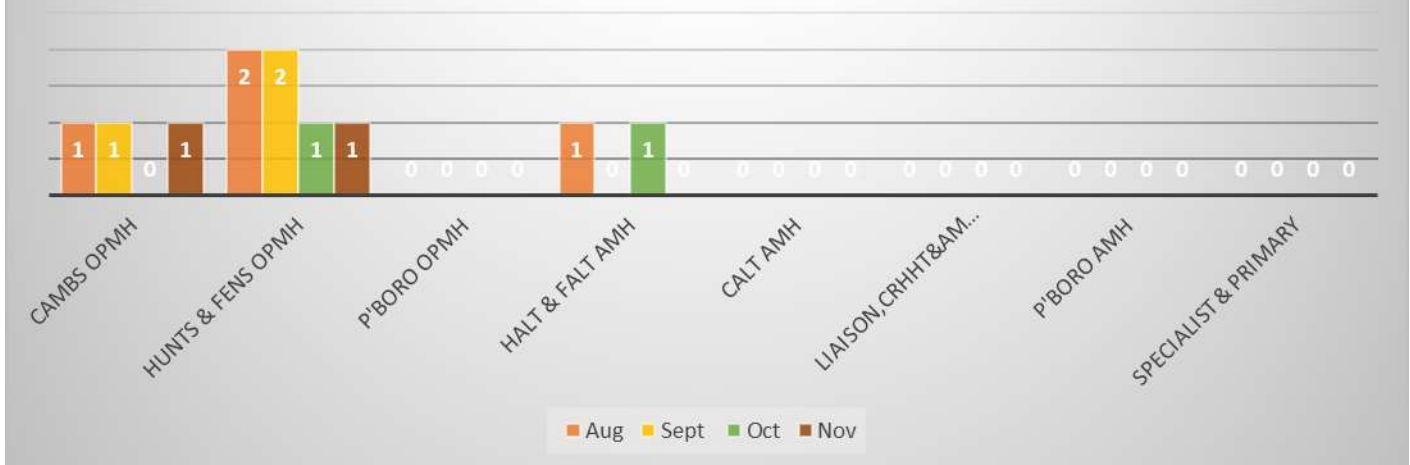
Key exceptions to the Cambridgeshire model outlined above are a number of Social Worker posts which are based individually within the Adult Mental Health teams’ structure. In this current structure Social Workers, under the S75 Partnership Agreement, are based individually within health managed teams, and do not appear, at this time, to fulfil the full range of required statutory functions. Further detailed understanding of the working arrangements attached to these Social Worker and Support Worker posts is required in order to fully understand potential employment related impacts. This is highlighted with the “Next Steps” section of this report.

In order to address concerns regarding the potential impact acceptance of referrals under Care Act (2014) responsibility might have on the S75 Social Work Teams information was added to the CPFT Risk Register (Datix):

Date	Risk No	Description	Initial Risk Level	Review	Current Risk Level
26/09/2019	5737 5738	Care Act Eligible work will be received as detailed in the now signed S75 agreement across PCC and CCC	C = 4 (Major) L = 4 (Likely) Score = 16 (Extreme)	11/2019	C = 2 (Minor) L = 4 (Poss) Score = 6 (Moderate)

Monitoring of operational activity commenced in August 2019 across both Older Peoples and Adult Mental Health Social Work Teams; actual impacts to date are shown in the following chart:

## Care Act (2014) Case Allocation Requests



Ongoing monitoring will continue in order to inform future workforce planning and the finalisation of an effective S75 social work operational model.

Responsibilities held by the Social Work services under the MH S75 Partnership Agreement extend beyond the Care Act (2014) and include the discharge of duties under the Mental Capacity Act (2005) and Mental Health Act (1983) as well as further statute. In relation to the discharge of responsibilities held by Approved Mental Health Professionals (AMHPS) delegated by CCC and PCC to CPFT, no direct work has been undertaken to evaluate current operational structures other than the need for administrative support to be made available in the Peterborough City Council area. This specialist aspect of delegated responsibility requires further exploration, including workforce planning, in order to establish and sustain stability and “future proofing”.

### 4. Option Model

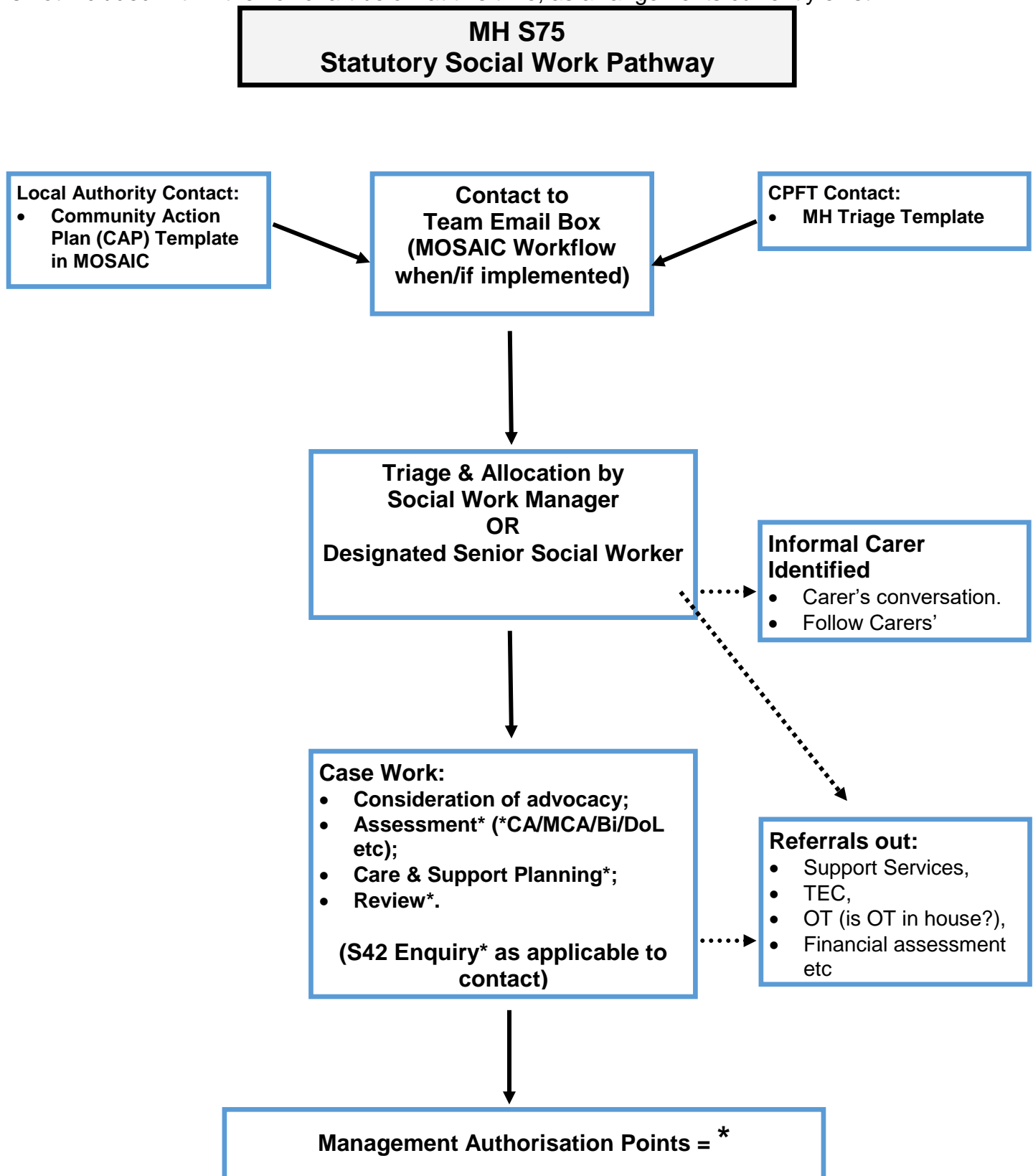
#### Overview description:

As identified above a fully aligned Social Work service for both Adults and Older People's Teams will enable the professional identity of Social Workers to be more clearly visible and their skills, knowledge and expertise to be utilised appropriately to support the wider mental health agenda and achieve legally compliant social work practice in relation to Care Act (2014) duties..

This form of operational practice model if implemented across both Adults and Older Peoples Social Work Mental Health services in Peterborough and Cambridgeshire will achieve clear lines of responsibility and accountability within a professionally led social work framework. Social Workers supervised by members of their own profession, who also provide line management, case work allocation and authorisation functions. The professionally aligned Social Work Teams will remain located within current work base arrangements; in general, these are co-located bases with secondary mental health colleagues.

### Proposed Social Work Pathway:

The proposed journey into and through the Social Work teams is described in simple “flowchart form” below. This does not relate to referrals for Mental Health Act Assessment. Amendments may arise as part of the development of Workstream 9, in relation to Safeguarding Adults activity, this is not included within the flowchart below at this time, as arrangements currently exist.



