

ADULTS COMMITTEE



Date: Wednesday, 22 May 2019

Democratic and Members' Services

Fiona McMillan

Monitoring Officer

14:00hr

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1. **Apologies for absence and declarations of interest**
Guidance on declaring interests is available at
<http://tinyurl.com/ccc-conduct-code>
2. **Notification of Chairman/Woman and Vice-Chairman/Woman**

- | | | |
|----|---------------------------------|----------------|
| 3. | Adults Minutes - 210319 | 5 - 12 |
| | Adults Committee Actions | 13 - 16 |

4. **Petitions and Public Questions**

KEY DECISIONS

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| 5. | Housing Related Support (HRS) Services | 17 - 46 |
| 6. | Procurement of Care and Support Services in Extra Care Schemes | 47 - 54 |
| | – Baird Lodge, Eden Place, Millbrook House, Ness Court and | |

Somers Court

- | | | |
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| 7. | Re-comissioning of the Direct Payment Support Service | 55 - 62 |
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DECISIONS

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| 8. | Cambridgeshire County Council - ADASS Regional Self Assessment Update | 63 - 68 |
| 9. | Adults Positive Challenge Update | 69 - 84 |
| 10. | Delayed Transfers of Care DTOC Progress Report | 85 - 102 |
| 11. | Finance and Performance Report – Outturn 2018- 19 | 103 - 152 |
| 12. | Multi Agency Safeguarding Arrangements for Cambridgeshire and Peterborough | 153 - 206 |

INFORMATION AND MONITORING

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| 13. | Appointments to Outside Bodies | 207 - 220 |
| 14. | Date of Next Meeting
Thursday 4 July 2019 | |

The Adults Committee comprises the following members:

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

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

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

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ADULTS COMMITTEE: MINUTES

Date: Thursday 21 March 2019

Time: 2.00 pm to 4.00 pm

Present: Councillors A Bailey (Chairwoman) A Costello, S Crawford, J French, N Harrison, D Giles, M Goldsack, M Howell (Vice-Chairman) and G Wilson

Apologies: Councillor D Wells

163. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies from Cllr Wells. No declarations of interest received.

164. MINUTES – 10 JANUARY 2018 AND ACTION LOG

The minutes of the meeting held on 13 December 2018 were agreed as a correct record and signed by the Chairwoman.

Members queried action 161 on the action log in relation to the requested update on care homes and supported living in Cambridgeshire as they had not received an update. The Chairwoman acknowledged that the action had been updated in error by officers. She requested that an update on Hinton Grange and the Haven be circulated to Members. **ACTION.** The Chairwoman explained that a Housing Related Support report had been rescheduled for the Committee meeting in May. This would be an overarching report capturing all of the ongoing individual projects including An lac House and Whitworth House and would also be going to the Children and Young Peoples Committee. She explained that when any individual projects then required decision, this would come back to the Adults Committee as relevant.

165. PETITIONS AND PUBLIC QUESTIONS

No public questions or petitions were received.

166. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – UPDATE ON THE WORK OF THE NORTH AND SOUTH ALLIANCE

The Committee received two reports updating them on the work of the North and South Alliance as part of the overarching Sustainability and Transformation Partnership. The Sustainability and Transformation Partnership covered the whole of the Cambridgeshire and Peterborough Health and Social Care agenda at a strategic level and was split into two alliances to allow for more locally responsive, smaller more logical footprints.

In discussing the reports Members;

- Noted the work on Integrated Neighbourhoods enabling the development of a sustainable future for the Cambridgeshire and Peterborough healthcare system, with local people's needs increasingly met proactively in the community. Alliances of providers and commissioners of health and care had been established in the North and South of the STP, whose primary focus was the development of Integrated Neighbourhoods. Integrated Neighbourhoods drew on learning from national and international systems and aligned with the policy direction set out in the NHS Long Term Plan, building out from primary care networks serving populations of 30-50,000.
- Noted that one unit of 30-50,000 population could be effectively served by a team of 150 people. The new GP contract had been agreed which predicated these networks. Some GP practices were to come together to share resources to access the funding and there had been structural change nationally that facilitated this process.
- Questioned how the Neighbourhood Cares pilots would be integrated into the Integrated Neighbourhoods work. Officers explained that a proposed set of principles had been adopted across the whole system and the Neighbourhood Cares pilots involved with the alliances. There had been some correlation going against the trend of rising admissions in the Neighbourhood Care Pilots in St Ives and Soham and there had been some initial analysis of this. The Service Director for Adults to look at the information and share it with the Chair if any firm conclusions can be drawn from it **ACTION**. The Stamford Neighbourhood team since co-locating 18 months ago had seen a reduction in hospital beds of 3. If there were no significant reductions by 2026 it was predicted that another hospital would be needed in Cambridgeshire.
- Queried what social prescribing meant. Officers explained that this was focused beyond the medical prescribing model, linking people up to the voluntary sector and support in communities.
- Discussed the impact on continuity of care in relation to the sharing of resources. Noted that there was good evidence that continuity could be provided in micro teams, that could provide care as good as an individual. The Chairwoman commented that the Neighbourhood Cares Pilots supported populations of 10,000 and that they had natural areas that only the residents themselves knew. She queried whether the network patches would navigate into the existing networks as 30-50,000 was not a natural population figure in Cambridgeshire and that it was critical to focus at a real micro level. Officers highlighted that they would endorse and replicate the Buurtzorg principles through the Integrated Neighbourhoods work.
- Highlighted the need to ensure that trainee Doctors embraced this new way of thinking from the start of their training. Officers clarified that conversations were ongoing with the medical colleges and that individuals had to be empowered to work in this way.

It was resolved:

to note the North Alliance and South Alliance progress and review a further update in six months' time.

167. CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT) WORK PROGRAMME UPDATE

The Committee received a mid-year report from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for 2018/19 on the delivery of PCC and CCC delegated duties under the Section 75 Agreement. In summarising the report officers explained that the report focused on joint working and the risks and ongoing pressures within services and how they could be addressed. There was a particular challenge in Cambridgeshire of the sustainability of the Approved Mental Health Practitioner (AMHP) duty rota, due to the low numbers of qualified AMHPs. This would compromise the trusts ability to fulfil its statutory duties under the Mental Health Act. The rota was currently being supported through deployment of locum AMHP and a recruitment campaign was being progressed and training reviewed. Officers highlighted that AMHP training and recruitment was a challenge nationally.

Councillor Wilson highlighted to the Committee that he was a Governor on the CPFT Board. Officers explained that they were also currently looking at the possibility of having a Public Health Representative on the Board.

In discussing the report Members;

- Questioned the discontinuation of working with the 'Think Ahead Mental Health Social Work Programme' due to the budget constraints. Officers clarified that responding to the demands of the national programme was extremely labour intensive and the Council was still very committed to growing our own staff. It was not solely due to budget constraints.
- Queried the reduction of the number of service users. Officers confirmed that overarching service numbers in social care were reducing across the board and this may be in response to the work being done by Adult Early Help and other preventative work. This had brought the trust in line with figures nationally.
- Raised concerns in relation to resources and what the Council could be doing to help increase capacity. Officers reiterated that it was a national problem in terms of recruiting AMHPs. The trust were looking into ways of supporting therapists to become AMHP and further work on a recruitment campaign was ongoing.
- Welcomed the report overall and highlighted the progress that had been made since the first report to Committee three years ago.

It was resolved:

to note progress and developments in the context of the commitments agreed under the signed Section 75 Agreement for Adult and Older People Mental Health.

168. BETTER CARE FUND – DEEP DIVE

The Committee considered a report that provided a deep dive on the Better Care Fund. In introducing the report officers explained that the Better Care Fund had two key components;

- The Better Care fund monies that were announced in June 2013 and introduced in April 2015. This was repurposed monies largely due to a reorganisation of funding used by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire County Council (CCC) and;
- Improved Better Care Fund (IBCF) which was new, non-recurrent funding introduced in July 2018 and was to be spent on Adult Social Care in 2018-19 to meet adult social care needs generally, reducing pressures on Delayed Transfers of Care (DTOCs) and stabilising the care market.

The report focused on how the monies had been invested and the outcomes of the investments. Officers highlighted that the investment had come in quite late in the year. This had impacted in on some of the benefits. There had been a number of interventions in relation to DTOCs and a mid-year evaluation had been undertaken and they were currently looking at the year-end evaluation. Officers also highlighted the success of the reablement recruitment.

In terms of Governance, officers were focusing on planning for next year and quarterly updates were given to NHS England and at a local level the responsibility sat with the Health and Wellbeing Board. A Better Care Fund Steering Group had also been established.

In discussing the report Members;

- Queried why the Community Health Care (CHC) funding was not required to address the CHC backlog (page 54 of the papers). Officers clarified that this had now been updated and funding would continue. There were also plans to review fast-tracks and a pilot to review hospital discharges which had embedded well.
- Questioned what was happening with the Reablement Flats at Eden Place (page 56 of the papers). Officers explained that the money was being repurposed and that that there was continued funding for the vulnerable housing project and that the Council was committed to utilising corporate funding to support delivery of the project objectives, which enabled the housing project to continue in line with the original intentions.

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

169. HANCOCK WINTER MONIES – UPDATE

The Committee received a report that gave an update on the progress of the Hancock monies investment in managing winter pressures.

In summarising the report, officers explained that Cambridgeshire had received £2.395 million of additional funding for 2018/19 and it had been reported at Adults Committee in December that this funding would be used to increase capacity of reablement provision to deliver domiciliary care as the provider of last resort and the purchase of additional 2956 hours per week of domiciliary care via discharge cars. The announcement of a further £2.395 million for 2019/20 had been made and through discussions with Health Partners it had been agreed to ring-fence next year's allocation to continue to fund this commissioned provision, allowing £1.2 million of this year's provision to be allocated to invest in additional support to address DTOCs.

Officers explained that they only had the November data at the time of the report. The latest figures showed a 5.4% decrease in the number of bed delays which was the best it had been for a long time. There was a significant increase in demand coming into the services and without the investment this would have been difficult to manage. The Committee welcomed the good news in relation to the decrease in figures.

Officers explained that there was a broader piece of work taking place around capacity in DTOCs. This work had suggested that as a system we had adequate capacity at the global level but that the issue was around matching the demand outside of hospital. The investment had not necessarily had the impact that we had wanted and the outcome of the capacity review had flagged that the focus had been on the wrong issue, and that the issue was around how demand presented itself. This played into the importance of place based services. There was now a need to review how we manage the capacity differently. Greater flexibility in approach was key.

In discussing the report further Members;

- Highlighted that the graph on page 66 of the papers was not very clear printed in black and white.
- Noted that nursing capacity costs of care had increased significantly and that providers were finding it difficult to recruit nurses particularly for individuals with complex care needs. Officers explained that there was a whole care home capacity workstream that was dedicated to commissioning new nursing capacity

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

170. PEER REVIEW

The Committee considered a report that gave an update on progress against the recommendations from the Health and Social Care System Peer Review, in preparation for a Care Quality Commission Area Review.

In considering the report Members

- Welcomed the progress made and that there had been no significant surprises in relation to the findings.
- Noted that work on commissioning domiciliary care jointly with health was ongoing in relation to who should lead the commissioning process. An Integrated brokerage team had been set up based at Stanton House.

It was resolved to consider the content of the report and raise any questions.

171. FINANCE AND PERFORMANCE REPORT

The Committee received the January 2019 iteration of the Finance and Performance Report and the latest version of the savings tracker

In presenting the report it was noted that People and Communities at the end of January forecasted an overall overspend of £4.8 m which was around 2% of the budget. Within the services relating to Adults Committee there was a forecast overall in January of an overspend of £462K for the year, around 0.4% of the budget. This was a marginal change compared to the November forecast position. The causes of the forecast overspend position remained unchanged, principally being pressures on care spend within Learning Disability and Older Peoples services as well as slower than anticipated delivery of certain savings programmes with an expectation that work would continue into 2019/20 and deliver over revised timescales.

In discussing the report Members

- Noted that the target had changed for Direct Payments to meet the regional average.
- Welcomed performance against the percentage of new clients where the sequel reablement was not a long term service which was currently 93%. The Committee recognised this as a great achievement and congratulated the reablement team.
- Queried whether there was a sense of stability in the learning disability cost base. Officers explained that knowledge was improving every year, building on past experience and that next year's budget had been forecast accordingly.

- Congratulated officers on their achievements in relation to the savings tracker.

172. AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN

Members noted the agenda plan and training plan. The Chairwomen highlighted that the reserve date for April Committee 18 April would be used for a Neighbourhood Cares seminar

173. DATE OF NEXT MEETING

Members noted the date of the next meeting as 22 May 2019.

Chairwoman

ADULTS COMMITTEE

Minutes Action Log



Agenda Item No: 3a
Cambridgeshire
County Council

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **21 March 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 1 April 2019

Meeting of 6 September 2018

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
108.	Willow Court Bassenhally, Whittlesey - Tender for Contract	Lynne O'Brien	Brief Committee on the outcome of the tender process once completed via email.	There has been a delay in the evaluation of the tender responses – the outcome should be available by the end of April	Ongoing	By 30.4.2019

Meeting of 18 October 2018

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
117.	Learning Disability Employment Strategy Update	Amanda Roach	Highlighted the need to do more work on transitioning from voluntary to paid employment. It was noted that the authority were keen to work with the Department of Work and Pensions on this and were looking to hold workshops to explain what could happen in terms of benefits. It was noted that this would be included in the action plan.	CCC Benefits Team are currently writing the fact sheet and hope to complete by the end of May. The fact sheet will be circulated to the Operational Teams, and will be made available on the website. Possibility of workshops hosted by the DWP will be further investigated.	Ongoing	31.05.2019

Meeting of 10 January 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
155.	Care Homes Development Work Stream 2 to Commission New Block Contracts	Will Patten/ Charlotte Black	Members noted that a lot of work had gone into understanding the demand data and this had gone into planning for the future. Members requested a workshop on Future Need and Demography so that they could understand this further.	Workshop has now been scheduled to take part as one of the items on the members seminar on the 19th July	Complete	
157.	Review and Redesign of Older People's Day Opportunities	Adam Thorp	Requested that all County Councillors should be asked for information on opportunities available in their Divisions.	Email requesting information about initiatives that support older people to socialise was sent to County Councillors on 18 February 2019	Complete	
159.	Adults Positive Challenge Programme	Charlotte Black	Queried the Learning Disability project outcome measure set out in 2.3.9 of the Report. Members questioned what types of packages and measures were being taken. Officers explained that it had been difficult to balance the qualitative and the quantitative measures but that they would relook at them as a whole	There is currently a piece of work being undertaken to map in detail the changes being implemented in each work stream and create 3 Key PIs and a suite of other metrics for the each work stream so that impact can be fully understood.	Ongoing	30.07.19
		Charlotte Black	Requested that Officers look at how reduced hospital admissions could be reflected further in the outcome measures. This could include statistics from the Enhanced Response Service.	The changing the conversation work stream includes a post hospital discharge element that includes metrics around decreasing the number of hospital admissions for existing clients. The programme will consider whether there is a specific hospital admission reduction target that could be linked to either reablement or ERS or both also. There will also be likely to be hospital admissions related targets identified for the neighbourhoods work stream in relation to the link to the integrated neighbourhood teams and GP networks.	Ongoing	30.07.19

161.	Agenda Plan, Appointments and Training Plan	Will Patten	Members requested an update on Care Homes and Supported Living in Cambridgeshire that were currently being affected by any changes, including the Haven and Hinton Grange.	Briefings circulated to Committee on the Haven and Hinton Grange on 27 th March 2019	Complete	
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Meeting on 21 March 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
166.	Sustainability and Transformation Partnership (STP) – Update on the work of the North and South Alliance	Charlotte Black	Questioned how the Neighbourhood Cares pilots would be integrated into the Integrated Neighbourhoods work. Officers explained that a proposed set of principles had been adopted across the whole system and the Neighbourhood Cares pilots involved with the alliances. There had been some correlation going against the trend of rising admissions in the Neighbourhood Care Pilots in St Ives and Soham and there had been some initial analysis of this. The Service Director for Adults to look at the information and share it with the Chair if any firm conclusions can be drawn from it.	Louise Tranham, Neighbourhood Cares Manager, is in discussion with Keith Reynolds about any learning in terms of calculating ways to NHS. This is also being picked up by the external evaluation.	Complete	

HOUSING RELATED SUPPORT (HRS) SERVICES

To: **Adults Committee**

Meeting Date: **22 May 2019**

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

Electoral division(s): **All**

Forward Plan ref: **2019/036** *Key decision:* **Yes**

Purpose: **The Committee is asked to consider the approach being taken to reviewing Housing Related Support services.**

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

- a) Review and approve the approach being taken to review Housing Related Support services**
- b) Consider and approve the extension to a number of commissioned services for adults, as described in section 2.2**
- c) Consider and approve the removal of funding for services specified in 2.3.2**
- d) Committee agree to receive a further report on the detailed progress in Autumn 2019**