The “MH S75 Statutory Social Work Pathway” describes in simple terms how:

- Referrals can/will be received from colleagues within CPFT and those based within local authority teams across PCC and CCC, using standardised referral templates;
- Case work can/will be prioritised (triaged) and progressed; including for example the early identification, as appropriate, of informal carers and referrals to be made to OT, technology (TEC), etc.
- Allocations can/will be made to achieve effective caseload management
- Clear professional management oversight, authorisation and quality assurance monitoring can be achieved

It is recognised that individualised versions of this core “Pathway” may be required for operation within Peterborough City Council and Cambridgeshire County Council areas, with full thought given, for example, to:

- How referrals are received;
- How the referral/contact is taken (eg: practitioner, business support);
- How triage is undertaken within the team (eg: a “duty” function);
- How and where authorisation happens;
- How effective and meaningful data gathering can be achieved.

#### **Case Records and Management System:**

Analysis has also been undertaken to confirm the most efficient and effective way to support Social Workers in the delivery of Care Act compliant practice and provide accurate performance monitoring information. It is recommended that this can be provided efficiently by use of the MOSAIC case recording system currently in use by Cambridgeshire Adult Social Care service areas; implementation of this electronic case management framework is also planned in Peterborough City Council Adult Social Care services areas from April 2020

It is recognised that at times referrals will be made into the Social Work Teams by telephone and contacts other than MOSAIC Workflow or email processes; in all cases these contact referrals should be supported by the completion of the required information template:

- Local authority referrals will be made using the “Community Action Plan” (CAP) template
- CPFT referrals will be made using the MH Triage Template

As noted above the MOSAIC case management process to be followed from receipt of a referral through to ongoing Social Work involvement or the closure of the case is in brief:

- a) When a referral is received it will be added/opened on MOSAIC by the applicable team administrative support
- b) The CPFT case management system (RiO or SystmOne following implementation) to check if the person referred is known to CPFT (health staff or previous social work involvement)
- c) The Social Work Team Manager (or delegated Senior Social Worker) will triage/prioritise the referral for allocation.
- d) Cases will be allocated to team members on a daily basis
- e) Where a person is already known, or becomes known to CPFT mental health teams, whilst they are involved with a S75 Social Worker, they must be given a copy of the “Consent to share information leaflet” (attached as Appendix 1 of the S75 Partnership Agreement)

- f) Where a person is already known, or becomes known to CPFT mental health teams, whilst they are involved with a S75 Social Worker copies of relevant assessment, care & support planning, and review documentation should be uploaded to the “Clinical Documentation” folder in RiO (and applicable section of SystemOne when implemented). This sharing of information can also include all/any documentation which the S75 Social Worker decides is relevant and necessary to the wider multi-disciplinary team; all decisions to share information should be clearly recorded by the decision maker.

The Mental Health Act service and AMHP rota are managed centrally within Adult Mental Health service arrangements; this supports referrals for assessment under the Mental Health Act (1983). Current arrangements for “AMHP referral” remain unchanged by this Option Model. In order to simplify and make clear record keeping arrangements for Mental Health Act activity across both CPFT and the 2 local authorities it is recommended that further detailed work be undertaken as part of Workstream 11 of the Annual Development Plan.

## 5. Transfer of care package reviewing responsibilities:

With the alignment of the Social Work Team structure, and Social Worker role and responsibilities in the Cambridgeshire County Council area, will come the need for care packages currently assessed for and managed by members of the wider multi-disciplinary teams to be transferred across to the relevant Social Work Team; this will include joint-funding arrangements, such as those receiving S117 Aftercare. This will not mean the automatic transfer of Care Co-ordinator responsibilities for those people under the Care Programme Approach (CPA); any change in existing arrangements must be based upon the individual needs of the person. Likewise, any people currently supported by Social Workers outside of their professional casework and/or statutory role will be transferred into the wider health team for ongoing intervention as required.

The tables below summarise the number of people receiving ASC commissioned packages of care and support currently held by Social Workers and health colleagues (these do not quantify current caseload activity).

### Adult Mental Health

Team	TOTAL	Social Work	Healthcare Professional
Cambridge Nth (CALT)	89	46	43
Cambridge Sth (CALT)	125	61	64
Liaison, CRHTT	NIL	NIL	NIL
Hunts (HALT)	61	43	18
Fens (FALT)	27	16	11
CAMEO Nth	1	0	1
CAMEO Sth	5	0	5
Forensic Nth	4	3	1
Forensic Sth	19	3	16
Personality Disorder	24	2	22
<b>TOTALS</b>	<b>355</b>	<b>174</b>	<b>181</b>

## Older People Mental Health

Team	TOTAL	Social Work	Healthcare Professional
Cambridge City	57	35	22
Cambridge South	58	36	22
Cambridge East	19	12	7
Hunts	50	27	23
Fenland	64	47	17
Under 65s	1	0	1
<b>TOTALS</b>	<b>249</b>	<b>157</b>	<b>92</b>

## Overarching TOTALS (at 06/12/2019):

Social Work	Healthcare Professional
<b>331</b>	<b>273</b>

This transfer of care process should be managed over approximately a 3 month period (subject to ongoing and active review) in order to mitigate risk to both the people, teams and staff affected by these changes.

As the Peterborough City Council Teams are already aligned, with Social Workers responsible for the assessment, care and support planning, and review of the needs of those people involved with Adult Social Care, this case transfer process does not apply.

## Staffing Resources & Financial Implications:

There are no known additional staffing or infrastructure costs associated with the recommendation to adopt the current team structures to support the achievement of an aligned operational model. However, further rigorous financial and human resources analysis will be required to ensure fiscal responsibility and to address all potential employment related impacts in relation to Social Workers currently based within the following teams:

- Forensic North & South
- CAMEO North & South
- Personality Disorder Service
- Liaison Psychiatry
- Crisis Resolution Home Treatment (CRHT) Teams (Hunts & Cambs)

## 6. Next Steps:

In order to address the existing variations in practice and structure across the area, which potentially impacts upon equity and access to services for the local populations, it is recommended that the Option Model (Section 4) for the full alignment of all Social Work Teams included within the Social Work S75 Mental Health Partnership Agreement, is adopted. This Option Model will also enable quality assurance and legal compliance monitoring to be undertaken, and produce accurate and meaningful practice performance data, with which to inform required statutory reporting mechanisms, workforce planning strategies and continued professional development initiatives.

A pilot "Exemplar" project, supported by CPFT and statutory partners, is to start in early 2020 in the Peterborough City area. This Exemplar project is designed to develop primary care mental



health services and is to include registered Social Workers within its workforce. Close joint working on the further development of this initiative, by Social Work leaders within both CPFT and the local authority with the project leads, should enable valuable lessons to be learned which can be used to inform further Social Work in mental health service reconfiguration in the future to meet Primary Care Networks (PCN) needs.

With careful monitoring going forward, the services and support offered by the statutory Social Workers based within CPFT can be further developed and aligned to meet the key objectives of the NHS LTP<sup>27</sup>, Community Mental Health Framework for Adults and Older People<sup>28</sup>, and emerging PCN.

### Further “Scoping” Activities

What? Element	When? Timescale by ...	Who? Responsibility
Identify all/any HR Implications (incl. any financial matters arising)	14/02/2020	with Luke Venni
Highlight all/any transfer of ASC care package issues for resolution to confirm any triage arrangements that may be necessary	31/01/2020	KB, LD
Finalise Operational Model	In line with any/all HR advice	
Formal agreement by S75 Governance Board	29/02/2020	
Start case transfer process	02/03/2020	
Staffing Structure & MH Pathway in place and operational	Provisional 02/03/2020	
Transfer ASC arranged packages of care from health colleagues/teams	From 02/03/2020	
Commence “Changing the Conversation” – Adults Positive Challenge	01/05/2020	Transformation Team with KB, LD, SB, AK & Teams

## 7. Workstream Initial Timetables

What? Element	When? Timescale by ...	Who? Responsibility
Confirm “Adult Social Care Pathway in Mental Health”	22/11/2019	SB, KB, LD (with AK)
Confirm Current Operational Staffing Structures: a) OPMH b) Adults c) Specialist (incl CRISIS, Liaison Psychiatry, etc.)	29/11/2019	KB, LD
Identify all current posts which need to be formally agreed and established	29/11/2019	KB, LD

<sup>27</sup> As footnote 6

<sup>28</sup> As footnote 2

Identify/confirm the volume/number of people receiving ASC care packages and case reviewing responsibilities to transfer between SW Teams and health colleagues	29/11/2019	KB, LD
Confirm Option Model	08/01/2020	S75 Working Group
Formal agreement	30/01/2020	S75 Governance Board

#### Associated Timetables: Quality Assurance

What? Element	When? Timescale by ...	Who? Responsibility
RiO/CPFT Access for Ali Keclik	29/11/2019	SB; Admin
QA – Mini-audit (to commence 02/12/2019)	31/12/2019	AK, SB
Initial QA Report	20/02/2020	AK, SB
Confirm process for completion of Management Audits	Confirmed	

#### Changing the Conversation (CtC) & Care Act Compliance

What? Element	When? Timescale by ...	Who? Responsibility
Social Ware Forum: • Introduction to CtC	20/11/2019	Transformation Team with SB, KB, LD, AK
Future Workshop Dates TBA provisionally: • 25/03/2020 • 01/04/2020 • 14/04/2020 • 22/04/2020 • 29/04/2020	TBA	Transformation Team with SB, KB, LD, AK

#### Case Record Management - MOSAIC

What? Element	When? Timescale by ...	Who? Responsibility
Access to MOSAIC (CCC staff)	28/02/2020 TBA	SB, SH
Access to MOSAIC (PCC staff)	01/04/2020	SB, SH
“System “Walk-through” Staff Workshop (CCC & PCC)	08/01/2020 OR 15/01/2020	SB, SH, KB, LD, AK
MOSAIC Staff training	TBA	

**ADULT SOCIAL CARE SERVICE USER SURVEY 2019**

**To: Adults Committee**

**Meeting Date: 12 March 2020**

**From: Service Director Adults and Safeguarding**

**Electoral division(s): All**

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

**Purpose: To provide an overview of the findings of the 2019 Adult Social Care Statutory Service User Survey the results for which were published in October 2019.**

**Recommendation: The Committee is asked to consider the content of the report and note how the service has been linked into the development of Adult Social Care in Cambridgeshire.**

**The Committee is asked to note and agree the public facing summary of the service user survey results, to be published on the council website.**

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

- 1.1 The annual Adult Social Care Service User Survey is a national survey carried out by NHS Digital and all Local Authorities with Social Services responsibilities are required to take part.

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

- Support transparency and accountability to local people, enabling people to make better choices about their care
- Help local services to identify areas where outcomes can be improved

The survey asks service users about their quality of life and their experiences of the services they receive. It is used by Cambridgeshire County Council, the Care Quality Commission and the Department of Health to assess the experiences of people using care and support services.

The survey is produced in an easy read version aimed at adults with learning disabilities and for this version there is slightly different wording of questions.

- 1.2 In January 2019, 1518 service users were surveyed by post. There were four versions of the survey, for people in residential and nursing care or in the community, with two versions in Easy Read. Additionally, a small number of people received the survey in large print. We have received 513 responses, a 34% response rate.

This report is based on data published by NHS Digital on 22 October 2019 and includes the England and Eastern Region average scores.

## 2. MAIN ISSUES

### 2.1 National Findings

- 2.1.1 High level messages published by NHS Digital from the survey on the 22 October 2019 were as follows:

#### 2.1.2 Overall Satisfaction

- Almost two thirds (64.3%) of service users in England were very or extremely satisfied with the care and support they received. 2% of service users were very or extremely dissatisfied with the care and support they received. [For Cambridgeshire the results were comparable at 64.2% and 2% respectively](#)

#### 2.1.3 Choice

- In England 67.5% of service users stated that they have enough choice over care and support services. [In Cambridgeshire the result was slightly lower at 66.3%](#)

#### 2.1.4 How having help makes people feel

- In England 61.3% of people said that having help makes them feel better about themselves. The result for Cambridgeshire this was higher at **64.6%**.
- When looking at the response 'Having help sometimes undermines the way I feel about myself' the national result was 9.1%. Cambridgeshire's result was **7.7%**

#### 2.1.5 Finding information about support and services

- In England 43.7% of service users reported they had never tried to find information or advice about support and services in the past year, this was a statistically significant increase from 25.8% in 2017-18. In Cambridgeshire this was slightly higher (47% in 2018-19 up from 16.5% in 2017-18)
- For those who did look, in Cambridgeshire **68.1%** reported they found it 'very' or 'fairly' easy to find what they were looking for. This contrasts with 69.0% for England. The percentage of people who said that it was fairly or very difficult to find was **31.9%** in Cambridgeshire which is broadly in line with the national average (31.0%)

#### 2.1.6 Getting out and about

- In England overall 29.8% of service users said that they can get to the places in their local area that they want to. In Cambridgeshire the result is better at **34.8%**

#### 2.1.7 Paying for additional care and support privately

- In England 28.9% of services users buy some more care and support with their own money. The result in Cambridgeshire this is lower at **24.8%**.

#### 2.1.8 Receiving practical help from someone else

- Almost half (48%) of service users in England reported receiving regular practical help from someone living in another household. In Cambridgeshire this was higher at **50%**.
- In England 40.8% (**40.1% in Cambridgeshire**) reported receiving help from someone living in their household. Around a fifth of service users (20.5% nationally and **19.7% in Cambridgeshire**) reported not receiving any regular practical help from a husband/wife, partner, friend, neighbour or family member.

#### 2.1.9 Overall social care related Quality of Life Score

The overall Social Care-related quality of life score takes the results from a number of different questions in the survey and calculates an overall score out of a maximum of 24. The all England level was 19.1 out of a maximum score of 24. In Cambridgeshire the score was much higher at **19.7** making the Council rank 10<sup>th</sup> best in the country.

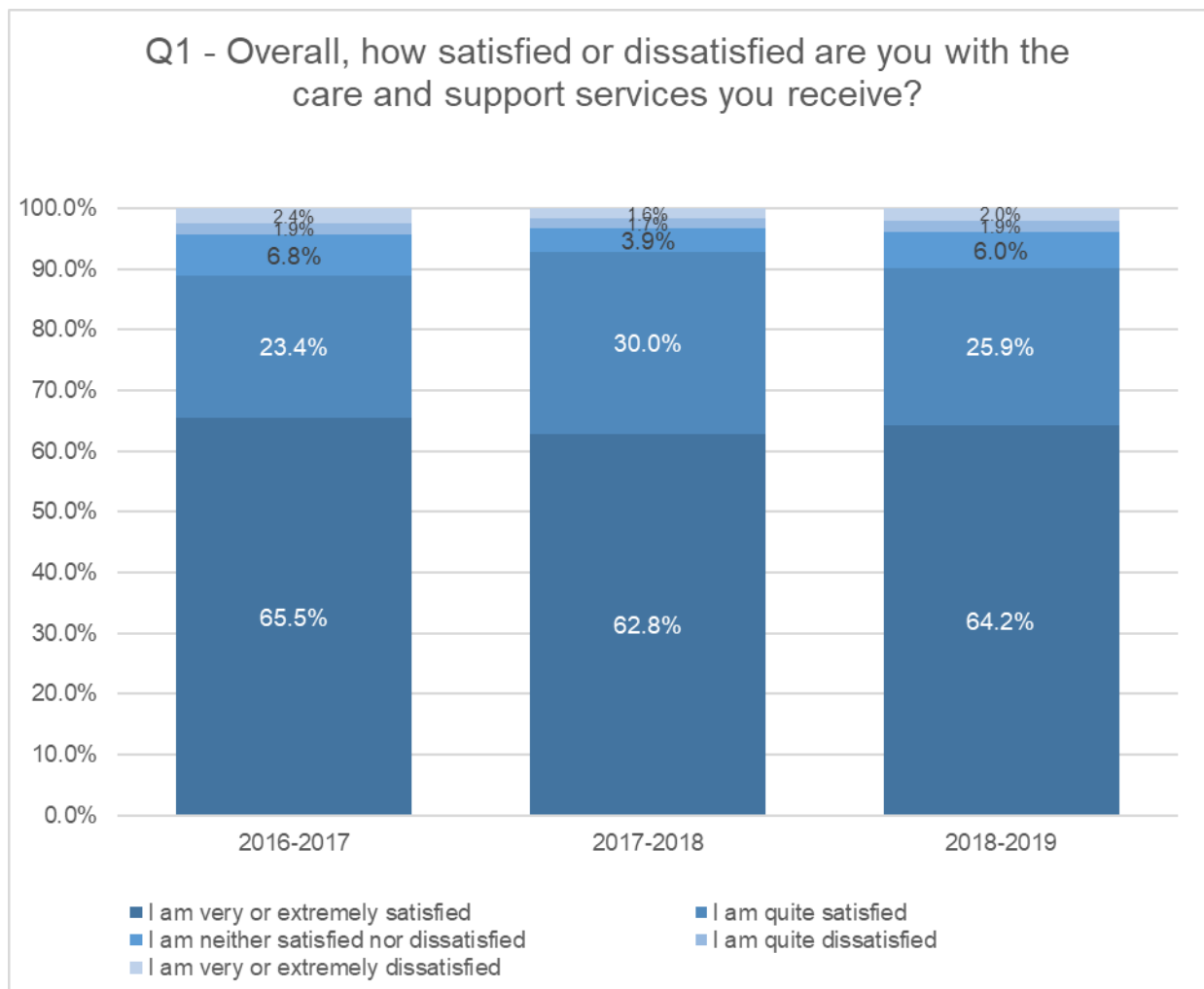
### 2.2 Cambridgeshire results analysis

2.2.1 The following section aligns the local results to the national headlines

### 2.2.2 Overall satisfaction

The proportion of Cambridgeshire service users reporting they were very or extremely satisfied with the care and support they received (64.2%) is broadly in line with the results received over the past 3 years, although an improvement on the previous year. The responses are roughly in line with the national average (64.3%) and comparator group (64.5%) averages

The proportion reporting that they were very or extremely dissatisfied (2%) has also remained consistent over the past 3 years.