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

- 1.1 The County Council's Housing Related Support budget, currently £7.4m, funds a range of services which support more than 1,500 vulnerable people, including those at risk of homelessness, domestic violence, alcoholism, substance abuse and mental health problems.
- 1.2 Of this £7.4m, £4.35m is presently spent on services for working age adults and £1.2m is spent on services for older people.
- 1.3 This funding was originally part of a ring-fenced grant allocation to the County Council under the government's former Supporting People Programme, which aimed to enable vulnerable people who were homeless or at risk of homelessness to maintain or to achieve independence through the provision of housing related support. During 2017 it was agreed that there was a need to review the allocation of Housing Related Support funding, and to develop a commissioning strategy alongside partners.
- 1.4 Despite the fact that there is no statutory requirement for the County Council to provide these services, the Council recognises the potential they have to contribute to the prevention agenda and has continued to invest in these services. Although the majority of those using the services would not ordinarily be eligible for care or support from adult's or children's services, it is recognised that without the right support their needs could escalate to the point of needing a statutory service.
- 1.5 The Housing Related Support budget pays for dedicated support staff who are able to deliver specialist support to meet the specific needs of each person. Costs relating to accommodation, such as rent and service charges, are not covered by this funding.
- 1.6 To ensure that people accessing Housing Related Support services get the best outcome possible, the Council is exploring new models of delivery that promote best practice. These will enable the service users to receive a support service which can meet their changing needs in a positive and flexible way. In addition to improving outcomes, this transformation work will also help the Council to meet its saving targets by finding more effective methods that develop people's independence and therefore reduce their dependency on services.
- 1.7 Initially, there was an expectation that savings of £1m for Cambridgeshire would be identified through this process by March 2019. However, as a result of a more detailed analysis of activity, this target has been reduced to an initial target of £683k, and it has been proposed that these savings are achieved over a three year period from 2019 to 2021 rather than over a single year.
- 1.8 £100k of the £683k target has already been realised without any impact on service provision, leaving £583k to be realised. The current savings proposals relating to working age adults and older persons services represent a potential saving of £359k (61% of the remaining target).
- 1.9 Information for this review was gathered using the following approaches:
 - All services were asked to complete a 'Data Collection Tool' which captured

information on services and clients, as well as providing an opportunity for providers to give feedback

- Key stakeholders and partners were asked to complete a questionnaire to provide their views and feedback on Housing Related Support and the services being reviewed
- Two workshops were held with providers and stakeholders to share details about the analysis and gather feedback
- Feedback on the approach was sought from the Sub Regional Housing Board through attendance at Board meetings
- Discussions were held with commissioned providers
- Contract monitoring reports were analysed

Currently the Housing Related Support budget funds the following categories of services:

Number of Services	Client Group	Total Spend
10	Rough Sleepers & Single Homeless	£1,507,000
10	Homeless Young People	£1,653,000
3	Teenage Parents	£112,000
6	People with Mental Health problems	£1,151,000
24	Older People (incl. Almshouses)	£1,207,000
2	Travellers	£66,000
1	Learning Disability / Physical Disability	£233,500
3	Victims of Domestic Abuse	£265,000
1	People with Alcohol Problems	£79,000
2	Offenders	£157,000
3	Generic Floating Support	£896,388 ¹
		£7,327,000

- 1.9 The Housing Related Support review sits alongside a much larger piece of work to look at the approach to tackling homelessness across Cambridgeshire and Peterborough. This work is being taken forward in partnership with all District Councils and other partners, and is focussed on opportunities for system redesign work in relation to homelessness prevention, building on the work of the Homelessness Trailblazer to which the County Council continues to contribute funding. To support this approach, it is important that we complement the work of our District Council partners, supporting them to deliver their existing strategies and plans.
- 1.10 This system redesign work will enable the whole partnership to maximise the growing national and international evidence base about what works in preventing homelessness and sustaining people in long term homes.

¹ This service operates across Cambridgeshire and Peterborough but the spend shown is for Cambridgeshire only.

2. MAIN ISSUES

2.1 Summary of Initial Analysis of Housing Related Support Services

2.1.1 The analysis of all commissioned Housing Related Support services sought to:

- provide an understanding of the needs of clients being supported
- understand the Strategic Relevance of all services:
 - Demand for service
 - Need for service
 - Use of service
 - Length of time people remain in services
 - Whether people move on in a positive way
 - Level of need they are targeted at and level of need they are actually supporting
 - Identification of any specialist services
- identify opportunities for transformation of supported housing and consider new / innovative approaches to service delivery
- identify opportunities for joint commissioning
- determine the best procurement option for services i.e. tender and contract or grant award or spot purchase
- ensure that commissioned services are providing best value
- identify areas where savings could be achieved across CCC Housing Related Support services
- gather the views of providers and partners
- understand what outcomes services are achieving for clients

2.1.2 The analysis identified a number of key points which can be summarised as follows:

- i. The majority of services being commissioned are being well utilised, are moving people on in a planned way and are contributing positively towards the priorities of the Council and other statutory partners. However it did also highlight a number of issues which indicate that current services are not delivering the key outcomes we are aiming for, which is for people to be able to live independently, be economically active and to be able to positively participate in day to day community life.
- ii. Both providers and partners strongly emphasised the contribution that Housing Related Support services make to the prevention agenda, but whilst they valued current services, most felt that changes were needed to ensure commissioned services are providing the right support for clients, including those with multiple complex needs. It was felt that a variety of service delivery models are needed to ensure this, including both accommodation based services and floating / visiting support.
- iii. Whilst most services demonstrated a broadly comparable range of hourly rates, there were some notable outliers showing either exceedingly high or exceedingly low hourly rates. The reasons for this need to be examined in more detail and a 'value for money methodology' developed which can be applied to all Housing Related Support services.

- iv. Throughput data showed that short or medium term services are supporting a significant number of clients to achieve a planned exit from their services. However, the individual planned exit rates for services do vary dramatically. Whilst there will be distinct factors which impact on whether someone 'moves on' from a service in a planned and positive way, such as the client group or level of needs the service supports, the low level of planned 'move on' rates for a small number of services does suggest that they are not achieving good outcomes for clients, or good value for money, and therefore any continued commissioning of these services needs to be carefully considered.
- v. The client needs data collected does indicate that many services are supporting a significant number of people with quite complex needs. The data also suggests that the majority of those moving on from services will need some ongoing support at the point of move on, and that for some the identified need was for longer term, rather than transitional, support. In contrast to this, only 13% of clients are expected to require no ongoing support when they move-on from their current service.
- vi. Whilst those entering short term services also have an immediate need for accommodation, their homelessness will usually be as a result of the other issues they are presenting with - therefore addressing their accommodation need will only be one element of the support they need to enable them to move on to independent or less supported accommodation. This accords with the experiences of providers who seem to be receiving an increasing number of referrals for clients with higher or more complex needs, for whom more intensive support interventions are often required.
- vii. This increasing need profile of clients will also be contributing to the fact that clients are remaining in short term services beyond the expected 2 year maximum stay.
- viii. The challenge of accessing, timely, appropriate and affordable move-on is also having an impact on the length of stay at services. The issue around move-on is affecting all areas of Cambridgeshire and Peterborough, though is more acutely felt in areas such as Cambridge City, where house rental prices are much higher.
- ix. Delays in moving people on are also having an adverse effect on throughput so that those in need of services are waiting longer for vacancies, which can also have a detrimental effect on their needs and willingness or ability to engage.
- x. The analysis suggests that there are a significant number of clients moving between different supported housing/hostel services, rather than moving on to independent living.
- xi. Discussions with different providers also suggest that a number of clients also return to homeless services as a result of losing the accommodation they moved in to. Whilst there is no specific evidence to suggest the reasons for this, it is probable that this could in part be as a result of clients transitioning from high to very low, or no, support, when they move-on from supported housing/hostel services. This links with the perceived gap around 'step down' support for those

moving on but still not ready for fully independent living. It also strongly suggests that the services we are commissioning may inadvertently be locking many people into a cycle of homelessness rather than enabling them to address their needs in a sustainable way so they can move forward.

- 2.1.3 In summary, the review concluded that there is a strong case for change in the current system of service provision, not least to meet the changing pattern of demand and need.

2.2 Service Redesign

- 2.2.1 Whilst we acknowledge that many of the current Housing Related Support services are providing support to clients, a number of these services have remained fairly unchanged since the implementation of Supporting People in 2003. This means that we have not explored the opportunity to introduce other, evidenced good practice models which have been proven to deliver better outcomes for clients in other areas, notably the Housing First model for adults and the St. Basil's Positive Pathway for young people. The links below provide some additional information on these models;

Housing First <https://hfe.homeless.org.uk/about-housing-first>

St. Basil' Positive Pathway <https://stbasils.org.uk/news-resources/news/positive-pathway-remodelled-to-reflect-new-national-policy-changes/>

- 2.2.2 We believe that pursuing these tried and tested models will enable us to both deliver savings and commission services that are able to respond much more effectively to current and future client needs in a more systemic way, and will deliver better outcomes for clients.
- 2.2.3 In order to implement these new models, significant changes need to be made to existing provision, in a managed way. For adults, the focus will initially be on developing Housing First in Cambridge City, building on the small 2 unit pilot that is already in place and delivered by Cambridge City and Cambridgeshire County Council in partnership. The benefits of Housing First are now widely documented, although yet to be trialled extensively within the UK. By adopting this model in Cambridge, we can offer some of the most chaotic and vulnerable homeless adults another option to hostel accommodation, which has the potential to deliver better outcomes for them and end their cycle of homelessness. Once Housing First has been established with Cambridge City Council, the County Council will also look in partnership with other District Councils at the potential application of this model across other areas of Cambridgeshire as part of the wider system homelessness review work
- 2.2.4 Whilst there will continue to be a role for hostel provision, which works well for some people, supporting a new model of delivery through Housing First will require changes to current funding levels for the existing provision. The review suggests it is possible to achieve better outcomes and retain service capacity within Cambridge through a different delivery model, yet delivered at a reduced cost.
- 2.2.5 The adoption of this model will initially be focussed on the Cambridge City area and will require a re-evaluation of the current pathway for homelessness within the City which currently follows a defined linear approach. This is a wider piece of work which links in with the wider countywide 'Homelessness System Transformation' work referenced in

Section 1 of this report, and which needs to be undertaken in partnership with all relevant partners and stakeholders, including current providers. To enable this to happen we need sufficient time to redevelop pathways where needed, and ensure future commissioning decisions which support this. For this reason we are seeking an 18 month extensions on the contracts shown below. This timeline is linked to the Housing First delivery plan which we are working towards with Cambridge City Council.

SERVICE	PROVIDER	VALUE	START DATE	CURRENT END DATE
Jimmy's Assessment Centre	Jimmy's	£441,327	01/04/2012	31/03/2019
222 Victoria Road	Riverside Group	£635,544	01/04/2013	31/03/2019
Grant Agreement for the Provision of Housing Support	Cambridge Cyrenians ²	£92,937	01/04/2017	31/03/2019
Home and Community Support- Homeless	Cambridge Cyrenians	£48,831	01/04/2013	31/03/2019
Abbey St Move On	Jimmy's	£14,383	01/04/2013	31/03/2019

2.3 Other Services

2.3.1 Members should note that, whilst the intention is to generate some savings through the adoption of Housing First and wider transformation work, this will not be the only source.

2.3.2 The review has also highlighted other areas where savings could be delivered, which are summarised below, and which Members are asked to approve:

- Removal of funding from three Almshouse services for older people in Cambridge City, Fenland and Huntingdonshire. Any housing related support needs these individuals have could instead be met via the large district wide Older Person Visiting Support services also commissioned through the housing related support budget. Any individual assessed as having eligible care needs would continue to have these needs met through Adult Social Care.
- Removal of funding from An Lac House, provided by the Abbeyfield Vietnamese Society. Use of the Cambridge City Older Person Visiting Support service to provide housing related support to residents as appropriate. Any individual assessed as having eligible care needs would continue to have these needs met through Adult Social Care.
- A small reduction of £40k in the contract value for Jimmy's Assessment Centre. This is being done in cooperation with Jimmy's who have proposed this amount (please see Community Impact Assessment for additional information).
- There is potential to look at some reinvestment of funding from Willow Walk to support the development of the Housing First Initiative when the contract expires in 2021. A dialogue is underway with Riverside (the service provider). This will be brought to a future Committee for consideration and decision.

2.3.3 More detail about the impact of the proposals are contained within the relevant Community Impact Assessments (CIA) attached as Appendices, covering the Almshouses, An Lac House and Jimmy's Assessment Centre. A Community Impact Assessment about future proposals about changes to funding to Willow Walk will be

² This is a grant rather than a contract

brought back to Committee at the point when Members are being asked to make a decision, once further work has been done on service redesign.

- 2.3.4 If a decision is made by members to discontinue funding for any service who's contract has expired or will expire before 01.08.19, then the County Council will ensure compliance with the voluntary compact and honour a three month notice period from the May Committee date, in order to give the service provider time to safely relocate or move on their clients, where required. Should a provider have significant concerns about their ability to appropriately relocate current residents within this three month contract extension period, then the County Council will consider the need for extended notice to be given, where evidence supports this.

2.4 Next Steps

- 2.4.1 If the contracts described in this report are approved to be extended, the Housing First and System Transformation work will be undertaken, with partners, over the next 2 financial years, with any further proposals resulting from this being brought back to Adult's Committee for discussion and approval.
- 2.4.2 Any resultant changes to commissioned arrangements will then be developed and brought back to this Committee for discussion and approval prior to being implemented.
- 2.4.3 Individual reviews of all other commissioned services will be undertaken, with any resultant recommendations being presented to the Adult's Committee for discussion and approval before being implemented.
- 2.4.4 Work will also commence on the development of a Cambridgeshire and Peterborough Housing Related Support Commissioning Strategy as a consequence of the system transformation work, which will be presented to both the Adults and Children and Young People's Committee for approval.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in sections 1 and 2.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- The Housing Related Support budget is reducing and this will impact on what can be

delivered in future

- Moving to new delivery models which reflect best practice may require short term investment from the Transformation funding allocated to the Housing Related Support review
- If any of the proposed savings are not agreed either partially or in full then an alternative saving would need to be considered if the full saving target were still to be met
- Any decision to maintain a service beyond the proposed savings realisation date will result in a reduced saving within that financial year

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- To enable the proposals and services changes to be implemented in a managed and timely way, exemptions are being sought on the contracts identified within the report

4.3 Statutory, Legal and Risk Implications

- The services are non-statutory so are not subject to any statutory guidance
- The changes are expected to generate ongoing media attention
- There could be TUPE implications as a result of the changes if any staff are LGPS members

4.4 Equality and Diversity Implications

- The redesign of young person services will establish a single point of access for services ensuring that services are more easily accessible and that those in greatest need can be prioritised for services
- Due regard has been given to the Council's Equalities duties under the Equality Act 2010 and Community (Equality) Impact Assessment s have been completed for all proposals

4.5 Engagement and Communications Implications

- The review included opportunities for colleagues, partners and providers to provide feedback and share their view
- Savings proposals were shared across directorates prior to discussions with providers
- Workshops were held for all Housing Related Support service providers

4.6 Localism and Local Member Involvement

- A briefing paper has been shared with all members and a briefing session held on the Housing Related Support review

4.7 Public Health Implications

- By redesigning services we will be promoting easier access to services for those who need them and enabling access to prioritised for those most in need

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Amy Brown
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Adrian Chapman
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Adrian Chapman
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

Source Documents	Location
<i>None</i>	

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
People and Communities - Commissioning (Adults)		Name: Lisa Sparks
Proposal being assessed		Job Title: Commissioner – Housing Related Support
HRS Savings Proposals: Ending of grant funding for Ramsey Welfare Charities.		Contact details: lisa.sparks@cambridgeshire.gov.uk
		Date completed: 30.11.18
Business Plan Proposal Number (if relevant)		Date approved:
Aims and Objectives of the Service or Function affected		
<p>Ramsey Welfare Charities have almshouses which provide 41 units of accommodation for elderly people in Ramsey. The County Council currently commissions a low level support service for the residents of these units.</p> <p>The service provides permanent accommodation and support for residents. The bulk of support is focussed on monitoring the physical and emotional welfare of residents. The service will also support them to access other specialist support they may need such as care assessments or home care.</p>		
What is the proposal?		
<p>In 2014 the County Council moved away from the old model of funding specific sheltered housing schemes to provide support to only their own residents and instead established large scale visiting support services for older people across all districts within Cambridgeshire, which any older person with a support need could access. The Ramsey Welfare Charities almshouses are one of several almshouse providers who have so far sat outside of this arrangement, even though the support they provide is very similar to the support delivered by the district wide service.</p> <p>The proposal is to withdraw the current grant funding from the Ramsey Welfare Charities almshouses so that the service no longer has a separately funded support service purely for its own residents. Instead, residents would be able to access support from the Older Person's Visiting Support Service for the Huntingdonshire area, in the same way as any other older person who needed a housing related support service.</p>		
Who will be affected by this proposal?		
<p>Clients currently accommodated at the service.</p> <p>Staff at the scheme and its Trustees.</p>		
What positive impacts are anticipated from this proposal?		
<p>This reduction in expenditure for the County Council will contribute to the £1m savings target against HRS services.</p> <p>The change will promote greater equity in the provision of housing related support for older people.</p>		
What negative impacts are anticipated from this proposal?		
<ul style="list-style-type: none"> • The support needs of existing clients may increase in response to the emotional stress and changes in support. • This could have a financial impact on the provider • The Trustees could make political representations • Negative publicity 		

Are there other impacts which are more neutral?

The service provider may decide to continue to provide this service with reduced levels of paid support, or Trustees may opt to use their own charity's resources to meet any reduction in income and therefore enable them to sustain current staff and support levels.

This change will not impact on any individual's access to social care. Those assessed as eligible for care will still be able to access the levels of care they require.

Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	✓
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

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

If any of the boxes above have been ticked to indicate that people with the protected characteristics will be affected more than other people then use this section to describe that impact and any measures which will be put in place to mitigate those potential impacts

This service is specifically for older people, so the proposal will only effect that specific group.

In the event that support to residents is reduced, then residents will be able to access support from the Older Persons Visiting Support service which is available to any older person in the Fenland area who requires housing related support.

Version Control

Version no.	Date	Updates / amendments	Author(s)
01	30.11.18	First Draft	Lisa Sparks
02	25.03.19	Updates to multiple sections	Lisa Sparks
03	09.05.19	Update to 'positive impacts' and 'other impacts' sections.	Lisa Sparks

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
People and Communities - Commissioning (Adults)		Name: Lisa Sparks
Proposal being assessed		Job Title: Commissioner – Housing Related Support
HRS Savings Proposals: Ending of grant funding for Storey's House.		Contact details: lisa.sparks@cambridgeshire.gov.uk
		Date completed: 30.11.18
Business Plan Proposal Number (if relevant)		Date approved:
Aims and Objectives of the Service or Function affected		
<p>Storey's House provides 50 commissioned units of accommodation in Cambridge City and 8 in South Cambs for elderly females. The service does support some people with a significant level of frailty.</p> <p>The service provides permanent accommodation and low level support for women over 65. The bulk of support is focussed on monitoring the physical and emotional welfare of residents. The service will also support residents to access other specialist support they may need such as care assessments or home care.</p>		
What is the proposal?		
<p>In 2014 the County Council moved away from the old model of funding specific sheltered housing schemes to provide support to only their own residents and instead established large scale visiting support services for older people across the county, which any older person with a support need could access. Storey's House is one of several almshouses which have so far sat outside of this arrangement, even though the support they provide is very similar to the support delivered by the visiting support service.</p> <p>The proposal is to withdraw the current grant funding from Storey's House so that the service no longer has a separately funded support service purely for its own residents. Instead, residents would be able to access support from the Older Person's Visiting Support Service for the Cambridge City area, in the same way as only other older person who needed a housing related support service.</p>		
Who will be affected by this proposal?		
<p>Clients currently accommodated at the service.</p> <p>Staff at the scheme and its Trustees.</p>		
What positive impacts are anticipated from this proposal?		
<p>This reduction in expenditure for the County Council will contribute to the £1m savings target against HRS services.</p> <p>The change will promote greater equity in the provision of housing related support for older people.</p>		
What negative impacts are anticipated from this proposal?		

- The support needs of existing clients may increase in response to the emotional stress and changes in support.
- This could have a financial impact on the provider
- The Trustees could make political representations
- Negative publicity

Are there other impacts which are more neutral?

The service provider and Trustees may decide to continue to provide this service with reduced levels of paid support, or they may be able to access funding from other sources e.g. charitable funding, or Trustees may opt to use their own resources from the Foundation of Edward Storey to meet any reduction in income and therefore enable them to sustain current staff and support levels.

This change will not impact on any individual's access to social care. Those assessed as eligible for care will still be able to access the levels of care they require.

Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	✓
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

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

If any of the boxes above have been ticked to indicate that people with the protected characteristics will be affected more than other people then use this section to describe that impact and any measures which will be put in place to mitigate those potential impacts

This service is specifically for older people, so the proposal will only effect that specific group.

In the event that support to residents is reduced, then residents will be able to access support from the Older Persons Visiting Support service which is available to any older person in the Cambridge City area who requires housing related support.

Version Control

Version no.	Date	Updates / amendments	Author(s)
01	26.10.18	First Draft	Lisa Sparks
02	25.03.19	Updates to sections across document	Lisa Sparks
03	09.05.19	Update to 'positive impacts' and 'other impacts' sections	Lisa Sparks

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
People and Communities - Commissioning (Adults)		Name: Lisa Sparks
Proposal being assessed		Job Title: Commissioner – Housing Related Support
HRS Savings Proposals: Ending of grant funding for Wisbech Charity.		Contact details: lisa.sparks@cambridgeshire.gov.uk
		Date completed: 30.11.18
Business Plan Proposal Number (if relevant)		Date approved:
Aims and Objectives of the Service or Function affected		
<p>Wisbech Charity have almshouses which provide 21 units of accommodation for elderly people in Wisbech. The County Council currently commissions a low level support service for the residents of these units.</p> <p>The service provides permanent accommodation and support for residents. The bulk of support is focussed on monitoring the physical and emotional welfare of residents. The service will also support them to access other specialist support they may need such as care assessments or home care.</p>		
What is the proposal?		
<p>In 2014 the County Council moved away from the old model of funding specific sheltered housing schemes to provide support to only their own residents and instead established large scale visiting support services for older people across three district, including Fenland, which any older person with a support needs could access. The Wisbech Charities almshouses are one of several almshouse providers who have so far sat outside of this arrangement, even though the support they provide is very similar to the support delivered by the district wide service.</p> <p>The proposal is to withdraw the current grant funding from the Wisbech Charities almshouses so that the service no longer has a separately funded support service purely for its own residents. Instead, residents would be able to access support from the Older Person's Visiting Support Service for the Fenland area, in the same way as only other older person who needed a housing related support service.</p>		
Who will be affected by this proposal?		
<p>Clients currently accommodated at the service.</p> <p>Staff at the scheme and its Trustees.</p>		
What positive impacts are anticipated from this proposal?		
<p>This reduction in expenditure for the County Council will contribute to the £1m savings target against HRS services.</p> <p>The change will promote greater equity in the provision of housing related support for older people.</p>		
What negative impacts are anticipated from this proposal?		

- This could have a financial impact on the provider
- The Trustees could make political representations
- Negative publicity

Are there other impacts which are more neutral?

The service provider may decide to continue to provide this service with reduced levels of paid support, or Trustees may opt to use their own charity's resources to meet any reduction in income and therefore enable them to sustain current staff and support levels.

This change will not impact on any individual's access to social care. Those assessed as eligible for care will still be able to access the levels of care they require.

Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	✓
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

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

If any of the boxes above have been ticked to indicate that people with the protected characteristics will be affected more than other people then use this section to describe that impact and any measures which will be put in place to mitigate those potential impacts

This service is specifically for older people, so the proposal will only effect that specific group.

In the event that support to residents is reduced, then residents will be able to access support from the Older Persons Visiting Support service which is available to any older person in the Fenland area who requires housing related support.

Version Control

Version no.	Date	Updates / amendments	Author(s)
01	30.11.18	First Draft	Lisa Sparks
02	25.03.19	Updates to multiple sections	Lisa Sparks
03	09.05.19	Updates to 'positive impacts' and 'other impacts' sections	Lisa Sparks

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
People and Communities - Commissioning (Adults)		Name: Lisa Sparks
Proposal being assessed		Job Title: Commissioner – Housing Related Support
HRS Savings Proposals: Withdrawal of grant funding from An Lac House.		Contact details: lisa.sparks@cambridgeshire.gov.uk
		Date completed: 03.01.19
Business Plan Proposal Number (if relevant)		Date approved:
Aims and Objectives of the Service or Function affected		
<p>An Lac House provides 10 commissioned units of accommodation in Cambridge City for Vietnamese elders. The service is an 'Abbeyfield' scheme and therefore provides meals for residents and supports people with a significant level of frailty.</p> <p>The service provides permanent accommodation and support for Vietnamese elders over 65. The bulk of support is focussed on monitoring the physical and emotional welfare of clients and provision of translation support as none of the residents speak English.</p> <p>The service will also support them to access other specialist support they may need such as care assessments or home care.</p> <p>This is the only scheme for Vietnamese elders in the country and it accepts referrals from other areas as well as locally. The scheme has been designed to deliver a culturally specific service to its residents which takes account of diet, custom, religion and language.</p>		
What is the proposal?		
<p>In 2014 The County Council moved away from the old model of funding specific sheltered housing schemes to provide support to only their own residents and instead established large scale visiting support services for older people across the county, which any older person with a support need could access. An Lac House is one of several services which have so far sat outside of this arrangement.</p> <p>The proposal is to withdraw the current grant funding from An Lac House so that it no longer has a separately funded support service purely for its own residents. Instead, residents would be able to access support from the Older Person's Visiting Support Service for the Cambridge City area.</p>		
Who will be affected by this proposal?		
<p>If An Lac House reduce the level of on-site support currently offered as a result of the annual grant being removed, or clients do not wish to use the alternative provision, then clients currently accommodated at the service, as well as staff could be negatively impacted if they receive less of a service than they currently do.</p> <p>Staff at the scheme and its Trustees.</p> <p>Scheme residents.</p>		
What positive impacts are anticipated from this proposal?		

This reduction in expenditure for the County Council will enable the authority to focus limited resources on areas where there is no or only very limited alternative support provision available to ensure that we are making the best use of the available funding and that we are using it to support as many vulnerable people as possible.

There are no other housing schemes funded by Cambridgeshire County Council to cater for the specific cultural needs of any one particular ethnic group. If the County Council ceases its funding to An Lac House this would mean greater equality across provision, meeting any specific language needs through the provision of interpreter and translation services as for any client.

What negative impacts are anticipated from this proposal?

- The scheme currently has 3 residents in receipt of substantial care packages funded by Cambridgeshire County Council who also receive regular visits from the An Lac scheme staff on top of this care provision - the trustees have indicated that these individuals may not be able to be cared for in the scheme if onsite support was reduced and could require residential care to meet their needs instead. Whilst an alternative service could be provided through the Cambridge City visiting support service, the language and cultural needs of the residents may not be met as they are currently
- There will be a negative financial impact on the provider who may decide to withdraw on-site support and make applications for residential care placements for some clients. This could result in additional costs to the Council.

Are there other impacts which are more neutral?

The service provider may decide to continue to provide this service with reduced levels of paid support, increased use of voluntary time, or they may be able to access funding from other sources e.g. charitable funding to enable them to sustain current staff and support levels. .

This change will not impact on any individual's access to social care. Those assessed as eligible for care will still be able to access the levels of care they require. Care assessments will take into account any cultural needs that connected with care delivery.

Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	✓
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	✓

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

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

If any of the boxes above have been ticked to indicate that people with the protected characteristics will be affected more than other people then use this section to describe that impact and any measures which will be put in place to mitigate those potential impacts

This service is specifically for Vietnamese elders, so the proposal will only effect that specific group.

If the proposal means that clients may need to access the Older Persons Visiting Support service for Cambridge City, then discussions will need to be held with the visiting support provider in relation to how the translation and cultural element of any support would be delivered.

Version Control

Version no.	Date	Updates / amendments	Author(s)
0.1	30.11.18	First draft	Lisa Sparks
0.2	19.12.18	Changes made to main text	Katja Nielsen
0.3	04.01.19	Third draft	Lisa Sparks
0.4	01.02.19	Final draft	Lisa Sparks
0.5	09.05.19	Amendment to 'other impacts' section.	Lisa Sparks

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
People and Communities - Commissioning (Adults)		Name: Lisa Sparks
Proposal being assessed		Job Title: Commissioner – Housing Related Support
HRS Savings Proposals: To reduce the funding to Jimmy's by £50k. This is a very high value contract. Additional grant funding is also provided by Cambridge City Council.		Contact details: lisa.sparks@cambridgeshire.gov.uk
Business Plan Proposal Number (if relevant)		Date completed: 19.02.19
		Date approved:
Aims and Objectives of the Service or Function affected		
<p>Jimmy's Assessment Centre provides 20 commissioned units of accommodation in Cambridge City for rough sleepers and complex single homeless.</p> <p>The service provides very short term accommodation and support (currently the target stay at the Assessment Centre is 28 days) and aims to provide safe and secure accommodation for vulnerable and complex clients, whilst working towards helping them to address immediate support needs and to access longer term accommodation, on either a temporary or permanent basis as appropriate. The Assessment Centre is currently the main point of access to other hostel services within Cambridge City. It is also one of the few services which will accommodate clients' dogs.</p> <p>Wherever possible, the service will also support them to access other specialist support they may need such as mental health support or treatment services.</p>		
What is the proposal?		
To reduce the current high contract value for Jimmy's Assessment Centre by £40k to help realise the savings that need to be delivered against the HRS budget.		
Who will be affected by this proposal?		
<p>Jimmy's who provide the Assessment Centre.</p> <p>Clients if there is a reduction in available support hours.</p>		
What positive impacts are anticipated from this proposal?		
<p>This reduction in expenditure for the County Council will contribute to the £1m savings target against HRS services.</p> <p>As part of discussions with the Provider around reducing the funding, there will be option to look at how they could deliver some aspects of the service differently by spreading the funding across the whole service and looking at extending the 28 day stay limit to enable more targeted work to be undertaken with clients and increase their readiness to move on to another service.</p>		

What negative impacts are anticipated from this proposal?

- This will have a financial impact on the provider
- The provider and other partners could make political representations
- Rough sleeping and homelessness are very politically sensitive issues at present, particularly for Cambridge City who are working to maintain a decrease in the number of rough sleepers in the city
- Negative publicity

Are there other impacts which are more neutral?

Discussions with the provider suggest that they will take this opportunity to look at how they could deliver some aspects of the service differently to benefit clients.

Impacts on specific groups with protected characteristics

Specific consideration should be given as to whether the proposal has a particular or disproportionate impact on any of the groups listed below.

Please consider each characteristic and tick to indicate any where there will potentially be a disproportionate impact (positive or negative) from implementation of the proposal. Do not tick the boxes if the impact on these groups is the same as the impact on the community as a whole (described in the above sections)

Impact	Tick if disproportionate impact
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	

Impact	Tick if disproportionate impact
Religion or belief	
Sex	
Sexual orientation	
Rural isolation	
Deprivation	

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

If any of the boxes above have been ticked to indicate that people with the protected characteristics will be affected more than other people then use this section to describe that impact and any measures which will be put in place to mitigate those potential impacts

Version Control

Version no.	Date	Updates / amendments	Author(s)
01	26.10.18	First Draft	Lisa Sparks
02	25.03.19	Updates to various sections across document	Lisa Sparks

**PROCUREMENT OF CARE AND SUPPORT SERVICES IN EXTRA CARE SCHEMES –
BAIRD LODGE, EDEN PLACE, MILLBROOK HOUSE, NESS COURT AND SOMERS
COURT**

To: **Adults Committee**

Meeting Date: **22 May 2019**

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

Electoral division(s): **All**

Forward Plan ref: **2019/026** *Key decision:* **Yes**

Purpose: **To outline the case for tendering the care and support services in Baird Lodge, Eden Place, Millbrook House, Ness Court and Somers Court extra care housing schemes.**

Recommendation: **The Committee is recommended to:**

- a) Agree to tender the care and support services in Baird Lodge, Eden Place, Millbrook House, Ness Court and Somers Court extra care housing schemes.**
- b) Delegate award of the contract to Executive Director for People & Communities for decision.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
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1.0 BACKGROUND

- 1.1 Extra care housing is defined as specialist accommodation designed to maximise the independence of older people by providing a safe, secure and stimulating environment. Living in an extra care environment enables people to retain the independence of having their own home and, at the same time, benefit from the availability of around the clock social care and housing support. Extra care housing is a cost effective alternative and produces better outcomes than residential care. Appendix A includes several case studies from two of the schemes.
- 1.2 Five services for care and support in extra care schemes were tendered in 2013. Previously, the care service at these schemes was provided in-house and later transferred to Cambridgeshire Community Services (CCS). The services had to be tendered as CCS served notice to the County Council that it would no longer intended to continue to operate home care services.
- 1.3 Radis was successful in bidding for the tender and staff employed at the schemes were transferred to the company as part of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE). TUPE regulations meant that Radis had to employ any staff that were wholly or mostly employed on the service being transferred. The current contract expires 31 December 2019.

2.0 MAIN ISSUES

- 2.1 The Best Value Authorities Staff Transfers (Pensions) Direction 2007 states that where local government staff were being transferred to another organisation that either the service provider would have to provide a broadly comparable pension scheme or they would need to seek 'admitted body status' to the LGPS, in this case, Cambridgeshire Pension fund.
- 2.2 As Radis did not have a comparable pension scheme, they were admitted into the Cambridgeshire Pension Fund. A bond was put in place which is reviewed regularly. The purpose of the bond is to provide protection for the local authority, against redundancy related pension costs, in case of the termination of the admission agreement due to Radis becoming insolvent.

3.0 TUPE

- 3.1 In total 58 staff on local government and NHS terms and conditions transferred to Radis on their existing employment contracts. Staff who transfer under TUPE are protected by the regulations and changes can only be made to their terms and conditions legally for an 'economic, technical or organisational' (ETO) reason. The ETO defence is narrow and changes to TUPE staff terms and conditions can put the provider at risk of a claim of constructive dismissal. There are still significant TUPE issues but these are reducing over time. There are currently 25 TUPE staff employed across the five schemes. The reduction in the TUPE staffing has reduced the cost of the contract from £2.074m per annum to £1.54m, saving over £500K per annum.