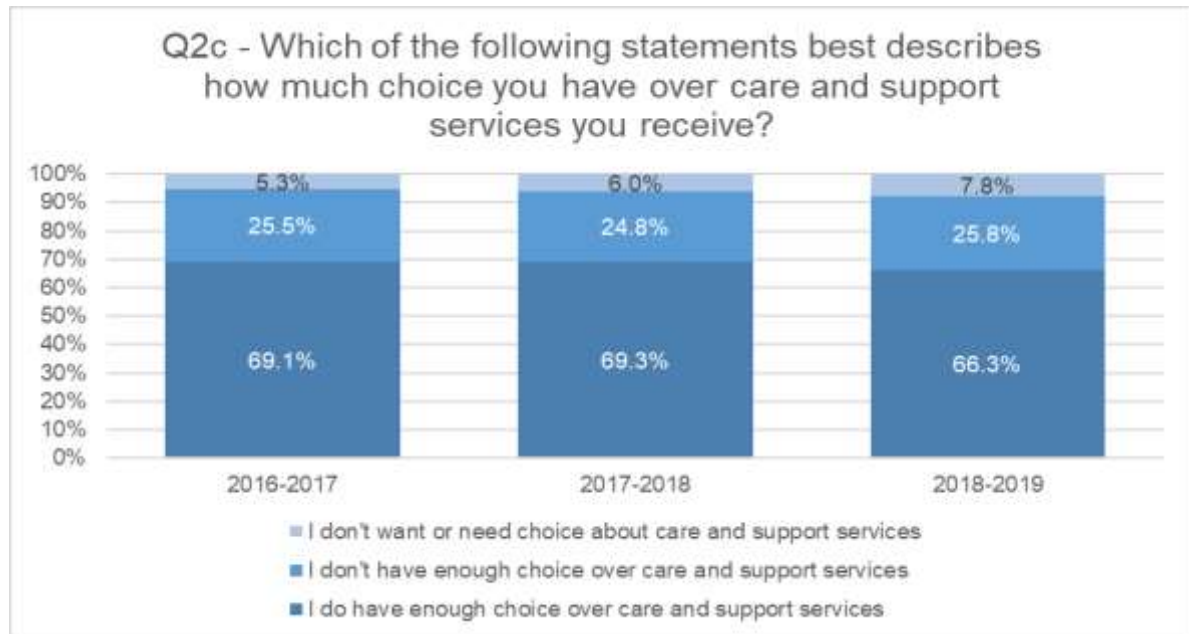


### 2.2.3 Choice

The proportion of Cambridgeshire service users reporting they have enough choice over their care and support services (66.3%) is broadly in line with the results received over the past 3 years, which is slightly below the national (67.5%) and comparator (69.5%) averages.

The proportion reporting that they do not have enough choice over their care and support

services (25.8%) has increased slightly against the previous year's results, but remains broadly in line with previous results and is slightly below the national (26.9%) but above the comparator (24.8%) averages. This is clearly an area which we would wish to see improve and for which we will be undertaking some further analysis to see if there are particular cohorts, in terms of need or locality who express lower levels of choice.

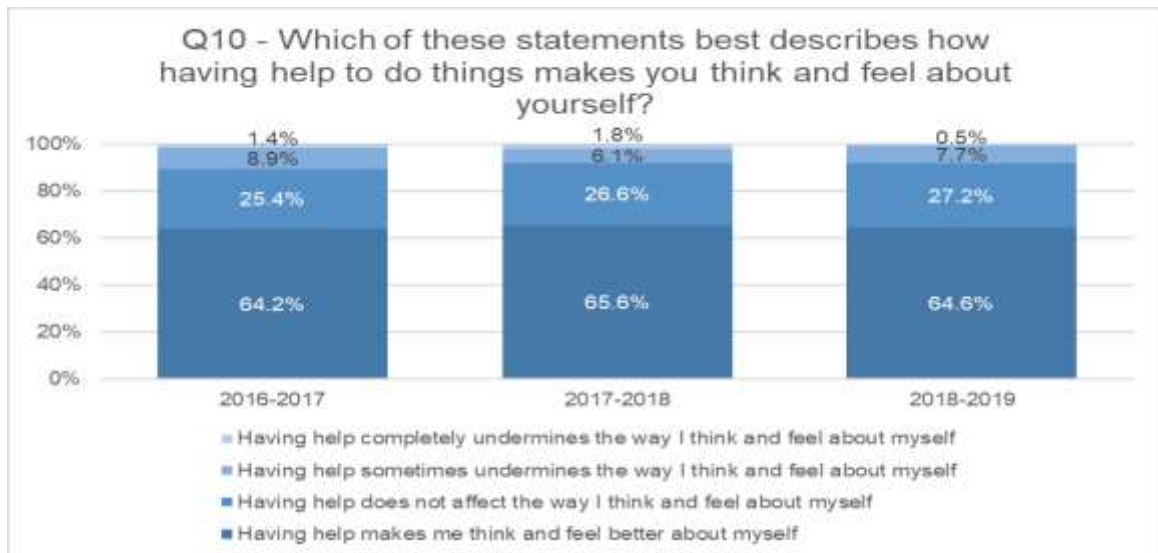


#### 2.2.4 How having help makes people feel

The proportion of Cambridgeshire service users reporting that having help makes them feel better about themselves (64.6%) is broadly in line with the results received over the past 3 years and is slightly above the national (61.3%) and comparator (61.2%) averages.

The proportion reporting that “having help sometimes undermines the way I think and feel about myself” was 7.7% which is broadly in line with the results over the past 3 years, and is better than the national (9.1%) and comparator (9.0%) averages.

The proportion reporting that “having help completely undermines the way I think and feel about myself” (0.5%) is the lowest it's been over the last three years, and is better than the national (1.6%) and comparator (2.0%) averages.

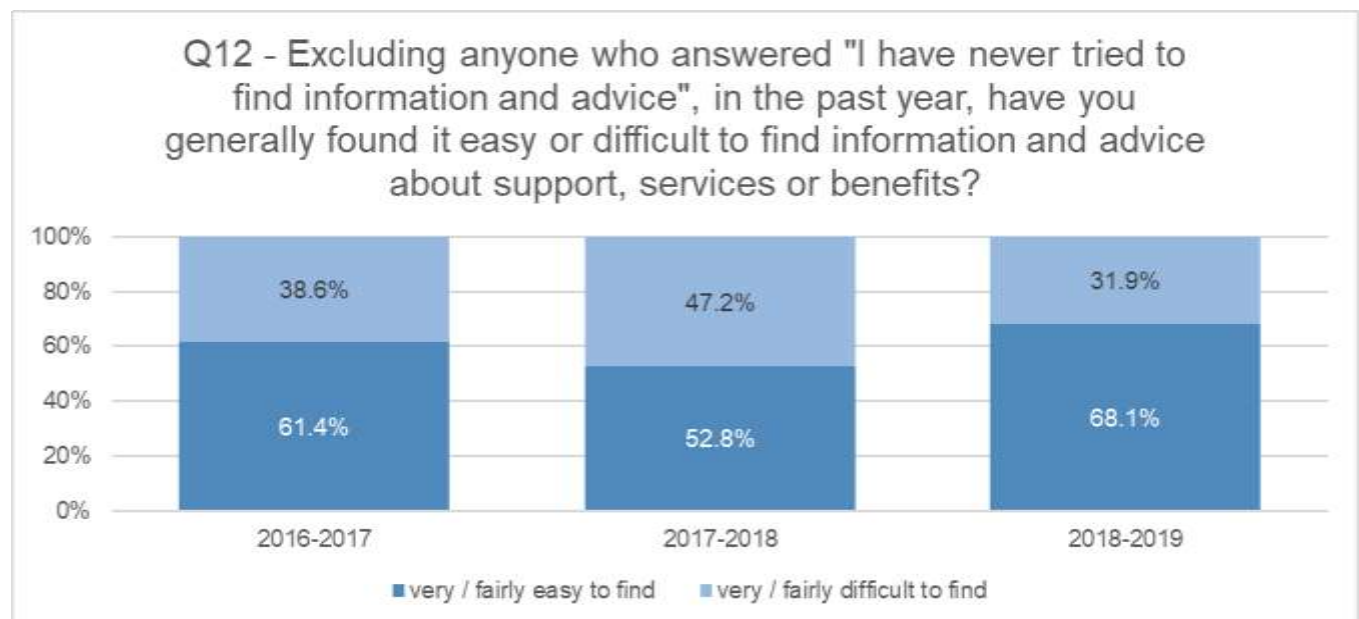


## 2.2.5 Finding information about support and services

Cambridgeshire's results improved in 2018-19 against the 2017-18 survey, which is likely to reflect the policy and practice changes introduced as part of the Adults Positive Challenge programme.