4.0 DETAILS OF THE SERVICES

4.1 Details of the services are below:

Scheme	Landlord	District	No. of units
Baird Lodge, Ely	Sanctuary Housing	East Cambs	35
Eden Place, St Ives	Luminus	Huntingdonshire	55
Millbrook, Soham	Sanctuary Housing	East Cambs	87
Ness Court, Burwell	Sanctuary Housing	East Cambs	27
Somers Court, Wisbech	Clarion Group	Fenland	38

5.0 CHANGES TO THE SERVICES

5.1 Eden Place is a new extra care scheme which opened in November 2016. The care contract at the scheme was originally provided at Broad Leas Court but fortuitously the new scheme was only 5 minutes' walk away and therefore it was agreed the Broad Leas contract would be transferred to the new scheme. This avoided the Council tendering for a new service at Eden Place and the contract is utilised more effectively as the cohort of service users is larger in the new scheme.

5.2 Radis have worked positively with the Council to explore options to deliver savings to the Council. Previously they had explored buying out some terms and conditions but there was a risk that the proposed changes would trigger enhanced redundancy payments. In addition, the Council would have had to underwrite the costs of the compensation package and as the contract only had a further 18 months to run it was not progressed.

6.0 CONTRACT DETAILS

6.1

Scheme	No. of TUPE staff remaining	Annual Contract Total
Baird Lodge	2	£298,663
Eden Place	2	£187,598
Millbrook	12	£394,411
Ness Court	4	£289,083
Somers Court	5	£370,305

6.2 The Somers Court contract also includes the catering service and this relates back to when the scheme was jointly developed by Fenland District Council and the County Council in the early 1990s. The original contractual agreement between the councils

was that CCC would deliver the care and catering service. Tenants pay the landlord, Clarion Housing Group a service charge for the catering service and then CCC invoices the landlord.

- 6.3 Advice was sought from LGSS Law as to whether the County Council could end the obligation for the provision of the meals service leaving the rest of the Agreement intact. LGSS Law have advised that there is only provision for either party to terminate the whole agreement by giving 18 months' notice on the anniversary of the signing of the agreement (31 March). Therefore if notice was to be served in February 2019, the agreement would terminate on 31 March 2021. There is no express provision within the agreement to terminate only the catering service and the advice was that it would be unlikely that such a provision could be implied. Additionally, Clarion have confirmed they are not willing to take over responsibility for the provision of the catering service.

7.0 RECOMMENDATION

- 7.1 It is recommended that the services are tendered as one lot to avoid potential bidders from cherry picking lots which are more attractive. There are a mix of TUPE staff on NHS and local government terms and conditions and a Pension Information Memorandum (PIM) will be required for the ex-local government staff. The PIM provides information about the contribution rate, approach to funding liabilities and a risk assessment to inform Bond/Guarantor decisions.
- 7.2 With regard to the NHS staff, the pension scheme is funded differently and the successful bidder may need to apply for a Modification Order, which would be processed once the contract was awarded.
- 7.3 It is recommended that the Council re-commissions the contracts for the five schemes for 5 years with an option to extend a total of 5 years i.e. 5 +1 +1+1+1+1+1. This will help to reduce procurement costs which are inevitably higher because of the complexities of this staff group and provide a greater degree of certainty and continuity for services users and staff. LGSS Law have indicated they are supportive of this, providing a break clause is included at 5 years.

8.0 ALIGNMENT WITH CORPORATE PRIORITIES

8.1 A good quality of life for everyone

- 8.1.1 The report above sets out the implications for this priority in paragraph 1.1.

8.2 Thriving places for people to live

There are no significant implications for this priority.

8.3 The best start for Cambridgeshire's Children

There are no significant implications for this priority.

9.0 SIGNIFICANT IMPLICATIONS

9.1 Resource Implications

There are no financial implications at this stage but in the tender documentation the Council will need to outline its position regarding TUPE and associated issues relating to pension costs and liabilities to enable bidders to respond to the tender.

9.2 Procurement/Contractual/Council Contract Procedure Rules Implications

Work is underway with LGSS Procurement to apply Contract and Procurement Rules and Public Contract regulations.

9.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

9.4 Equality and Diversity Implications

There are no significant implications within this category.

9.5 Engagement and Communications Implications

There are no significant implications within this category.

9.6 Localism and Local Member Involvement

There are no significant implications within this category.

9.7 Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

Source Documents	Location
None	

Appendix 1

Case Study One

Mr Y was living in the community and receiving homecare three times daily, but due to his mobility and dementia he had become very isolated and his family were struggling to care for him between his care calls and felt he needed more support.

Mr Y moved into extra care and a care plan was put in place. He received personal care, support with his medication and preparing meals at tea-time. Mr Y was brought to the dining room for lunch enabling him to socialise with other service users and this meant he became less isolated whilst ensuring he ate a nutritious hot meal at least once a day.

After a few weeks of caring for Mr Y, it soon became apparent that his dementia was much more severe than the family had first thought. His behaviour signalled he could not make safe decisions for himself on a daily basis. He was found wandering outside lost, would often fall over due to poor balance and would not remember to eat or drink through the day.

After speaking to his family and Social Care, the care provider contacted the Technology Enabled Care Team to arrange door alarms to be fitted on Mr Y's front and back doors, he now wears a falls bracelet, as he was unsure how to use his care line pendant and could not call for help if needed. These interventions have enabled the care provider to keep Mr Y as safe as possible. Now if he wanders his door alarms will alert the care staff and if Mr Y falls the bracelet will also alert the staff. His care calls have been increased to encourage Mr Y to eat and drink, and a medication review has taken place to increase his dementia medication.

The outcome of the provision of care and the use of assistive technology has enabled Mr Y to carry on living in an extra care scheme as independently as possible in a safe way.

Case Study Two

Mr & Mrs X moved to extra care from the community as Mr X was struggling to care for his wife who lived with early onset dementia. Although Mrs X did not receive care at that point, Mr X wanted the reassurance that there were carers on site if needed. He also felt very isolated at home and thought extra care was the best option for them. This meant at lunch times they could socialise in the dining room with other service users whilst eating lunch, could also both join in with daily activities and monthly events. Since Mr & Mrs X moved to the scheme it has given Mr X the time and freedom to be able to do things he enjoys, he now writes our monthly newsletters for all the service users and staff.

Over time and after several hospital admissions from falls Mrs X's health declined, her mobility became very poor and she lost the confidence to walk, care was put in place to support Mrs X and to reduce the burden for Mr X.

Over the period of around 6 months we had managed to support Mrs X with walking independently again using her frame, which was a great achievement for her and the care staff. The family were so pleased the care staff had taken the time to work with the physio to encourage Mrs X to walk again with her frame. Unfortunately, Mrs X's health declined further and she was admitted to hospital and was struggling to feed and hydrate herself.

After talking to Social Care, the family and hospital discharge, it was decided that it would be best for Mrs X to return to the extra care scheme. This meant she can continue to be supported by care staff who she already know and her husband. It was important that she was not separated from her husband at this time as the family felt she would only decline even more.

She will now receive double up calls through the day to support with personal care and continence care, also a lunch and tea time call have been put in place to support Mrs X with eating meals. Mr X supports her with drinks through the day and with medication. Food and fluid charts have been put in place along with the daily record books. There is now a hoist in place with an air flow mattress and a hospital bed has been provided for Mrs X to enable staff to provide the best care possible.

Putting this plan in place and working with outside partnerships and family has meant that the extra care scheme has been able to provide a high level of care without Mrs X being placed into residential or nursing care and being separated from her husband.

RE-COMMISSIONING OF DIRECT PAYMENT SUPPORT SERVICE

To: **Adult's Committee**

Meeting Date: **22nd May 2019**

From: **Wendi Ogle-Welbourn, Executive Director: People and Communities**

Electoral division(s): **All**

Forward Plan ref: **2019/040** *Key decision:* **Yes**

Purpose: **Adult's Committee is asked to consider the recommissioning of the Direct Payment Support Service**

Recommendation:

- a) The re-commissioning of the Direct Payment Support Service to be in place by 1st April 2020**
- b) The Committee is asked to agree the delegation of award of contract to the Executive Director, People and Communities**

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1. BACKGROUND

1.1 Direct Payment Support Service

The aim of the Direct Payment Support Service, currently provided by Purple is to provide service-users and their parents/carers with;

- High quality information, guidance and advice on Direct Payments(DPs) and the legislation involved
- Information on purchasing care and support directly
- Information on the support services and opportunities available locally.

The service also aims to promote the use of Direct Payments with all stakeholders and support the recruitment of Personal Assistants across the county.

The current contract for the provision of Direct Payment Support Service will end on 31st March 2020. There are provisions within this contract to extend for a further two years to 31st March 2022, however, it is recommended that the contract is re-tendered to support a change in focus of the service aiming to increase the take-up of direct payments in recipients of social care and support.

Cambridgeshire County Council (CCC), in line with the directions of the Children and Families Act 2014, the Care Act 2014, and recommendations as set out in the Positive Challenge Programme, wants to increase the number of people choosing to take Direct Payments (DPs) as part of Personal Budget arrangements. It is anticipated that the increased uptake of DPs will support:

1. Improved health, care, education and wellbeing outcomes for individual adults, children, young people and their families
2. Flexibility, choice and control for people who need additional support
3. A diverse, more localised care and support market

DPs give additional choice and control to service-users as they have more flexibility to decide how to spend their funding to help meet their assessed needs and outcomes. A variety of activities/services and support is purchased using a direct payment. One popular use of DPs is for a service user to directly employ a Personal Assistant (PA) to support their care and support needs. Employing a PA to provide care and support can be a better option than using commissioned care as it can offer a more flexible, localised and outcome-focused approach to support and can be a more cost effective approach.

DPs are used by Children's and Adult Social Care across all user groups. The Commissioning and Monitoring of this Contract is held within the Adult's Commissioning Team. The Disabled Children's Social Care Service pays a proportion of the contract to ensure children with Special Educational Needs and Disabilities can have their needs met, to ensure financial efficiencies across CCC by sharing the contract and to enable a smooth transition into adulthood.

1.2 Legislative Background

A duty to provide Direct Payments was introduced in 2003 when regulations, made under Section 57 of the Health and Social Care Act 2001, made it mandatory for local authorities to make Direct Payments to people who consented and were eligible and able to manage them, with or without assistance. Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003 (SI 2003/762) have since been revoked and replaced by the Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009 (SI 2009/1887).

In 2009, as per the Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009 (SI 2009/1887), provision was extended to people appointed to receive Direct Payments on behalf of individuals lacking the mental capacity and to persons subject to mental health legislation.

The Children and Families Act 2014 confirms that Personal Budgets (of which a Direct Payment could be part of) are a statutory right for eligible children and young people. The Care Act (Direct Payments Regulations) 2014 confirms Personal Budgets in law for people with eligible assessed needs, and carers, including the right to Direct Payments. The Care Act states that, from April 2015, local authorities need to assign a personal budget to all people who are eligible for support.

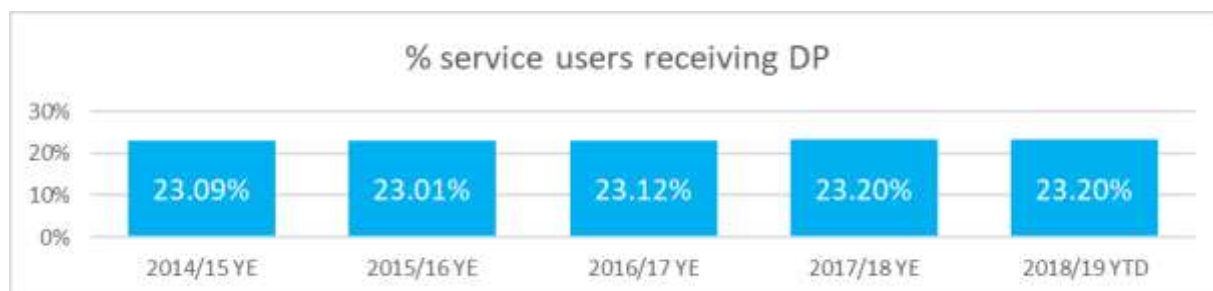
The Personal Budget is the amount of money needed to cover the cost of the support for which a person is eligible. The local authority also has to ensure that people are given relevant and timely information about Direct Payments so that they can make a decision regarding whether to request a payment and how to use and manage this payment appropriately.

2. MAIN ISSUES

2.1 Current Direct Payment Usage

2.1.1 Adult Services

As can be seen by the graph below, the uptake of DPs in Adult Social Care has remained consistent over the last 5 years at around 23% of all service users (those who receive ongoing care and support)



Across the Eastern Region, the average number of adult service users receiving a direct payment is 27%. Therefore Cambridgeshire is behind neighbouring authorities in this regard.

When viewing the usage of DPs across 'client groups' in Adult Social Care services, we can see that this differs greatly. The table below details the breakdown of DP usage across client groups for the 2018/19 financial year. This shows us that Mental Health and Older People service areas have a substantially lower take up than other areas.

Client Group	No. SU's with a DP	No. SU's with Community-based Services	% with a DP
Physical Disability Service	281	584	48.12%
Adult Mental Health	8	284	2.82%
Older People Mental Health	6	54	11.11%
Older People	205	1,770	11.58%
Learning Disability	441	1,365	32.31%
Other	1	4	25.00%
Total	942	4,061	23.20%

2.1.2 Disabled Children's Services

Childrens Direct Payments - no. Direct Payments in operation			
Financial year			
2015-16	2016-17	2017-18	2018-19
737	787	796	801
Percentage of all cases			
67%	71%	72%	73%

In addition to the above data, Education Personal Budgets are also becoming established and growing in number in Cambridgeshire. This is identified as a particular growth area in the coming years. There are currently 28 Education Personal Budgets, whereby last year there were 22. Children's Sensory Services have also agreed their first personal budget and as such one can predict this as a further growth area.

2.2 Rationale to Re-Commission

2.2.1 Increasing take up of Direct Payments

We have stated in our joint [Market Position Statement](#) that increasing choice and control for service-users and carers through the use of DPs is a key direction of travel for the organisation.

Alongside the increase in a more personalised approach to care and support that DPs allow, we believe that they provide a more cost effective approach for the council. When directly employing a PA, cost of care and support is usually more reasonable due to the removal of the substantial overheads required by large organisations.

Key measures set out in the Adults Positive Challenge Programme alongside our already

stated direction of travel and cost benefits of increasing the use of DPs show us that the current rate of take up is not as high as it should be and that we can be doing more.

2.2.2 Increase in Personal Assistants

In order to increase the take-up of DPs in Cambridgeshire, we need to ensure there is a strong and vibrant market of Personal Assistants available for service-users to employ or pay for their support. In Cambridgeshire, we have a substantial lack of PAs available to be employed by service-users and this is impacting on DP take-up.

In retendering the DP Support Service, we have an opportunity to be clear in the service specification and contract about our aims and expectations of the service provider in relation to developing our PA market.

2.2.3 Support and Promotion with Social Work and Education Colleagues

In order to achieve a consistent approach and an increase in the take-up of DPs across children's service users and parents/carers in Cambridgeshire, a joined up approach with the Provider and social work and education colleagues is required. Therefore, we would like to use this opportunity to include more specific requirements for the Service Provider to collaborate with CCC Social Workers and Case Work Officers in order to promote DPs and problem solve any issues that arise.

2.2.4 Alignment with Peterborough

We will work with colleagues across Cambridgeshire and Peterborough to learn from any areas of good practice and review lessons learnt to ensure these are reflected in the new Service Specification and Contract.

It is recommended that this service is just tendered for Cambridgeshire due to the Peterborough service still having a number of years left for the current contract period. We will plan for the Cambridgeshire and Peterborough contracts to end at the same time so that we can explore fully aligning the services in the next tender exercise.

2.2.5 Supporting Outcome Focused, Place-based Commissioning

Re-tendering the DP Support Service gives us an opportunity to improve the outcomes achieved by adults, children, young people and their family members and carers by using an outcomes-based commissioning, contract management and service delivery model.

We aim to move away from commissioning task, time and output activity type activity to a service specification and contract management regime that focuses on the achievement of outcomes with service users. We believe that gives greater flexibility to the service provider in order to use the funding provided in a way that best meets outcomes and allows the focus of service delivery to be in areas that make the most difference.

Furthermore, in order to promote a place-based commissioning approach that embraces and builds upon resources in communities, the re-commissioned support service will be expected to have a thorough understanding of the communities that it works in and the varying initiatives and approaches to care and support that can provide better outcomes

than traditionally commissioned services

2.3 Service Delivery Approach

We have explored whether this service should/could be delivered in-house but this is not a viable option due to the following factors:

- Clause 12.7 of the Care Act 2014 sets out the Local Authority's responsibilities in terms of direct payments information, advice, guidance and states that the LA must not limit or stifle choice or restrict Direct Payment recipients only to Local Authority approved providers - an external DP support service removes any conflict of interest by default.
- Providing a similar size workforce within the Council with the required management functions would cost approximately £100,000 more than the budget set for the commissioned service over the lifetime of the contract

2.4 Pre-paid Cards

In Cambridgeshire, we launched the use of pre-paid cards for DP recipients in September 2018.

Pre-paid cards work like normal debit cards and offer advantages to service-users and the Councils including:

- Reduced barriers of entry to direct payment take-up and reduced bureaucracy & reliance on paper-based systems
- Improved direct payment monitoring, reconciliation and recovery capability
- Increased payment efficiencies and reduced potential for fraud/misuse
- Improved reporting of ASC direct payment purchasing data to better predict market needs
- Increased efficiencies in distributing client funds to vulnerable adults

We believe that the use of Pre-paid cards alongside a re-focused DP Support Service will support the increased take-up of DPs across Adults and Children's Services.