Excluding respondents who replied that they had not tried to find information and advice, 68.1% of respondents stated that information and advice was "very" or "fairly" easy to find, an increase of 15.2% against the previous year's results.

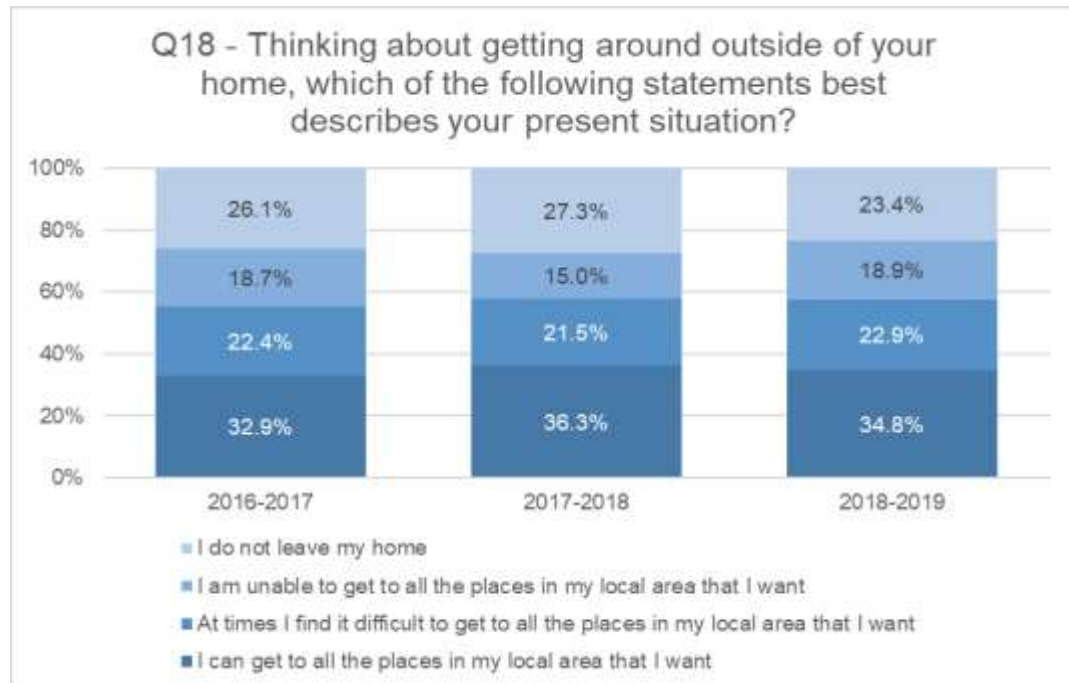
However this continues to be an area for focus with further work planned to improve the availability of information and signposting partners such as libraries and with the launch of the new community directory.





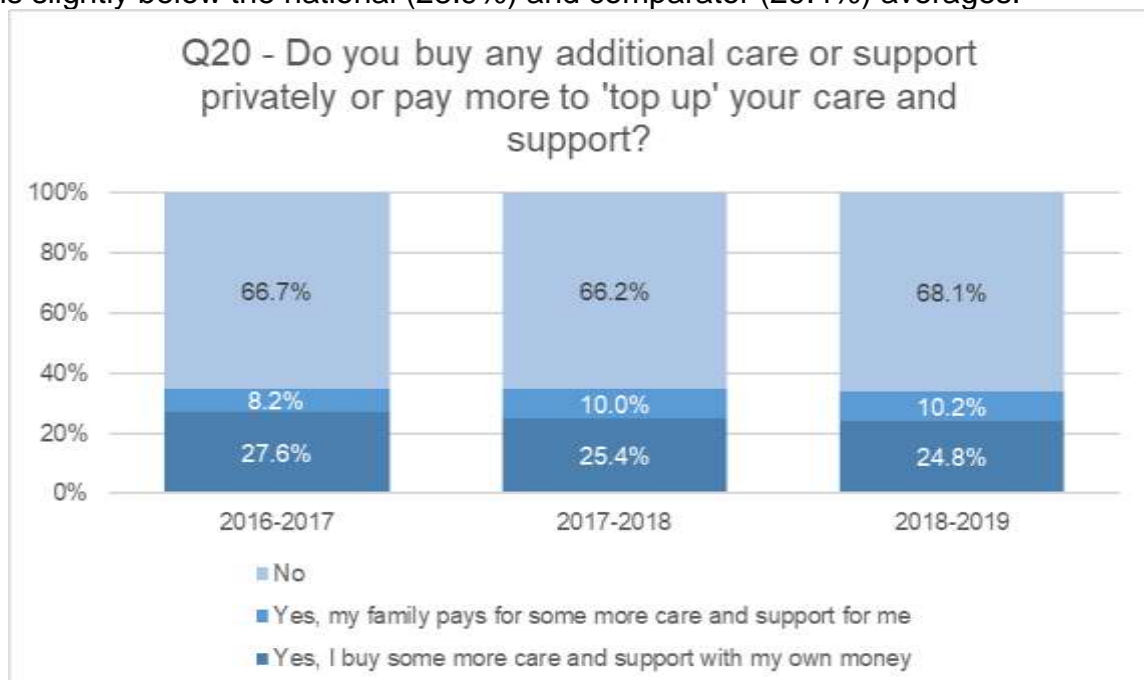
### 2.2.6 Getting out and about

The proportion of Cambridgeshire service users reporting they can get to all to the places in their local area that they want to (34.8%) is broadly in line with the results received over the past 3 years, and is above the national (29.8%) and comparator (29.8%) averages



### 2.2.7 Paying for additional care and support privately

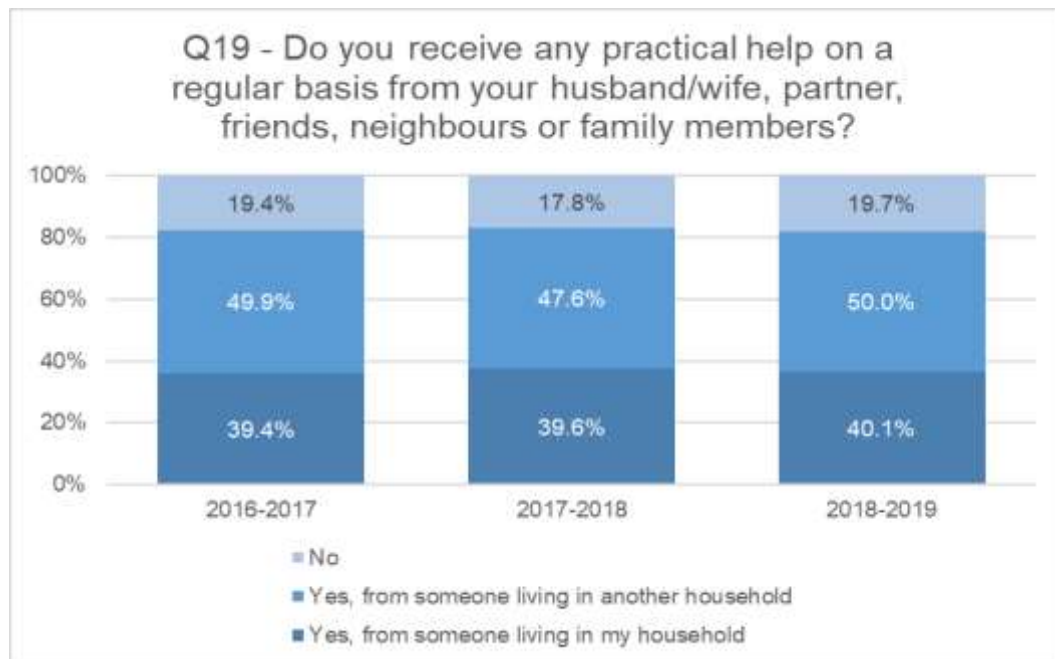
The proportion of Cambridgeshire service users reporting they buy care and support with their own money (24.8%) is broadly in line with the results received over the past 3 years, and is slightly below the national (28.9%) and comparator (29.4%) averages.



Note – service users can provide more than one answer to this question so the figures will not add up to 100%

### 2.2.8 Receiving practical help from someone else

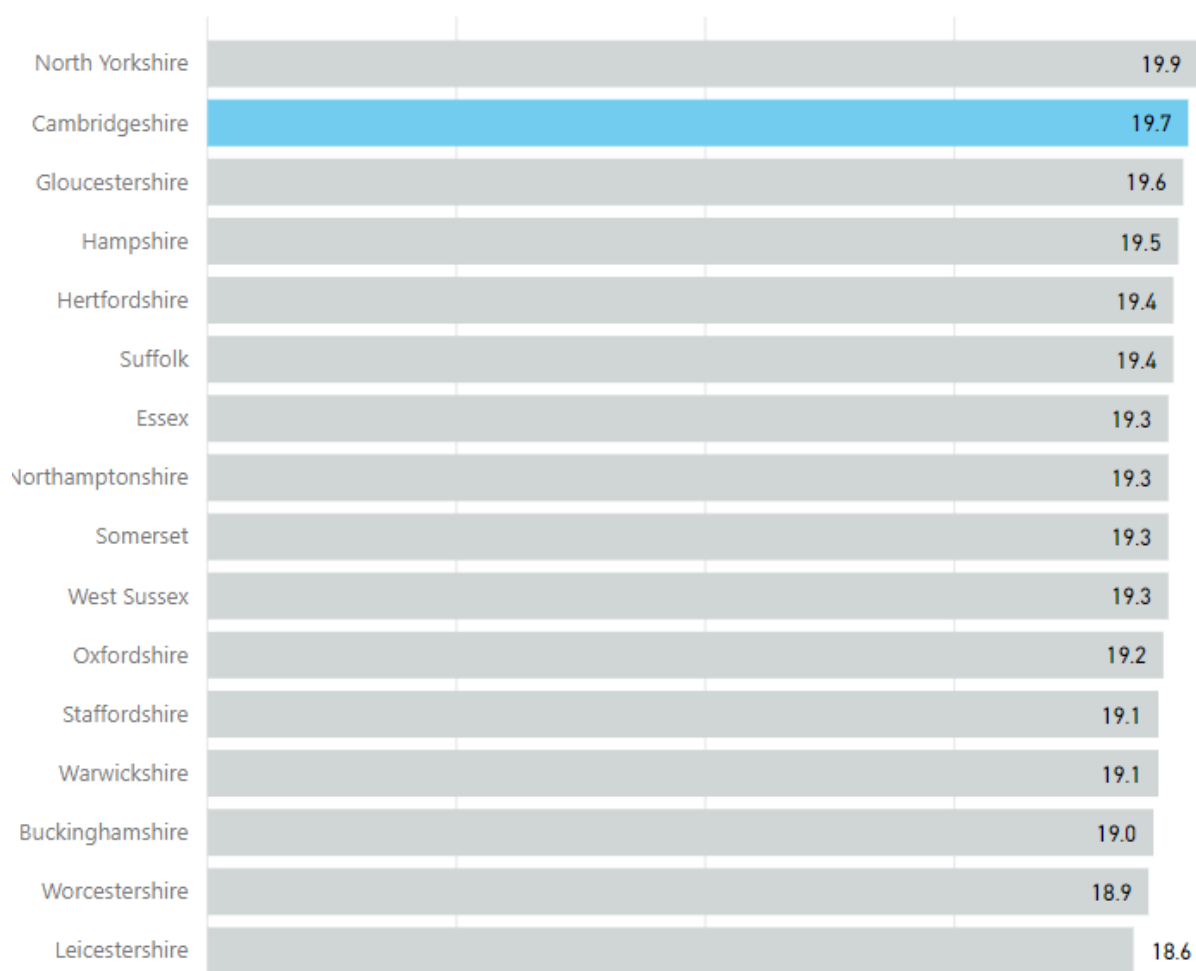
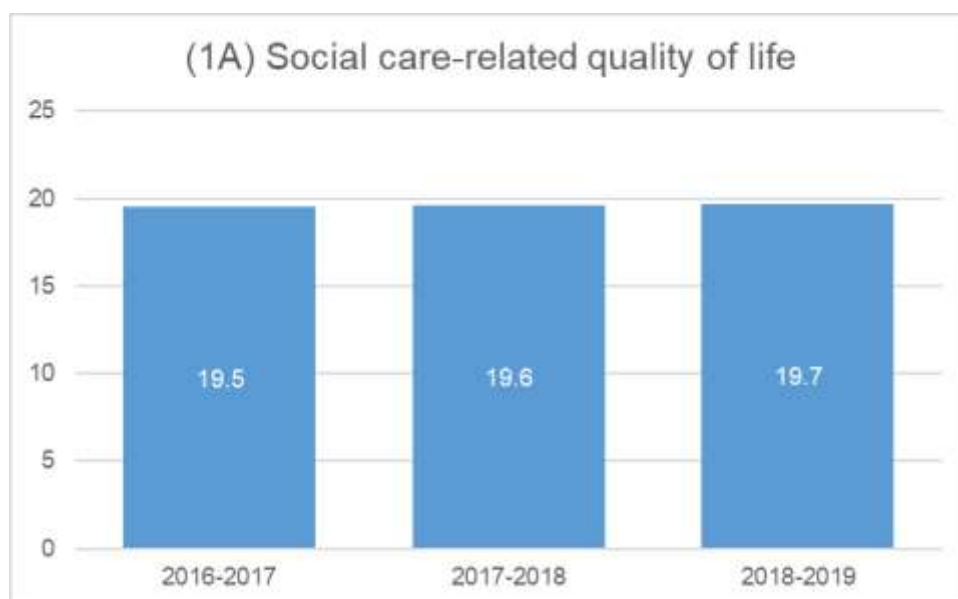
The proportion of Cambridgeshire service users reporting they receive practical help in addition to their social care services is broadly in line with the previous 3 years results. 19.7% (one in 5 respondents) reported that receive no additional support – which is also in line with the national (20.5%) and comparator (19.8%) averages



Note – service users can provide more than one answer to this question so the figures will not add up to 100%

### 2.2.9 Overall social care related Quality of Life Score

The overall Social Care-related quality of life score takes the results from a number of different questions in the survey and calculates an overall score out of a maximum of 24. In Cambridgeshire the score has increased over the past 3 years rising from 19.5 in 2016-17 to 19.7 in 2018-19.



Council name	National rank
North Yorkshire	6
Cambridgeshire	10
Gloucestershire	16
Hampshire	26
Hertfordshire	35
Suffolk	35
Essex	51
Northamptonshire	51
Somerset	51
West Sussex	51
Oxfordshire	64
Staffordshire	75
Warwickshire	75
Buckinghamshire	86
Worcestershire	101
Leicestershire	128

These results are above the England (19.1) regional (19.3) and comparator group (19.3) averages and place Cambridgeshire 10<sup>th</sup> in the country for this particular measure.

## 2.3 Adult Social Care Outcome Framework (ASCOF) Measures

2.3.1 The following section provides an overview of Cambridgeshire performance against the national ASCOF measures which are calculated using survey data

2.3.2 Although there have been small changes to the results of each measure, overall performance has been consistent over the past three years.




ASCOF measure	2017-2018	2018-2019	Change	Region Ave
(1A) Social care-related quality of life	19.6	19.7	↑	19.3
(1B) The proportion of people who use services who have control over their daily life	81.2%	83.2%	↑	77.6%
(111) The proportion of people who use services who reported that they had as much social contact as they would like	47.6%	51.4%	↑	47.2 %
(3A) Overall satisfaction of people who use service with their care and support	63.2%	64.2%	↑	64%
(3D1) The proportion of people who use services who find it easy to find information about services	70.8%	69.6%	↑	69.7%
(4A) The proportion of people who use services who feel safe	73.5%	75%	↑	70.4%

<b>(4B) The proportion of people who use services who say that those services have made them feel safe and secure</b>	83.2%	85%		85.2%
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The council performs better than the regional average on 5 of the 7 indicators. For two indicators around safety and access to information performance is marginally poorer. Previous deep dive work on the safety questions revealed the key issue to be a fear of falling. Falls prevention and use of TEC and equipment to lessen the likelihood and impact of a fall continue to be areas of focus for the council.

## 2.4 Service Users Health

2.4.1 The survey asks a number of questions around the self-reported health of our long term service users from which we might look for any trends.

Question	Response	2017/18 Results	2018/19 Results	England	Eastern Region	DOT
Question 13 - How is your health in general?	Very good / Good	49.2	49.9	42.7	42.6	
Question 14a - Which statements best describe your own health state today - Pain or discomfort	I have no pain or discomfort	43.8	41.4	36.3	36.6	
Question 14b - Which statements best describe your own health state today - Anxiety or depression	I am not anxious or depressed	53.7	54.8	49.5	51.1	

Although more service users reported good general health and no anxiety or depression there was an increase in services users reporting pain or discomfort, with the percentage reporting extreme pain or discomfort rising from 7.8% in 17/18 to 9.5% in 18/19.