2.5 Contract Length

We propose to award a contract to the successful bidder for the duration of 3 years from 1st April 2020 to 31st March 2023 with two, one year discretionary extension periods. Total possible contract length of five years

2.6 Financial Impact

Current annual funding for the Direct Payment Support Service is £168,036 81% of this funding is provided by Adult Social Care budgets (£136,109) and 19% by Children's Social Care Budgets (£31,926).

In the retendering of the service, we propose to set a maximum annual price of £170,000.

Possible total contract value (if discretionary extension periods are used) would amount to £850,000.

We also propose to retain the current funding split for the service across Adult's and Children's services.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in **paragraph 1.1**

3.2 Thriving places for people to live

There are no significant implications for this priority

3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in **paragraph 1.1**

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in **paragraph 2.7**

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications in **paragraph 2.6**

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

There are no significant implications within this category

4.6 Localism and Local Member Involvement

There are no significant implications within this category

4.7 Public Health Implications

There are no significant implications within this category

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes/No Name of Officer:

Source Documents	Location
<i>Market Position Statement</i>	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/strategies-policies-and-plans/adult-social-care-market-position-statement/

**CAMBRIDGESHIRE COUNTY COUNCIL – ADASS REGIONAL SELF ASSESSMENT
UPDATE**

To: **Adults Committee**

Meeting Date: **22 May 2019**

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

Electoral division(s): **All**

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

Purpose: **To provide feedback from the external challenge process in relation to the Self Assessment which the committee received for consideration in December 2018.**

Recommendation: **The Committee is asked to consider the feedback on the Self Assessment and note how this aligns with actions agreed at the Regional Challenge event.**

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1. BACKGROUND

- 1.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors there is a self-assessment process. The Committee has already received details of our self-assessment and 'local account' and asked for an update following the peer challenge and ADASS Regional Improvement Board discussions
- 1.2 The self-assessment process also includes a peer challenge by a buddy or peer Local Authority in the Region as part of the ADASS performance improvement process and this was provided to Cambridgeshire and Peterborough by Director, Simon Leftley from Southend and took place on 23 November. In addition ADASS arranges an external challenge session by an expert peer who has previously been a Director of Adult Social Care - Andrew Cozens which took place on 8 January 2019. The final stage of the process was a regional challenge event which took place on 4 April 2019, at which a regional programme of work was agreed.
- 1.3 This report outlines the feedback from the external challenge event in January and updates on the regional priorities agreed to support the wider priorities for improvement identified through this process.

2. MAIN ISSUES

- 2.1 The Committee previously received a detailed report on the self-assessment and the innovation, risks and challenges identified. A summary is shown below:
- 2.2 **Risks, challenges and innovation**
 - 2.2.1 The following are identified as the key risks and challenges for 2018 /19
 - The forecast growth in demand presents key financial risks and demand management challenges. This is reflected in the comprehensive demand management and transformation programme developed with support from Impower through the Adults Positive Challenge Programme.
 - Market capacity to meet increased demand and increased complexity of demand – a revised market position strategy has been agreed across Peterborough and Cambridgeshire to seek provider engagement on these challenges.
 - The challenges of taking forward system wide working to achieve shared outcomes when working with a significantly challenged economy – reflected in the continued challenges around the hospital discharge pathway, despite a degree of success in tackling social care delays.

2.3 Innovation and Achievements

2.3.1 The following were identified as the top three innovations and achievements in 2018/19

- Technology Enabled Care (TEC) – building on the success of the specialist TEC team, we have taken steps to embed this knowledge more widely within operational teams. Establishing TEC Innovation Hubs – a series of sessions with frontline staff to identify, test and pilot opportunities to increase the uptake of TEC.
- Neighbourhood Cares model piloted in two areas of the County using the Buurtzorg approach involving health and third sector in delivering innovative neighbourhood based solutions.
- Establishing an Adult Early Help function in the front door to provide effective triage and signposting.

2.4 Feedback from Andrew Cozens – Previous Director of Adult Social Care

2.4.1 The self-assessment and accompanying performance metrics were shared with a peer appointed by ADASS Eastern Region to provide objective feedback and analysis.

2.4.2 The following is a summary of the feedback provided by Andrew Cozens following the meeting, having also visited us the previous year:

There was a positive response to the progress with the integration of management functions and the respective responsibilities of the Executive Director People and Communities and Service Directors in relation to the Director of Adult Social Services (DASS) and Director of Children Services (DCS) roles.

There has been significant progress since the last external challenge which was noted and particular reference was made to:

- A clearer vision being evident for the combined Adult Social Care (ASC) function.
- How Adult Social Care is linked to Think Communities Strategy and building community resilience.
- Implementation of the Adults Positive Challenge Programme across both councils (with support from Impower).
- The formation of a Joint Performance Board, joint business intelligence team and moves towards combining performance dashboards.
- New case management system implemented in Cambridgeshire, with longer term plans to converge records with Peterborough to support practice alignment.
- Shared Practice Governance Board under shared Principal Social Worker.
- Nationally recognised recruitment campaign for reablement.
- Adult Early Help function at front door.
- Care Homes in the area generally rated well by Care Quality Commission (CQC).

2.4.3 We agreed there were risks in relation to:

- Interface with the NHS and CCG in particular and the need to develop a common narrative.
- Market capacity, particularly domiciliary care.
- Recruitment of care workers across the market.

- Brexit implications as yet unclear.
- Meeting Delayed Transfer of Care (DTOC) targets, particularly in Cambridgeshire, and implementing Discharge to Assess.
- Continuing Health Care (CHC).
- The need to ensure that the S75 arrangement with the Mental Health Trust is fit for purpose and Care Act responsibilities are being covered with attention being paid to social work practice and data quality in the Mental Health Trust delegated service.
- Medium Term Financial Position.

Andrew also suggested that the Council's may wish to further consider:

- How mental health, drugs and alcohol, domestic violence and homelessness needs fit with ASC vision and front door arrangements.
- While evidence of good progress with Transforming Care, issues about meeting complex needs in the community because of difficulties with accommodation and availability of good providers.
- Implications of Integrated Care System approach for social care.

2.5 Regional Challenge Event

- 2.5.1 Following the separate external challenge meetings with each of the Council's a regional event was held on 4 April 2019, to look at common issues and decide which areas might benefit from regional wide focus.

The following areas were presented as being the most common risks identified across the region:

- **Managing demand** and the need to test the effectiveness of new models and approaches.
- **Market capacity** for social care, affecting strategy and pricing and ability to deliver independence strategies.
- **Achieving financial stability** over three years, arising as a significant risk in 2020-22.
- The **strategic interface with the NHS** as it develops Integrated Care Systems, and the current impact of steps to address overspends and underperformance.
- **Transformation change load** - affecting social work model, housing integration, commissioning models with the market, changes within the local NHS and STP.

Andrew Cozen's presented to the region some information on outliers for performance metrics. This indicated that Cambridgeshire is in the bottom half of the region for the percentage of service users receiving Direct Payments ranking 4th from bottom. In response we will be looking to make promotion of Direct Payments as an alternative to commissioned services more explicit in our Adult Positive Challenge Programme. This fits with our plans to recommission support for Direct Payments and also the role out of pre-cards as an options for Direct Payments.

The regional Sector Lead Improvement work programme is to be developed further following the regional challenge event and the Council will continue to actively engage with this programme for peer support and learning.

2.5.2 The region considered that the priorities for joint working in the region agreed previously to run from 2018 to 2020 continued to be valid and that in 2019/20 the regions joint working would therefore focus on the following:

- Practice and Outcomes
- Health Integration
- Financial Resilience, Resources and Intelligence
- Workforce and Leadership
- Care Quality, Market Shaping, and Commissioning
- Learning Disability Commissioning including Transforming Care
- Digital Transformation.

However the region is also looking to align the following areas of challenge into the regional priorities:

- Mental Health
- Carers
- Autism
- Continuing Health Care
- Regional Data and Consistency.

Key officers from Cambridgeshire are linked into this work to support us in delivering on our local challenges and to share the good work that we do more widely.

2.6 Next steps

- 2.6.1 The committee are scheduled to receive a series of reports during the year on the transformation work we are undertaking supported by Impower via the Adult Positive Challenge programme. This work impacts on a number of the challenges identified within our self assessment and will provide an overview on the progress we are making.
- 2.6.2 The performance year 2018/19 ended on 31 March 2019 and the statutory returns will be submitted in May and June 2019. This will give us an updated position of how we have progressed against indicators identified as poorer performers. The national benchmarking for these indicators is published in the Autumn which is when the next self-assessment will be completed.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The self assessment and external challenge noted progress and priorities relevant to this priority area.

3.2 Thriving places for people to live

The external challenge recognised the success the Council has had with targeted recruitment campaigns but also the continuing recruitment challenge in the wider provider sector.

3.3 The best start for Cambridgeshire's Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category

4.7 Public Health Implications

There are no significant implications within this category

Source Documents	Location
N/A	

ADULTS POSITIVE CHALLENGE UPDATE

To: Adults Committee

Meeting Date: 22 May 2019

From: Service Director: Adults and Safeguarding

Electoral division(s): All

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

Purpose: To provide an update on the Adults Positive Challenge programme (APCP) with an in-depth look at Technology Enabled Care (TEC) Workstream and the interface with the Think Communities Programme. The report also provides a section including feedback on how learning from the Neighbourhood Cares Pilots (NCP) is being applied to the programme as it develops.

Recommendation: The Committee is asked to:

- a) consider the content of the report and support the increased use of Technology Enabled Care to support people to live independently, and reduce demand for statutory care and support.
- b) note the interface between Think Communities and Adult Positive Challenge Programme.
- c) reflect on how the learning from the Neighbourhood Cares Pilots is being applied to the wider practice change in the Adult Positive Change Programme.

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

- 1.1 People and Communities Directorate has set a vision and ambition for Adult Social Care (ASC) which by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods.
- 1.2 The Adult's Positive Challenge Programme (APCP) vision is that by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods, delivering a financially sustainable service which will enable a neighbourhood approach which supports more people to live independent and fulfilling lives for longer.
- 1.3 The Council outcomes will be; a financially sustainable service that meets statutory duties; a focus on supporting neighbourhoods and communities; people remaining as independent as possible and partner actions align to a shared vision.
- 1.4 The Adult Positive Challenge Programme has eight workstreams in total which all interact positively with each other in order to deliver the overall change, outcomes and financial benefits;
 - Neighbourhood Based Operating Model
 - Increasing Carers Support
 - Embedding Technology Enabled Care (TEC)
 - Changing The Conversation
 - Commissioning
 - Targeted Reablement
 - Learning Disability Developing An Enablement Approach
 - Review of Panels.

Funding of £3 million has been identified by General Purpose Committee to deliver these workstreams.

- 1.5 There are regular updates for Committee scheduled to provide detail on progress on the Adult Positive Challenge Programme. It is planned that going forward these will be thematic and focus on the specific workstreams. This update provides a deeper dive insight into the work being undertaken in the Embedding Technology Enabled Care (TEC) workstream and the interface with the Think Communities work.

2. **MAIN ISSUES**

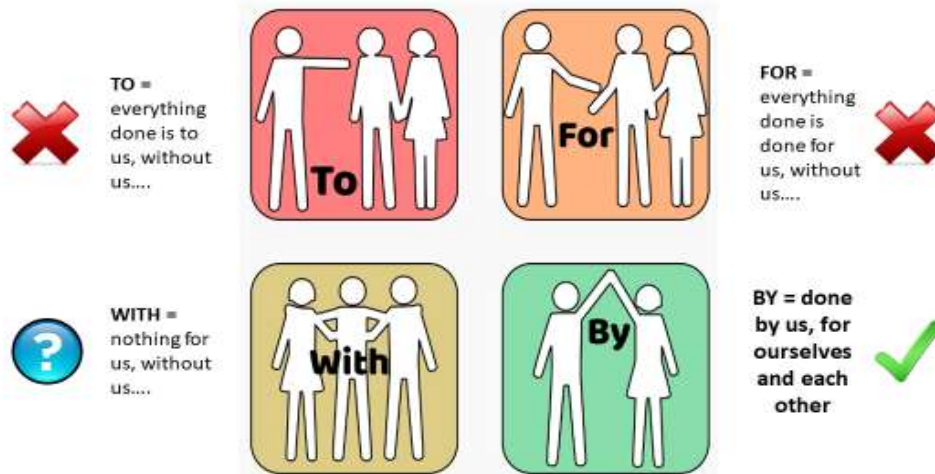
2.1 **Interface with Think Communities**

- 2.1.1 In September 2018, the Communities and Partnership Committee endorsed the Think Communities approach, an innovative set of principles and ways of working that the public sector across Cambridgeshire and Peterborough have jointly developed to ensure our citizens are at the heart of our decision making. These principles include the following:
 - the shared approach will need to adopt strengths-based principles

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

- 2.1.2 Separately, the Committee has agreed that one of its primary areas of focus should be on supporting the prevention and delay of demand for statutory services, as well as improving outcomes for our residents, through developing more community-based and community-led alternative services. As such this links closely with the strengths and assets based approach of Adult Positive Challenge by priming communities and partners to have a different conversation with our residents around how goals might be achieved.
- 2.1.3 Through the development of Think Communities, there is an agreement that the way we collectively deliver public services needs to change, with a greater emphasis on place-based service delivery, where there is a deep understanding of the local needs and assets in a community and the public sector system works collaboratively to resolve often entrenched issues. Building community capacity is a shared goal across the public sector. In addition to often delivering better outcomes, it is an underpinning driver to prevent or delay demand into more costly services.
- 2.1.4 The diagram below typifies how public sector services can often be delivered. Frequently, the public sector operates 'To' and 'For' people. Our aim is to increasingly move into delivering services 'With' communities and in doing so, we will create an environment where people are less reliant on the public sector to resolve their problems – where they do things for themselves, 'By' themselves

Where we need to get to



- 2.1.5 The Think Communities approach is modelled on the approach to public service delivery in Wigan. Wigan created a 'deal' between the council and the citizen, setting out the commitment the Council will make in return for a commitment from the citizen. Sitting behind the deal, Wigan implemented an extensive programme of transformation and reform, starting with the way in which Council officers fulfil their role enabling them to become innovators and to adopt a strengths-based approach. This includes developing comprehensive intelligence about their communities and the assets within them, and developing a new narrative with communities that supports residents to help themselves and each other as a starting point.
- 2.1.6 We are using the strength of and support for the Think Communities approach to lead, on behalf of and with the whole public sector system, work to reform our approach to and relationship with communities. An emerging model is based on a place-based approach, with services based within communities of between 30,000 and 50,000 residents. Services based within these communities will meet the evidenced need of the residents living there, and will represent the whole public sector system. Wherever possible, we will seek to co-locate different parts of the system with each other, to improve information sharing and service design and delivery.
- 2.1.7 The benefits of the Neighbourhood Cares pilots working on populations of 10,000 is recognised and the evaluation will inform the Think Communities work plan going forward. The Think Communities programme identifies that although some aspect of placed based working would sit at the 30,000 – 50,000 population level other aspects are best delivered at smaller 10,000 population level and other aspects would recognise the value of working at even smaller natural neighbourhoods.
- 2.1.8 The community size of 30,000 to 50,000 residents aligns to the emerging Primary Care Networks, which are described in the NHS 10 year plan. This plan recognises that a place-based approach to NHS service delivery will deliver better outcomes at the best price, and this very much aligns to our own Think Communities philosophy. By aligning our own communities with those identified as Primary Care Networks we will have

coterminous communities receiving services from the most appropriate part of the system, with access to a far broader range of alternatives to statutory interventions where appropriate. This approach also aligns to the emerging social prescribing approach for primary care, where often a community based offer can be far more effective than a medical prescription.

2.1.9 The work on Think Communities is broad and strategic, and there are a number of more specific projects and programmes that in some way aim to achieve similar outcomes. The list of aligned initiatives alongside Adult Positive Challenge Programme includes:

- Cambs 2020 Spokes workstream
- Continued development of the library service
- One Public Estate
- Sustainability and Transformation Partnership (STP) Integrated Neighbourhoods workstream
- Community Safety governance review
- Living Well Partnerships review
- Local Councils Development Plan
- Existing place-based programmes including Wisbech 2020
- The tackling poverty workstream of the Communities and Partnerships Committee.

2.2 Embedding Technology Enabled Care (TEC)

2.2.1 Embedding TEC is one of the workstreams within the Adults Positive Challenge Programme and is also, in itself, an enabler for other key workstreams within the programme.



Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are working together to share best practice and learning so that the provision of TEC can

have a much greater impact on demand management, and the associated costs for Adult Social Care.

- 2.2.2 The Embedding TEC workstream has received investment from the Council's Transformation Fund of around £350k for equipment and additional staffing capacity in order to achieve a cost avoidance target of around £2.3 million in 2019/20.
- 2.2.3 TEC is an essential tool for enabling people to remain living independently in the home of their choice and reduces the need for long term care and support. As part of the programme it is key that, by embedding a 'TEC first' approach, more people will benefit from equipment and technology that enhances their daily lives and well-being and keeps them independent for longer.
- 2.2.4 The workstream focusses on the provision of telecare equipment, which includes both stand-alone and linked (e.g. to a lifeline) technology solutions and also includes reference to other items of equipment that deliver the same long term vision – for example moving and handling equipment that facilitates single-handed care and avoids care costs of packages delivered by two paid carers, generally referred to as 'double-up care'.