## 2.5 Making Use of the Survey

2.5.1 The findings from the survey are used in a variety of ways. They will be fed into the various work streams of our Adult Positive Challenge Programme to help us to consider what changes might have the most positive impact for certain groups of service users.

The surveys are also compared regionally and used to inform the wider regional sector led improvement plan, in respect of determining where different models of delivery can impact on customer experience.

The results are shared with the public via our Local Account and also published in an accessible format as attached at Appendix 1.

## 3. ALIGNMENT WITH CORPORATE PRIORITIES

### 3.1 A good quality of life for everyone

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

- The survey measures the service users' self-reported quality of life, and also various aspects of health and wellbeing that might impact on overall quality of life.

- The findings of the survey have fed into our planning for the Adult Positive Challenge Programme.

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

*There are no significant implications within this category*

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

*There are no significant implications within this category*

### **3.4 Net zero carbon emissions for Cambridgeshire by 2050**

*There are no significant implications in this category*

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

### **4.7 Public Health Implications**

The report above sets out details of significant implications in paragraph 2.4 in respect of the self-reported health of long term service users.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus de Silva
<b>Has the impact on statutory, legal and risk implications been cleared by Monitoring Officer.</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Charlotte Black
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Charlotte Black
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Laurence Gibson

<b>Source Documents</b>	<b>Location</b>
<i>Published results of the national Personal Social Services Adult Social Care Survey</i>	<a href="https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey">https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey</a>







Cambridgeshire  
County Council

# Personal Social Services: Adult Social Care User Survey in England 2018-19

## Summary of Results in Cambridgeshire

# Introduction

This report contains findings from the Adult Social Care Survey 2018-19. This national survey takes place every year. This report shows the results for Cambridgeshire County Council and how they compare to national results.

The survey seeks the opinions of service users aged 18 and over who are receiving support services funded by Cambridgeshire County Council. It helps the council to understand more about how services are affecting people's lives and where improvements need to be made.



This report comes from information published by NHS Digital on 22 October 2019.

# How is the survey carried out?

In January 2019 we sent out 1518 surveys in the post. There were four versions of the survey, for people in residential and nursing care and for those in the community, with two versions in Easy Read. We also produced the survey in large print.

We received a 34% response rate from the survey.



**1**

## **Overall Satisfaction**

64.2% of service users  
were extremely or very satisfied  
with the care and support they  
received.

This is similar to the national average  
of 64.3% and better than our result  
last year which was 62.7%.

64.2%



“The carers I have are good but I need more. My family need regular advice and support from adult social care. Because I am self-funding my family are left to manage the services themselves and my children are also pensioners”.

**Service user comment from the survey**

# 2

## Quality of Life



70.3% of service users rated their quality of life as 'good' or better.

This is much better than the England average of 62.3%. It is also better than our result last year which was 65.2%.

70.3%





## Adult Social Care Outcomes Framework (ASCOF) Social Care Related Quality of Life indicator

This indicator is calculated from a range of different aspects of people's lives. It includes:

- Nutrition
- Personal care
- Safety
- Social Contact
- How people are helped
- Control over daily life
- Whether people spend time doing what they want to do

In 2018/19 Cambridgeshire County Council scored **19.7**. This was better than the previous year with was 19.6. The all England score was only 19.1.

# 3

## Control over daily life

When asked about whether they had enough control over their daily life, **39.6%** of respondents said yes.

This is much better than the England average of 33.8%.

It is similar to our result last year which was 39.8%.

**39.6%**



"All the support, and service from adult social care has being very helpful, amazing also with my daughter being with them and explaining everything to me".

**Service user comment from the survey**

# 4

## Social contact

When asked about whether they  
had enough social contact  
51.4% of respondents said yes.

This is much better than the England  
average of 45.9%.

It is an improvement on our result  
last year which was 47.1%.

51.4%



When asked about whether they spent enough time doing things they enjoy, 47.3% of respondents said yes.

This is much better than the England average of 38%.

It is an improvement on our result last year which was 42.2%.

47.3%



5

**How did  
Cambridgeshire compare to  
the national average?**



# Cambridgeshire did better than the national average on the following questions:

- Overall quality of life
- Control over daily life
- Care and support services helping you have control over your daily life
- Keeping clean and presentable in appearance
- Care and support services helping you in keeping clean and presentable
- Care and support services supporting you to get food and drink
- Having a clean and comfortable home
- Care and support services helping you to have a clean and comfortable home
- Having enough social contact with people you like
- Spending time doing things you like
- Feeling safe



# Cambridgeshire did worse than the national average on the following questions:

- Choice over care and support services
- Getting all the food and drink you want



# 6

## How having help makes people feel

## How having help makes people feel

**64.6%** of people said that having help to do things makes them feel better about themselves. This is higher than the national average which is 61.3%.

**65.1%** of people said that the way they are helped and treated makes them feel better about themselves. This is higher than the national average which is 62%.



“Support worker uncovered some benefits due. She also encourages health and hygiene matters and has looked into a community physio to see if my mobility and quality of life can be further improved”.

**Service user comment from the survey**

7

## Feeling Safe

## How safe do you feel?

75%

75% of service users reported feeling as safe as they want. This is better than the national average of 70% and better than last year when the result was 73.5%.

When asked whether care and support services helped them in feeling safe, 85% said yes. This is lower than the England average of 86.9%.



# 8

## Knowledge and information



## Finding information and advice

**69.6%** of service users said that they had found it very or fairly easy to find information and advice about support, services and benefits.

This is close to the national average of 69.7%. However it is lower than last year which was 70.8%



**“More help and advice would be helpful,  
and more information about what I am  
entitled to and the help that is available”.**

**Service user comment from the survey**

# 9

## Home and Environment

## Your home

# 88.8%

88.8% of people said that their home meets their needs very well or meets most of their needs.

This is better than the England average which was 86% but lower than our result last year which was 90.1%.



## Getting to the places you want

34.8%

34.8% of people said that they could get to the places in their local area that they want to.

This is better than the national average which was 29.8% but is down from last year's result which was 36.3%.



**“So many people you call don’t call back or can't help or don’t work in the village - one central point / number / website that could offer relevant advice would be brilliant”.**

**Service user comment from the survey**



**What is the council doing as a result of the survey?**

# Actions being taken in Adult Social Care

The council continues to look at ways to improve the delivery of information and advice. Over the course of the year we have made further improvements to our online information and our published information such as The Guide To Independent Living.

We know that a key reason for people not feeling safe is a fear of falling. We are focussing on how technology, aids and equipment can help people to feel safe. We are also working with public health to develop our falls prevention service.

Our Adult Positive Challenge programme is focussed on improving the choice and control people have on their support arrangements, through consideration of a wider range of things impacting on quality of life - including social networks and informal carers.



**BREXIT PREPARATION**

*To:* **Adults Committee**

*Date:* **12 March 2020**

*From:* **Sue Grace – Director Customer and Digital Services**

*Electoral Division(s):* **All**

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

*Purpose:* **To inform the Committee about activity being undertaken following the United Kingdom's departure from the European Union on 31 January 2020**

*Recommendation:* **To note and comment on the information within this report**

<b><i>Officer contact:</i></b>		
Name:	Jane Heath	Stewart Thomas
Post:	Senior Transformation Advisor	Emergency Planning Manager
Email:	<a href="mailto:jane.heath@cambridgeshire.gov.uk">jane.heath@cambridgeshire.gov.uk</a>	<a href="mailto:Stewart.thomas@cambridgeshire.gov.uk">Stewart.thomas@cambridgeshire.gov.uk</a>
Tel:	01223 703563	01223 727944

## **1. BACKGROUND**

- 1.1 The UK left the European Union (EU) on 31 January 2020 with a withdrawal deal. This is followed by a period of transition until 31 December 2020 during which time the UK will still follow the European Union's rules and regulations whilst the government negotiates to get all its new rules and policies in place. These negotiations will determine what the future relationship with the EU will look like. Therefore, it is imperative that the Council continues to work with central government and our regional and local partners to identify the potential impacts of this on our organisation, our staff, our local economy and our residents.
- 1.2 This report updates Members on the preparations that have been taking place since the last report presented to the Audit and Accounts Committee on 28 January 2020, and the update included in the People & Communities Risk Register report which was presented to the Adults committee on 10 November 2019.