Technology Enabled Care Can Fall Into The Following Categories:



Alarms & Pull Cords such as lifeline



Door exit sensor



Gas detector

Sensors & Memory Aids



Apps on Mobile Phones



Intelligent personal assistants and robotics

- 2.2.5 Since 2010 there has been a marked increase in the advancement of technology targeted at supporting people with health and social care needs, a trend which will

continue with global investment in artificial intelligence and robotics doubling every two years

- 2.2.6 It is the goal of this workstream that the potential benefits of technology should become a key consideration of any assessment for people, including children.

2.2.7 Anticipated Outcomes or Impact of the Workstream

- **Increase independence, confidence, and quality of life.**
Technology and community equipment can support people, and their carers, with numerous daily living tasks
- **Increased quality of life and wellbeing for people with complex long term needs.**
Many people continue to remain living at home but need significant amounts of support from family and formal carers. Through comprehensive risk assessment, it is vital that we continue to support these people to remain living in the home of their choice for as long as possible and avoid the need for them to have more formal care than they need or to avoid the need to move into long-term residential care.
- **Help manage potential risks around the home.**
Technology can help promote safety around the home, for example, video entry systems can control access to vulnerable people, and reminders to take their medication.
- **Provides reassurance to carers.**
Technologies can let carers know if their loved one has run into difficulties, for example, falls detectors can notify them if their loved one has fallen over. This reassurance gives carers peace of mind.
- **TEC is valued as an integral part of every conversation and support plan.**
This will mean that the most intelligent TEC is deployed at the earliest opportunity, and will prevent, reduce and delay the traditional avenues of social care and health interventions.
- **Information and advice for people who wish to self-fund.**
People will receive TEC solutions where they have eligible needs under The Care Act. However, we will increase the number of people who are able to self-help and self-fund through better information and advice that takes them, or their carers, to the best TEC solution when they need, or wish, to fund this themselves. This will be through access to better information and advice and on-line systems.
- **Reduce the costs of traditional care and support**
Through the provision of person-centred technology and community equipment solutions.

2.2.8 Workstream Project Plan

There are five key elements to the delivery of the TEC workstream project plan:

- i) **Intensive work with frontline staff to promote and embed a 'TEC first' approach.** This will involve the delivery of targeted training packages and focus groups across both adults and children's services. The current training offer will be reviewed to ensure that PCC are able to benefit from the established CCC TEC First training sessions, and a new joint programme of 'bitesize' training will be

developed to focus on specific eligible needs. There will be a comprehensive communications campaign, for both internal staff and external partners to promote the use of TEC. Internally there will be the development of the TEC Leaders pilot. Following on from the TEC Focus Groups held with frontline staff from Oct 18 to Feb 19, TEC Leaders will provide targeted support to team managers and senior practitioners for 3 months to train and embed learning around TEC. The management audit that is taking place across PCC and CCC will be used to identify the teams who would benefit most from the TEC Leaders work and will form the initial cohort.

- ii) **Performance Management and Monitoring of Savings.** Clear outcome measures and metrics have been developed by the Business Intelligence Team and these will be monitored and reported to the Programme Board on a monthly basis along with risk logs detailing what might affect the delivery of agreed targets. Investment of £328K has been agreed for CCC to cover both staffing and equipment costs with the intention that this will deliver avoided costs in 2019-20 of £2.3m. Paragraph 2.9.1 below sets out the cost avoidance model that will be tracked against.
- iii) **Operational Models of Delivery.** A previous report to Adults Committee in 2017 detailed the structure of CCC's in-house TEC Team which will be enhanced by the additional investment. The operational model of delivery in PCC is different but the teams are already beginning to work more closely together so that there is shared learning for all and an aligned approach to the overall outcomes required
- iv) **Commissioning Priorities.** There is now one Commissioner across both CCC and PCC to drive the delivery of an aligned approach to TEC. This involves some key pieces of work: ensuring the Community Equipment Service contract continues to deliver the required items of technology across the two local authorities ; reviewing the Lifeline (Community Alarm) provision which is particularly complex in Cambridgeshire ; Evaluating current projects (e.g. the Technology Enabled Discharge project) and whether this should become business as usual, and analysing some of the differences in provision across CCC & PCC and whether there are opportunities to streamline some of these
- v) **Embracing new technologies.** It is important that we research and utilise emerging innovations in technology and learn from the outcomes of key projects, for example, the Next Generation Project which is looking at the potential of 'intelligent' lifelines which can predict when someone might be at risk rather than waiting for an alert due to a crisis event.

2.2.9 Case Examples

These brief case examples demonstrate the outcomes for that can be achieved for people and their families through the delivery of TEC solutions:

Case Study 1 – Woman with Next Generation technology installed

One night an alert was sent by a trial system at 03:08 for a woman living on her own, notifying that the main door had been left open. The primary contact was called as were the enhanced response service (delivered by Reablement). Both were unable to attend so the police were called. The police arrived to find the property was empty and they instigated a high risk missing person alert.

The police called back at 04:59 to inform they had located the woman and returned her to the property. The Council's Early Responder Service (ERS) had arrived on site at this point and they worked with the police to settle the lady. This is also a good example of how linking a quick response service like ERS can support the maximisation of benefit from TEC.

Had the Next Generation Technology not been in place, the woman would have been extremely vulnerable and may have ended up admitted to hospital, or worse. This is an example of where the provision of TEC has an impact in terms of avoided costs for the whole system. A hospital admission would cost social care at least £87 and health at least £353. An admission to hospital in this instance is also likely to have led to an early admission to residential care at an additional cost to social care of at least £5,267

Case Study 2 – Man with fire in the house

A gentleman was provided with a lifeline and smoke detector as a part of the six week trial. Soon after there was a house fire, which triggered the smoke detector and lifeline. Fire fighters were able to promptly attend to the blaze and prevent it from spreading to other residences.

If the telecare system was not installed there is a significant chance that emergency services would not have attended in time and the outcome could have been very different.

In addition to the risk to life and impact on other residents this gentleman would have been at risk of a costly hospital stay and potentially an early admission to residential care due to the loss of his home. The average cost saved for the Council from avoiding a residential admission is £5,267.

Case study 3 – Neighbourhood Cares Pilot St Ives

Neighbourhood Cares St Ives have supported a couple and their daughter, he had a diagnosis of lung cancer and was able to come home from hospital for 4 days before sadly passing away.

Neighbourhood Cares St Ives have continued to support the family to enable the wife who has a diagnosis of dementia and their daughter who has a learning disability to remain at home. With the support of TEC a lifeline, door sensors and fire alarm have been installed. The daughter has continued to support her mother with the support of Carers Trust but building her confidence so that she can return to her own home for periods throughout the day and knowing that her mother is safe within her own home. Joint working is taking place with LD to ensure the daughter is supported and able to remain as independent as possible.

Without the use of TEC to support the family it is likely that both the mother and her daughter would have had to move into either residential care or other costly care support packages. In Cambridgeshire the most recent published unit cost data shows the average unit cost of a care package for an adult with a Learning Disability is £1600 per week and for an older person with dementia it was £727 per week so it is likely that TEC alongside the support from Neighbourhood Cares and Carers Trust was avoiding a significant amount of long term cost for the Council.

2.2.10 How will we measure success?

There is an agreed model for tracking the financial impact of TEC linked to the outcome the intervention is expected to achieve. In total six cost impactors have been identified for social care, which provision of TEC might mitigate against as indicated in the table below.

Prevention Category	Cost Avoided (Social Care) per Prevention
Residential Care	£5,267.00
Carer Support	£1,001.00
Medication Management	£963.00
Community Based Care Package	£4,056.00
Residential Dementia Care	£8,091.00
Hospital Prevention	£87.00

Savings have been dampened by the average client contribution for that type of care, where appropriate. From analysis of 2017/18 Just Checking Assistive Technology (JCAT) data, it has been calculated that on average, technology delayed an increase in the cost of a care package by 15.85 weeks for Older People and by 14.01 weeks for those with Learning Disabilities. Thus these are the number of weeks that have been used for modelling package delay.

- 2.2.11** Alongside tracking the activity against the prevention categories to monitor cost avoidance, the TEC workstream is also identifying a range of performance metrics to monitor impact. This includes three KPIs as below.

Metric	Outcome
Numbers of people receiving TEC	Increase
Percentage of support plans where TEC is included	Increase
Number of support packages including double ups or waking nights	Decrease

2.3 How Technology Enabled Care interacts with other workstreams in APC

- 2.3.1 Under the Adult Positive Challenge (APC) Programme consideration of Technology Enabled Care is promoted as an integral part of the changing conversation we need to have with people with emerging care and support needs.
- 2.3.2 There are also links to reablement where TEC would be considered as part of any reablement plan or post reablement support arrangement.
- 2.3.3 Offering TEC to children at a young age to incorporate it in their day to day life in order to support age appropriate independence is a core aspect of the LD Enablement workstream which seeks to transition young people into adulthood with increased independence.
- 2.3.4 Promotion of TEC to providers as a method for keeping down care costs and potentially relieving capacity pressures is compatible with the commissioning workstream.
- 2.3.5 In addition signposting to and providing TEC to support people to remain in their own neighbourhoods is in line with the Neighbourhood model. This is already a part of the core role of the Neighbourhood Care's Pilots in Soham and St Ives.
- 2.3.6 Provision of TEC, particularly monitoring TEC can provide peace of mind to carers and support them with their caring role whilst maintaining their own lives and employment.

2.4 Learning from the Neighbourhood Cares Pilots (NCP)

- 2.4.1 The innovative Neighbourhoods Care Pilot is having a wide ranging influence on the outcomes achieved for individuals living in St Ives and Soham as well as on wider social care practices. Lessons learnt from the pilot are already being implemented, enhancing social care practice across Cambridgeshire and Peterborough, and are driving the design work being undertaken as part of the Adults Positive Challenge Programme.

This paper outlines how the principles and lessons learnt from Neighbourhoods Care Pilot are already driving forward a new way of working for adult social care.

2.4.2 Conversations not Assessments

A key principle coming from NCP is that social care practitioners need to hold conversations with individuals rather than undertake assessments. To be person centred we need to understand what is important to an individual and the best way of doing this is to talk to them. Conversations rather than assessments also enables the explorations of people's strengths and their social networks.

The Adults Positive Challenge Programme has taken this approach and is embedding it throughout the rest of ASC via the 'changing the conversation' workstream. This begins with a workshop with frontline practitioners which enhances the strengths based work they have been doing and works through some conversation scenarios together, providing constructive challenge and an opportunity to learn from colleagues and reflect on their own practice. This approach is embedded through weekly huddles to discuss how effective current conversations are and possible creative solutions to help people achieve their outcomes.

2.4.3 Exploring Community Assets

Linking in with the existing community assets is a key benefit of NCP. In addition to the new conversations being adopted across the two councils including a focus on how the community can support the individual, the written information and advice is also being revamped to adopt this approach. To date Cambridgeshire's website is being revamped and the new Guide to Independent Living 2019 was published in February to replace the Care Choices booklet.

2.4.4 Supporting Carers

NCP has highlighted the importance of working with carers. They have recognised that conversations with carers, rather than assessments, are just as important as the conversations with the people they look after. Providing emotional support for carers, such as the development of carer peer support groups, has made a real difference to the carers' mental wellbeing and the quality of care they are able to provide.

The Adults Positive Challenge Programme is taking this learning forward within the carers workstream. Developments in this area involve training all staff in how to have good conversations with carers, redesigning the carers experience of adult social care, and recommissioning the support available for carers.

2.4.5 Enhancing the network with primary care in utilising the preventative offer

NCP has shown that community based social work benefits from building a strong network with primary care, but that being based within GP surgeries is not a necessary condition to build this strong network. The NCP activity has involved helping primary care to understand the preventative offer and training practice staff in taking a community approach.

This learning is being built upon within Peterborough City Council, whereby they are trialling how to enhance the network with primary care within the current structures. They have created a 'pink button' on the GP IT system (System 1) which makes it very easy for GPs to make a referral to Adults Social Care (ASC) that fits within their existing routines. The social care practitioners follow up with GPs after they have helped the individual in order to provide GPs with an update and to keep communication channels open, sharing their responsibility as a network for helping the individual rather than handing this over. This is supplemented with increasing GPs awareness of the role of social care so that the referrals are appropriate.

The referral is very simple to complete and encourages GPs to think about a range of areas that could be of assistance such as technology enabled care or strength and balance training to prevent a fall.

2.4.6 Enhancing the network with Parish Councils

The experience in Soham NCP has identified that working together with Parish Councils is a good way of identifying people at risk of reduced independence in the near future and who would therefore benefit from early intervention and prevention interactions.

This learning is being built upon within Peterborough City Council, whereby they are proactively building links with the local Parishes, making them aware of how people can help themselves to prevent their needs from escalating and about support available from the Home Service Delivery team when people are not able to help themselves or benefit from help from their neighbours. One Parish is developing a befriending scheme with 40 volunteers and ASC is exploring with them how they can use a strength based approach as part of the conversations they have with people they're befriending.

2.4.7 Mixed Caseload

A key area of learning from NCP is the benefits of having a mixed caseload of complex and less complex cases. This helps the social care practitioners manage their emotional and mental wellbeing, as it provides an ebb and flow in difficulty and intricacy of the work and variety to explore new creative solutions.

Cambridge and South Cambridge Older People's team have adopted this learning, allocating cases not just on risk, but also taking level of complexity into account so each social care practitioner has a balanced workload. This has seen an increase in job satisfaction and has resulted in a decrease in the waiting list.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Technology Enabled Care can substantially enhance the ability of people to continue to live independent lives. Some health monitor TEC such as epilepsy monitors can also help people to manage health conditions and prevent acute health episodes.

3.2 **Thriving places for people to live**

Technology Enabled Care can support carers and people with care and support needs to continue in or re-enter employment. Use of Technology Enabled Care can also free up desperately needed capacity in the care sector and reduce costs for local care providers.

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

There is no significant implications for this priority.

4. **SIGNIFICANT IMPLICATIONS**

4.1 **Resource Implications**

The Technology Enabled Care workstream has received investment of £328K via the General Purposes Committee

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

There are no significant implications within this category

4.3 **Statutory, Legal and Risk Implications**

There are no significant implications within this category

4.4 **Equality and Diversity Implications**

There are no significant implications within this category

4.5 **Engagement and Communications Implications**

There are no significant implications within this category.

4.6 **Localism and Local Member Involvement**

There are no significant implications within this category

4.7 **Public Health Implications**

There are no significant implications within this category

Source Documents	Location
N/A	

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

DELAYED TRANSFERS OF CARE (DTOC) PROGRESS REPORT

To: **Adults Committee**

Meeting Date: **22 May 2019**

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

Electoral division(s): **All**

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

Purpose: **The report provides an update on progress related to Delayed Transfers of Care (DTOC).**

Recommendation: **N/A**

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1. BACKGROUND

- 1.1 This paper provides an update on the system review of capacity and demand, which forms a key workstream of the Discharge Programme of work to address Delayed Transfers of Care (DTOC).

2. MAIN ISSUES

2.1 Discharge Programme

The Discharge Programme is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. The programme comprises seven key enabling work streams of activity:

- Integrated Discharge Service (IDS): The IDS is a team of health and social care discharge planning experts working together to support hospital wards with discharge planning for people with complex needs, and /or who need community support after discharge. In addition, a community hub has been established to manage capacity, demand and flow through key community pathways.
- Referral Process for Complex Discharge Support: Development of new Assessment and Discharge Notification forms that contain only information needed for the IDS to triage people effectively to the appropriate discharge pathway.
- Robust Operational Management
- Discharge to Assess: Review and development of effective discharge to assess pathway to support hospital discharge and ensure people are getting the right care in the right setting.
- Demand and Capacity Modelling: Understanding the growing needs for system- wide coordination of demand.
- Reporting: Standardising data collection and reporting through joint health and social care governance structures in the system.
- Effective Partnership Working.

2.2 Outcomes of the Capacity and Demand Review Workstream

The work-stream was led by a multi-disciplinary task and finish group, with the objective of:

- Understanding the capacity and demand gap for post hospital care provision; and
- Developing recommendations for addressing capacity shortages

A detailed analysis was undertaken over a three month period to give a system view of current demand based on 12 months of historic discharge data and a future forecast. An initial review of data highlighted that there were three key areas of demand for post hospital discharge care, and these areas provided the focus for the detailed deep dive analysis;

- Reablement
- Domiciliary Care (including both social care and NHS); and
- Further non-acute NHS care – including intermediate beds, intermediate care at home, residential and nursing care.