## **2. MAIN ISSUES**

- 2.1 The Brexit Officer Taskforce has continued to review information coming from government, and through our professional networks, to ensure we are focusing on the key issues. It is supported by regular meetings and online communication.
- 2.2 Working across Cambridgeshire County Council and Peterborough City Council our focus is on our statutory responsibilities and our customers in their interaction with council services. As more information becomes available we will do all we can to support our communities and prepare our workforce for the future.
- 2.3 In December 2019 both councils received a letter from the Ministry for Housing, Communities and Local Government (MHCLG) confirming that No Deal preparations were stood down at a national level and that MHCLG did not require any further reporting from Local Resilience Forums on No Deal preparations. This letter confirmed that the focus now is on the delivery aspects of the current deal, the future relationship negotiations and preparing for the end of the implementation period.
- 2.4 However, many of the themes that we had been considering continue to be relevant. Our view of the priority themes for this coming period are:
  - Keeping abreast of the latest information and progress on the EU Settlement Scheme including:
    - Identifying vulnerable people who may not understand the requirements and signposting them for support.
    - Identifying and supporting children and young people in care and care leavers, who are EU citizens, to apply for Settled Status.
  - Monitoring updated information on the EU Settlement Scheme and how it impacts on the workforce of both Cambridgeshire County Council and Peterborough City Council, and also on the workforce of the services that we

commission. This includes raising awareness and providing information to encourage affected personnel to apply for Settled Status.

- Keeping abreast of the latest information such as the revised immigration policy, so we understand changes to rules for recruiting staff from outside the UK, or the new trade deals so we understand the impact on key sectors in our local economy.
- Maintaining a watching brief on the latest position with regard to EU funding.
- Monitoring the position on Regulations and Legislation, including procurement and data protection regulations.

- 2.5 We are reviewing our communications strategy and our community engagement strategy. The communications strategy includes a page on both councils' websites which is regularly updated. This directs people to government sources of information.
- 2.6 As part of our activity with our own workforce around Settled Status Peterborough City Council have approached two employees who have applied for and been given Settled Status with a view to developing case studies that can be shared with the rest of the workforce. One of these case studies has now been published.
- 2.7 Service leads continue to work with our commissioned services, such as care providers, to ensure that plans are in place for their workforce. Cambridgeshire County Council and Peterborough City Council carried out an audit to understand what Business Continuity Plans were in place from Adult Social Care providers and ongoing assurance of provider Business Continuity Plans is embedded within regular contract monitoring. We continue to support providers in their planning, including ensuring regular two way communication on Government guidance, advice and evolving issues; sharing of best practice and engagement in system wide and regional planning events to ensure wider learning and a coordinated approach.
- 2.8 We are continuing to proactively source all available information to better inform our work and our citizens. This includes distributing Government updates to relevant parties, participating in calls into Government as well as researching their online content. We are directly engaging with the Local Government Association and the Strategic Migration Partnership. For instance on the 15 January officers were involved in a telecom with local authority partners for an update on the EU Settlement scheme and the East of England Local Government Association has requested regular updates on the economic and business impacts of EU exit, and subsequently transition, planning – this is led by the Combined Authority.

### **3. NEXT STEPS**

- 3.1 Our most recent taskforce meeting was on 13 January 2020 and the taskforce meetings will take place bi-monthly.

Source Documents	Location
None	N/A

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 3rd February 2020  
Updated 3 March 2020



Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

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

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

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<b>12/03/20</b>	The Provision of Lifeline Service – Transformation Bid	E Gutteridge/J Crawford - White	2020/028	<b>28/02/20</b>	<b>04/03/20</b>
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies	Not applicable		
	Quarterly Performance Report – Q3	T Barden	Not applicable		
	Adults Social Care - Service User Survey Feedback	T Hornsby/ C Black	Not applicable		
	Brexit Impact Assessment	S Grace	Not applicable		

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
<i>23/04/20 Provisional date</i>				<i>09/04/20</i>	<i>15/04/20</i>
<b>21/05/20</b>	Integrated Community Equipment Service Procurement	D Mackay	2020/005	<b>08/05/20</b>	<b>13/05/20</b>
	Deep Dive - Respond to Pressures in Older People Bed-Based Care	C Black / W Patten	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		
	Learning Disability Partnership Baseline 2020/21 (Pool Budget Review) Update	M Darbar	Not applicable		
	Delayed Transfers of Care Update	C Black	Not applicable		
<i>11/06/20 Provisional date</i>				<i>29/05/20</i>	<i>03/06/20</i>
<b>02/07/20</b>	Early Intervention & Prevention Pseudo Framework	G Hodgson	2020/021	<b>26/06/20</b>	<b>30/06/20</b>
	Housing Related Support	O Hayward	2020/022		
	Quarterly Performance Report – Q4	T Barden	Not applicable		
	CPFT Annual report	F Adley	Not applicable		
	Service Directors Joint Report (Commissioning / Adults)	C Black / W Patten	Not applicable		
	Adults Positive Challenge Update report	C Black	Not applicable		
<i>13/08/20 Provisional date</i>				<i>31/07/20</i>	<i>05/08/20</i>

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
<b>10/09/20</b>	Quarterly Performance Report – Q1	T Barden	Not applicable	<b>28/08/20</b>	<b>02/09/20</b>
	Service Budgets	C Black / W Patten	Not applicable		
	Annual Customer Services report	C Black	Not applicable		
	Risk Register	C Black	Not applicable		
	Deep Dive (TBC)	TBC	Not applicable		
<b>08/10/20</b>	Business Planning	C Black/W Patten	Not applicable	<b>25/09/20</b>	<b>30/09/20</b>
	Annual Safeguarding Board Report	J Proctor	Not applicable		
	Carer's survey report	C Black	Not applicable		
<b>12/11/20</b>	Business Planning	C Black/W Patten	Not applicable	<b>30/10/20</b>	<b>04/11/20</b>
	Adults Positive Challenge Update report	C Black	Not applicable		
	Deep Dive (TBC)	TBC	Not applicable		
<b>10/12/20</b>	Quarterly Performance Report – Q2	T Barden	Not applicable	<b>27/11/20</b>	<b>02/12/20</b>
	Delayed Transfers of Care Update	C Black	Not applicable		
	Deep Dive (TBC)	TBC	Not applicable		
	Business Planning	C Black/W Patten	Not applicable		
<b>14/01/21</b>	CPFT 6-monthly Report	F Adley	Not applicable	<b>23/12/21</b>	<b>06/01/21</b>
	Adults Positive Challenge Update report	C Black	Not applicable		
	Adults Self-Assessment	C Black	Not applicable		

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
	Service Directors Joint Report (Commissioning / Adults)	C Black / W Patten	Not applicable		
<i>18/02/21 Provisional date</i>				<i>05/02/21</i>	<i>10/02/21</i>
<b>18/03/21</b>	Quarterly Performance Report – Q3	T Barden	Not applicable	<b>05/03/21</b>	<b>10/03/21</b>
	Deep Dive (TBC)	TBC	Not applicable		
	Annual Service User's survey	C Black	Not applicable		
	Adults Positive Challenge Report	C Black	Not applicable		
<i>15/04/21 Provisional date</i>				<i>02/04/21</i>	<i>07/04/21</i>
<b>03/06/21</b>	Deep Dive	TBC	Not applicable	<b>20/05/21</b>	<b>25/05/21</b>

To be programmed:



## Adults Committee Training Plan 2020/21

## Agenda Item: 11

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

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
7 February 2020		Think Communities and Neighbourhood Cares	Charlotte Black	Shire Hall	All Members	
Members Seminar 17 April 20		Shared Lives	Emily Wheeler – Provider Services	Shire Hall	All Members	
Reserve Meeting 23 April 2020		Safeguarding: - Overview of safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Helen Duncan	Shire Hall	Adults Members	
Member Seminar 15 May or 12 June 20 - TBC		Induction to Early Intervention and Prevention: - Assisted Technology (ATT) - Adults Early Help - Sensory Services - Reablement	Lucy Davies	Shire Hall	All Members	
Member Seminar 17 July 20		Adults Positive Challenge	Tina Hornsby	Shire Hall	All Members	
TBC		An overview of Mental Health	Fiona Adley	Shire Hall	All Members	Dee to liaise with Fiona Adley

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
Member Seminar 4 September 2020		An overview of Adults Social Care Finance – <i>to be reviewed to include Charging Consultation etc</i>	Stephen Howarth	Shire Hall	All Members	
Member Seminar 13 November 20		Commissioning Services – what services are commissioned and how our services are commissioned across People & Communities	Shauna Torrance	Shire Hall	All Members	Will be a wider session involving procurement, contracts and brokerage.
On request		An overview of the Adults Social Care	Jackie Galwey		All Adults Members	
		Introduction to Learning Disability / Physical Disability	Tracey Gurney		Please contact Lesley Hart to arrange a visit or for further information.	
		An overview of the Council's work in relation to Carers	Helen Duncan			
		Learning Disability Provider Services	Emily Wheeler			
		Discharge Planning Team	Social Worker			

Reserve Committee dates for 2020/21

- 23 April 20
- 11 June 20
- 13 August 20
- 18 February 21

## GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

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

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

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

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