In summary, the key conclusions are:

- We have adequate capacity at a global level, with the exception of reablement and intermediate care at home, where additional capacity is required.
- The issue is the way in which 'demand' presents itself. This means that we don't have the right capacity in the right place at the right time (**capacity mismatch**). There are a number of reasons for this, including:
 - Flow in and out of services isn't 'average' or 'steady', we discharge in bunches.
 - Geographical variations.
 - Patient choice (e.g. male carers, time of calls)
 - Not all patients are eligible (e.g. ward design, entry criteria, mixed sex wards etc.)
 - Flow out services impacts on blockages in short term provision
- 'Capacity' is hiding 'Process Delays' in some instances

The workstream identified three potential options to address capacity mismatch:

- Option 1: Fund extra capacity and therefore the extra inefficiencies that come with this.
- Option 2: Do nothing and accept the current level of DTOC performance.
- Option 3: Think differently about how we match capacity to demand

As a system, we are already doing elements of option 1 and 2, examples include:

- Local authority has actively commissioned additional reablement (42% increase since April 2017) and domiciliary care capacity (13% increase since April 2017).
- Residential care home capacity has increased by 5.6% in Cambridgeshire and 11.2% in Peterborough between April 2015 and April 2018.
- Additional investment in DTOCs through Improved Better Care Fund, Hancock Monies, Sustainability and Transformation Partnership (STP) etc.
- Continue to work with the market to increase and maximise capacity (e.g. Joint Market Position Statement, Provider forums, closer working across brokerage to maximise capacity)
- Increased focus on prevention and early intervention, to reduce the demand on domiciliary care, e.g. increasing use of technology enabled care, reducing double up packages.
- Clinical Commissioning Group (CCG) commissioned additional intermediate care worker capacity.
- There is also limited additional capacity in the system to purchase.

In order to develop approaches to Option 3, we need to think differently about how we match capacity to demand and the ongoing work of the Discharge Programme board is being configured to support the following areas:

- Process and Flow: make best use of available resources to maximise the capacity that is available to us.
 - Joint brokerage – to maximise market capacity.
 - Improving patient following assessment – e.g. trusted assessor model
 - Advanced notice for discharge

- Changing the conversation with patients: patient choice, having difficult conversations earlier.
- Commissioning differently, examples include:
 - Personal budgets / health budgets
 - Better use of the voluntary sector resources
 - Use of banding within commissioning contracts and assessment practice – e.g. ‘time bandings’ and moving away from traditional ‘breakfast, lunch and dinner calls’
 - Commissioning criteria for services, e.g. eligibility
 - Mixed sex wards
 - Place based commissioning, rather than service based commissioning
- Focusing on the front end, to reduce flow into hospitals, through greater investment in early intervention and prevention approaches in the community, e.g.:
 - Adults Positive Challenge Programme
 - Integrated Neighbourhoods
 - GP engagement earlier on in patients journey

The full capacity and demand outcomes can be found in the attached presentation 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:

- Improved provision of health and social care services that are more joined up, personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

3.2 Thriving places for people to live

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

- Increasing the provision of joined up health and social care provision, including hospital discharge support for people who need it, ensuring people have access to the most appropriate services in their communities.

3.3 The best start for Cambridgeshire’s Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been	Yes or No

cleared by Public Health	Name of Officer:
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Source Documents	Location
NHS England nationally published Delayed Transfer of Care (DTOC) data	https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Cambridgeshire & Peterborough

Complex Discharge Demand and Capacity Modelling

March 2019

Summary

The Scope:

- Understand the **capacity and demand gap** for post hospital care provision; and
- Develop **recommendations for addressing** capacity shortages

Summary Conclusions:

- We have adequate capacity at a global level, with the exception of reablement and intermediate care at home, where additional capacity is required.
- The issue is the way in which 'demand' presents itself. This means that we don't have the right capacity in the right place at the right time (**capacity mismatch**). There are a number of reasons for this, including:
 - Flow in and out of services isn't 'average' or 'steady', we discharge in bunches.
 - Geographical variations.
 - Patient choice (e.g. male carers, time of calls)
 - Not all patients are eligible (e.g. ward design, entry criteria, mixed sex wards etc.)
 - Flow out services impacts on blockages in short term provision
- 'Capacity' is hiding 'Process Delays' in some instances

Demand and Capacity Modelling – The Approach

The Approach:

- **Reviewed demand:** 12 months of complex discharge activity from the Patient Tracker Lists (PTL) across Addenbrookes, Hinchingbrooke and Peterborough City Hospital was reviewed. This showed significant demand for post-hospital services across the Cambridgeshire and Peterborough patch, projecting demand at 4.14% increase per year*.
- **Identified post hospital care services with highest demand:** reviewed the coding applied to complex discharges to identify which types of post hospital discharge care have highest demand. Highlighted three key areas*:
 - Reablement
 - Domiciliary Care (including both social care and NHS)
 - Further non-acute NHS Care – including intermediate beds, intermediate care at home, residential and nursing care

These three areas formed the basis of the capacity and demand deep dive.

**See Appendix 1*

Capacity & Demand Modelling – Issues and Assumptions

During the course of the capacity and demand modelling, we identified a number of issues and made the following assumptions:

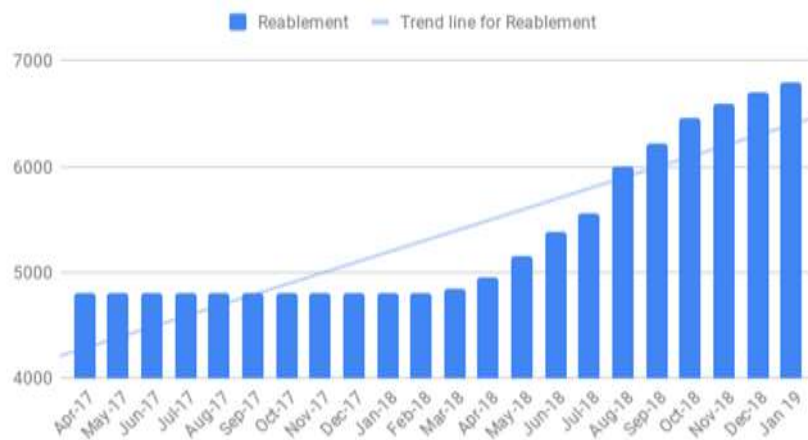
- There was a **large discrepancy between PTL data and actual referrals** into services ('service demand')*, e.g. *reablement figures showed 100% variance between PTL and service demand data.*
- Need to understand the discrepancy between PTL and service demand data, as **the PTL drives daily discharge behaviours** and decisions.
 - Coding incorrectly – e.g. are we hiding 'process delays' as 'capacity delays'
 - Some patient cohorts not being included in PTLs
- We have **used service demand data** wherever possible for the purposes of this analysis.
- **Mean averages were used** for analysis purposes, which doesn't take account of peaks in demand and specific patient cohort differences.

**See Appendix 2*

Key Findings

Reablement

Reablement - Commissioned Hours



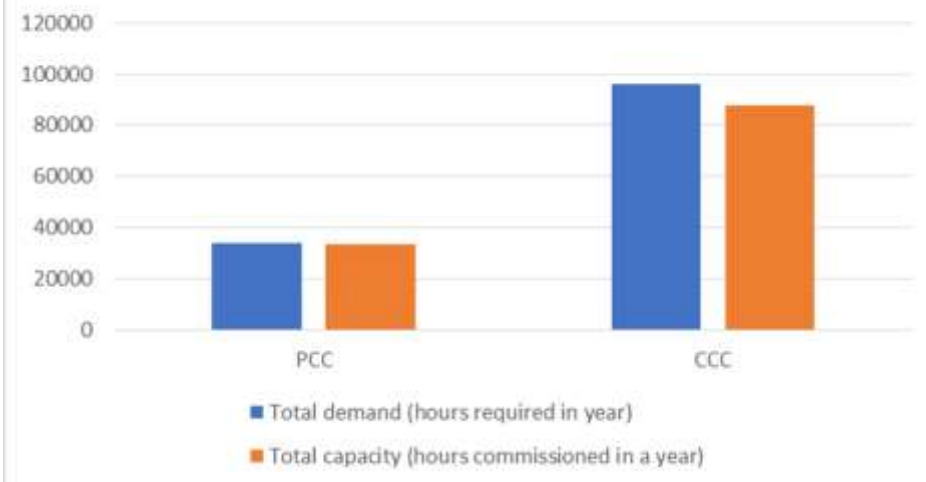
- Since April 2017, the local authority has commissioned a **42% increase in reablement capacity** across **Cambridgeshire***.
- To continue to meet demand, **10% more capacity is needed** in the reablement service.
- Circa. **25% of capacity** is being used to **bridge mainstream domiciliary care** packages. If we reduced bridging, we would increase capacity in the reablement service.

- **In Peterborough, capacity is sufficient** to manage demand.

(n.b. Graphs exclude bridging mainstream domiciliary care hours delivered)

(*See Appendix 5)

Demand compared to capacity, reablement

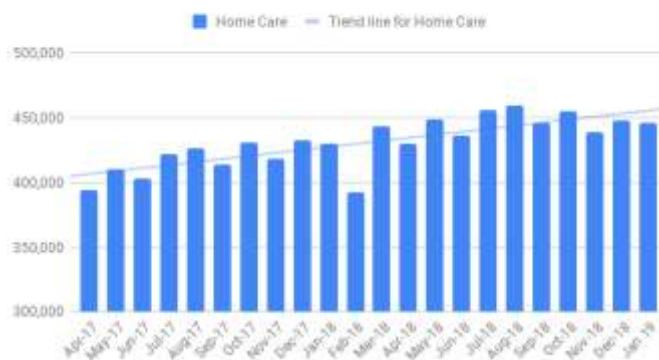


Key Findings

Social Care Domiciliary Care

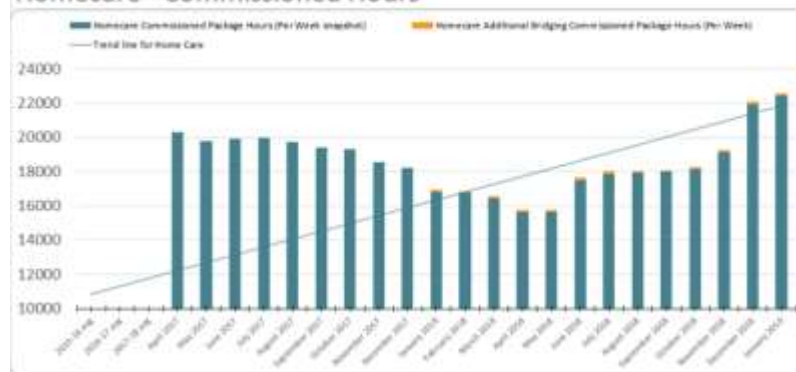
Cambridgeshire:

Home Care - Commissioned Hours



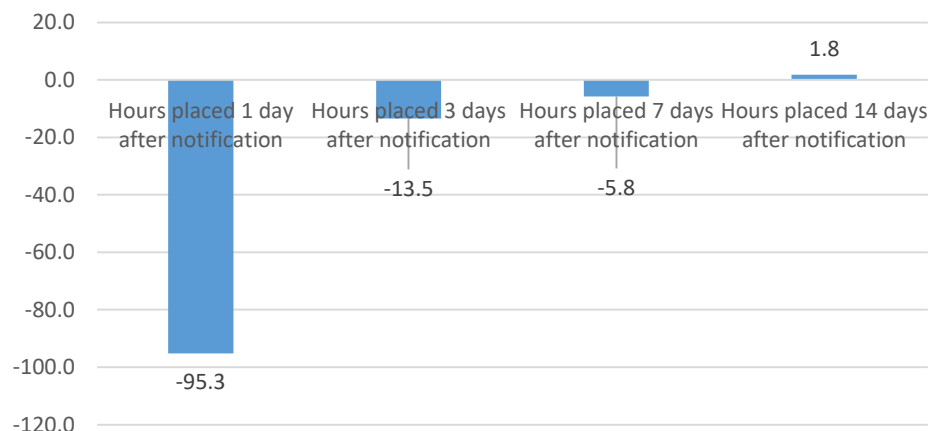
Peterborough:

Homecare - Commissioned Hours



- Since April 2017, the Local Authority has commissioned **13% more capacity** across **Cambridgeshire** and **10% more capacity** across **Peterborough***.
- Demand varies a lot from week to week, but on average there is **sufficient global capacity** to meet demand across the system**.
- The issue is a **capacity mismatch issue** – i.e. the right capacity in the right place at the right time (e.g. breakfast/lunch time calls or geographical location).
 - On average, **all demanded hours have been placed within 14 days** of notification.
 - If we wanted to place all demanded hours within 1 day following notification, we would need up to as much as four times more capacity to match demand with capacity.

Average difference between hours placed and hours demanded (weekly hours)

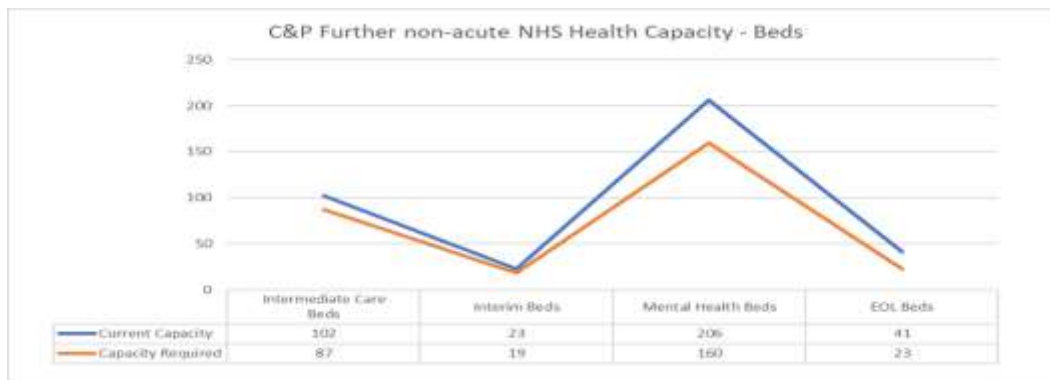


(*See Appendix 5)

(** See Appendix 3)

Key Findings

Further non-acute NHS Care – Interim Beds & Intermediate Care at Home

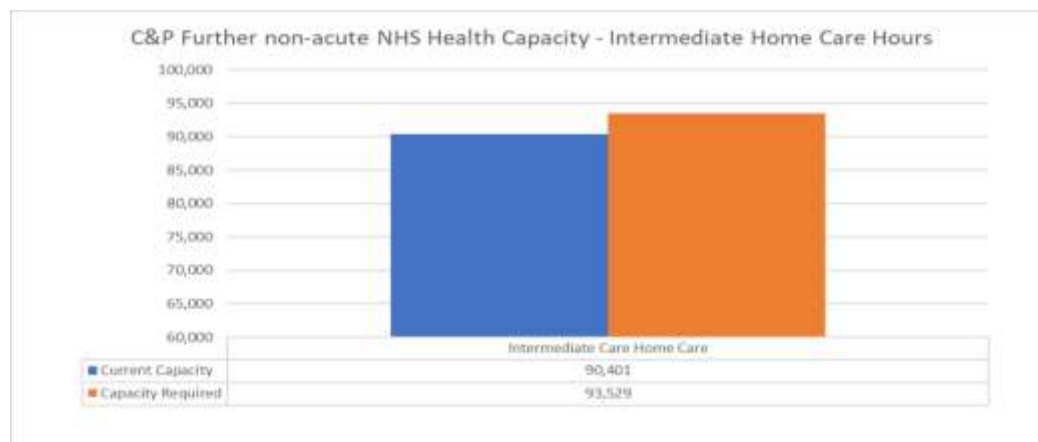


Interim Beds:

- Based on 90% occupancy rates and average length of stay, there is **sufficient bed capacity to meet demand***.

Intermediate Care at Home:

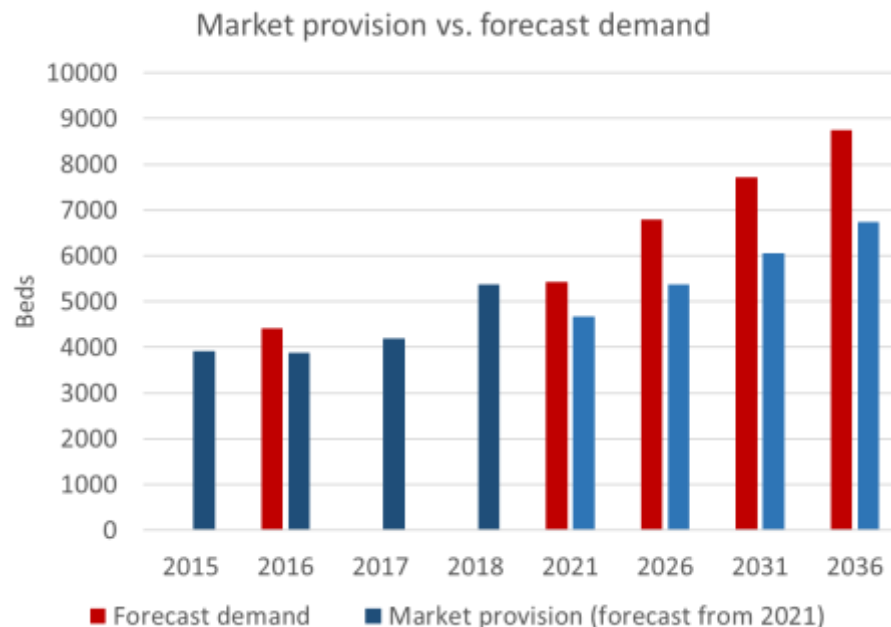
- We need **6% more capacity for intermediate care at home**. The chart shows that the current level of commissioned NHS and private provider homecare hours are just short of the level required to meet demand*.



(* See Appendix 4)

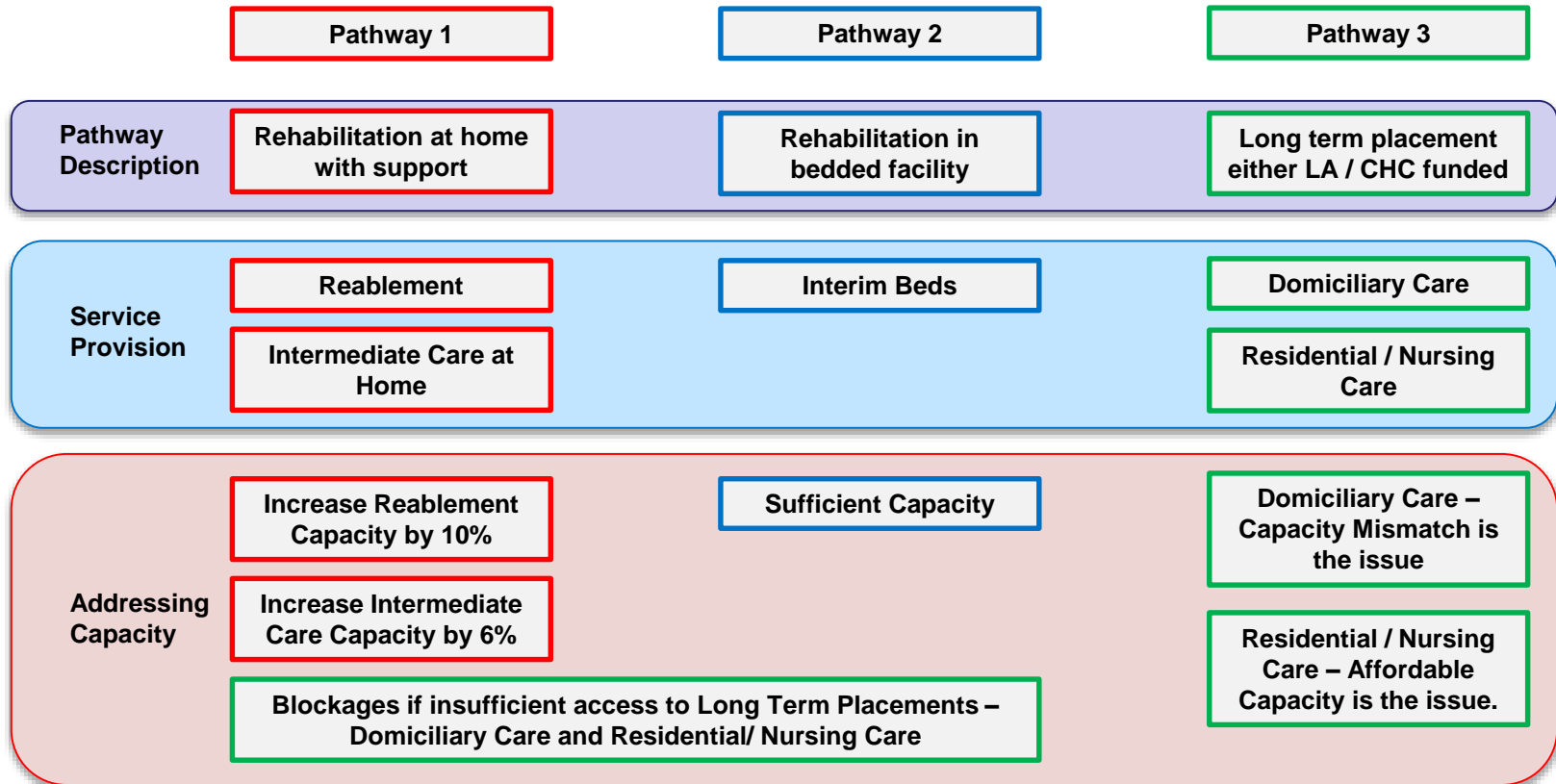
Key Findings

Further non-acute NHS Care - Nursing and Residential



- Cambridgeshire's residential care home bed capacity grew by 5.6% between April 2015 and April 2018. Peterborough's capacity grew by 11.2%*.
- Cambridgeshire's nursing bed capacity reduced by 5.2% between April 2015 and April 2018. Peterborough's nursing bed capacity remained static*.
- Currently, there is **adequate capacity**, but there is mixed impact (e.g. 40% of the Cambridgeshire market is purchased by self funders*)
- **Affordable capacity is the problem.** Costs have been inflating due to self-funders, national living wage costs and exchange rates etc. We need to commission together to manage the market costs more effectively.

Capacity Impact on Discharge Pathways

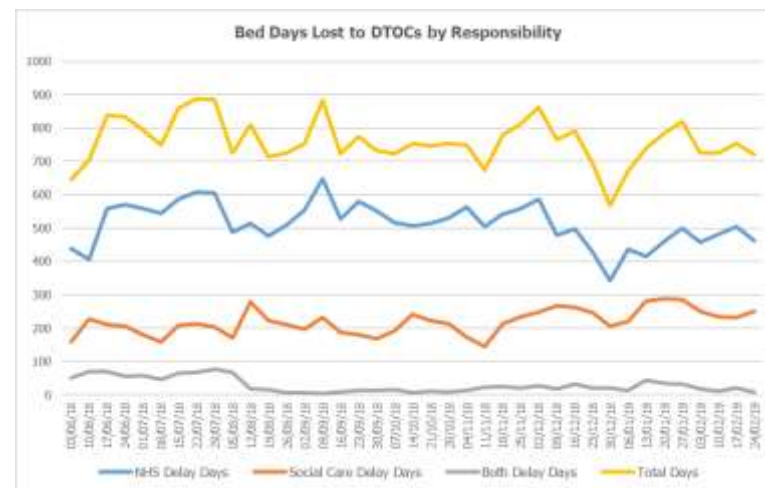


Recommendations & Next Steps

- There are three potential options to address capacity mismatch:
 - **Option 1:** Fund extra capacity and therefore the extra inefficiencies that come with this.
 - **Option 2:** Do nothing and accept the current level of DTOC performance.
 - **Option 3:** Think differently about how we match capacity to demand

Recommendations & Next Steps – Options 1 and 2

- As a system, we are **already doing elements of option 1 and 2**, including:
 - Local authority has actively commissioned additional reablement (42% increase since April 2017) and domiciliary care capacity (13% increase since April 2017)*
 - Residential care home capacity has increased by 5.6% in Cambridgeshire and 11.2% in Peterborough between April 2015 and April 2018*.
 - Additional investment in DTOCs through Improved Better Care Fund, Hancock Monies, STP etc.
 - Continue to work with the market to increase and maximise capacity (e.g. Joint Market Position Statement, Provider forums, closer working across brokerage to maximise capacity)
 - Increased focus on prevention and early intervention, to reduce the demand on domiciliary care, e.g. increasing use of technology enabled care, reducing double up packages.
 - CCG commissioned additional intermediate care worker capacity.
- There is also limited additional capacity in the system to purchase.



DTOC performance shows we continue to struggle as a system to deliver against the 3.5% target.

Cambridge and Peterborough System - Delayed Transfers of Care

	CUH			HH			PCH			CPFT - Community		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
27/01/2019	69	466	7.4%	21	183	11.1%	55	205	5.2%	15	93	14.0%
03/02/2019	53	430	6.5%	11	118	7.3%	43	201	5.1%	14	114	17.1%
10/02/2019	53	417	6.5%	17	124	6.7%	54	221	5.6%	6	74	11.1%
17/02/2019	45	364	5.7%	25	190	11.1%	42	239	6.0%	9	53	8.0%
24/02/2019	51	395	6.2%	20	190	11.3%	42	185	4.8%	8	59	8.9%

Recommendations & Next Steps – Option 3

- In order to develop approaches to **Option 3**, we need to **think differently about how we match capacity to demand**:
 - **Process and Flow**: make best use of available resources to maximise the capacity that is available to us.
 - Joint brokerage – to maximise market capacity.
 - Improving patient following assessment – e.g. trusted assessor model
 - Advanced notice for discharge
 - **Changing the conversation** with patients: patient choice, having difficult conversations earlier.
 - **Commissioning differently**, examples include:
 - Personal budgets / health budgets
 - Better use of the voluntary sector resources
 - Use of banding within commissioning contracts and assessment practice – e.g. ‘time bandings’ and moving away from traditional ‘breakfast, lunch and dinner calls’
 - Commissioning criteria for services, e.g. eligibility
 - Mixed sex wards
 - Place based commissioning, rather than service based commissioning
 - Focusing on the front end, to **reduce flow into hospitals**, through greater investment in **early intervention and prevention** approaches in the community, e.g.:
 - Adults Positive Challenge Programme
 - Integrated Neighbourhoods
 - GP engagement earlier on in patients journey
- The role of the Discharge Programme Board:
 - The capacity issue is different to what we anticipated. How do we focus efforts in the right areas to address capacity mismatch?

FINANCE AND PERFORMANCE REPORT – OUTTURN 2018/19

To: Adults Committee

Meeting Date:

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 2018/19 outturn Finance and Performance report for People And Communities Services (P&C).

The report is presented to provide the Committee with the opportunity to comment on the financial and performance position at the end of the 2018/19 financial year.

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

Officer contact:	
Name:	Stephen Howarth
Post:	Strategic Finance Manager
Email:	stephen.howarth@cambridgeshire.gov.uk
Tel:	01223 714770

1.0 BACKGROUND

- 1.1 A Finance & Performance Report for People and Communities (P&C) is produced monthly and the most recent available report is presented to the Committee when it meets – the latest is provided in Appendix B.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the P&C Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in Appendix A, and the table below provides a summary of the budget totals relating to Adults Committee:

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2018/19 £000	Actual Close (P13) 2019 £000	Forecast Outturn Variance £000
148	Adults & Safeguarding	155,652	156,339	686
352	Adults Commissioning (including Local Assistance Scheme)	11,345	11,811	466
500	Total Expenditure	166,998	168,150	1,152
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-28,836	-28,836	0
500	Total	138,161	139,313	1,152

Please note: Strategic Management – Commissioning covers all of P&C and is therefore not included in the table above. The Executive Director and Central Financing budgets are reported to CYP Committee as they contain items material to services under the oversight of that committee.

1.4 Financial Context

- 1.4.1 As previously discussed at Adults Committee the major savings agenda continues with £99.2m of savings required across the Council between 2017 and 2022. The total savings achieved for P&C in 2018/19 were £21.4m.
- 1.4.2 Although significant savings have been made in 2018/19 across the directorate, Adults services have faced, and continue to face, demand and price pressures, particularly:
- In Older People's services where prices have risen well above inflation for residential and nursing care
 - Through increased demand in the NHS and improved performance in reducing delays in transfers of care
 - In Learning Disability services, where the needs of a relatively static number of service-users has continued to increase
- 1.4.3 Central government has recognised pressures in the social care system through a number of temporary ring-fenced grants given to local authorities and these are able to be used to offset pressures, make investments into social work to bolster the social care market or reduce

demand on health and social care services. The Council was able to use some of this funding directly to offset pressures, and spent the remainder on a programme of work intended to aid the health and social care system by providing additional care capacity and more targeted work with people in hospitals. But this funding is not certain or confirmed beyond 2019/20.

2.0 MAIN ISSUES IN THE OUTTURN 2018/9 P&C FINANCE & PERFORMANCE REPORT

2.1 Revenue

- 2.1.1 At the end of the year, People & Communities overspent by £4.8m, which is around 2% of budget, and £180k less than the latest forecast.
- 2.1.2 Within that, services relating to Adults Committee are forecasting overall in January an overspend of £1.15m for the year – around 0.8% of budget. This is an increase of around £690k from the previous forecast position. The main causes of this shift are detailed below in 2.1.5.
- 2.1.3 Budgets relating to care provision overspent by around £3.1m (3%), offset by mitigations including use of grant funding and over-delivery of some savings lines. In particular, elements of the Improved Better Care fund and 2018/19 Social Care Support Grant have been used to mitigate pressures in year, in line with their intended purposes. This has, however, built up some reliance on one-off funding into 2019/20 which will need to be managed through utilisation of additional in-year grants announced by central government (including the 2019/20 Social Care Support Grant).
- 2.1.4 The causes of the overall overspend position on care budgets have been present for much of the year and detailed in previous reports to committee. These are principally pressures on care spend within the Learning Disability Partnership (LDP) and Older People's and Physical Disability Services (OP/PD) as well as slower than anticipated delivery of certain savings programmes with an expectation that work will continue into 2019/20 and deliver over a revised timescale. Additional savings were identified in-year as part of the 'funnel' process.
- 2.1.5 The LDP ended the year approximately in line with its latest forecast position with a £2.48m overspend, but OP/PD ended around £600k higher than forecast at £2m. Within OP/PD pressures caused by increases in unit costs for residential and nursing placements were a concern throughout 2018/19, caused by a combination of legislative pressures (mainly the increasing minimum wage) and market pressures from the high demand compared to capacity within the sector locally. In March there was a particular spike in the average weekly cost of residential and nursing placements, as well as the numbers of people in these expensive types of care. This reflects a general upward trend in both through the financial year. The activity data in section 2.5.5 of the main report shows more detail about this. In addition, some expected mitigations from increased recharges from the NHS where people have health needs ended the year lower than expected, reflecting the length of time processes around this can take.
- 2.1.6 The two main areas of pressure identified in 2.1.4 will continue to be a risk into 2019/20. The price pressures within OP/PD are of particular concern, as budgets were set based on projections of costs made much earlier in the financial year as part of the business planning process. These therefore omit part of the impact of 2018/19's overspend on the new year, and did not assume ongoing monthly increases in unit costs would be so high.
- 2.1.7 Plans are in place, and continue to be developed, to try to manage this increase in care costs. Further block capacity for residential and nursing placements is in the pipeline, though this will likely be affected by price increases as well. Significant investment is also being made into Reablement and Technology Assisted Care to try to ensure people remain out of the most

expensive types of care for longer, and targeted work in hospital discharge is aiming to return people increasingly to their own homes with support. These approaches together are aiming to mitigate price increases where possible, but recognise that the best approach to managing cost is ensuring a greater proportion of people retain their independence, which is a key part of the Adults Positive Challenge Programme.

- 2.1.8 Additional government funding in 2018/19, mainly through the Improved Better care Fund, Social Care Support Grant and Winter Pressures Grant, provided some mitigation of care pressures as well as enabling investment into increased capacity in Reablement and domiciliary care, and helping the wider system with investments around hospital discharge. The use of part of this funding to directly mitigate pressures has been a key part of reducing the overspend in-year, but it is recognised that much of this funding has only been confirmed for one year. Reliance on one-off funding will be avoided where possible in 2019/20, but the government has already announced a continuation of many of the funding streams.

2.2 Savings Tracker

- 2.2.1 The savings tracker at the end of the year is included as Appendix C. It shows that, of £21.3m planned savings in P&C included in 2018/19's business plan, £18.6m was delivered. This was £2.7m less than the target.
- 2.2.2 But, in addition to the delivery of those savings there was a further £2.8m of savings delivered within the 'funnel' – a pipeline of additional savings plans drawn up in year to mitigate the risk of non- or delayed-delivery of planned savings. These savings include:
- a programme to scrutinise requests for annual uplifts for care packages,
 - a piece of work to further roll-out assistive technology within the Learning Disability Partnership,
 - the retendering of some care contracts that have over-delivered on planned savings
 - the recruitment of up to four occupational therapists to work in Reablement and Adult Early Help to better help people maintain independence for longer
- 2.2.3 The savings tracker is colour-rated to show the level of variance against target. Along with the standard RAG ratings, a black rating highlights where a saving has not been made in its entirety, and a blue rating highlights where the savings is expected to over-deliver.

2.3 Performance

- 2.3.1 There are four red indicators in the performance information relating to Adults Committee:
1. Average monthly number of bed day delays (social care attributable) per 100,000 18+ population
 2. Proportion of requests for support where the outcome was signposting, information or advice only
 3. Proportion of Adults with Learning Disabilities in paid employment
 4. Proportion of adults receiving Direct Payments

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

3.1.1 There are no significant implications for this priority.

3.2 Thriving place for people to live

3.2.1 There are no significant implications for this priority

3.3 The best start for Cambridgeshire's Children

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications within this category.

4.3 Statutory, Risk and Legal Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Consultation Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

Appendix A

Adults Committee Revenue Budgets within the Finance & Performance Report

Adults & Safeguarding Directorate

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

Learning Disability Services

LD Head of Services
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

OP - City & South Locality
OP - East Cambs Locality
OP - Fenland Locality
OP - Hunts Locality
Neighbourhood Cares
Discharge Planning Teams
Shorter Term Support and Maximising Independence
Physical Disabilities

Mental Health

Mental Health Central
Adult Mental Health Localities
Older People Mental Health

Commissioning Directorate

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

Adults Commissioning

Central Commissioning - Adults
Integrated Community Equipment Service
Mental Health Voluntary Organisations

Executive Director

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

Grant Funding

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

From: Martin Wade and Stephen Howarth

Agenda Item 11 – Appendix B

Tel.: 01223 699733 / 714770

Date: 17th April 2019

People & Communities (P&C) Service

Finance and Performance Report – Closedown 2019

1. SUMMARY

1.1 Finance

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

1.2. Performance Indicators – March 2019 Data (see sections 4&5)

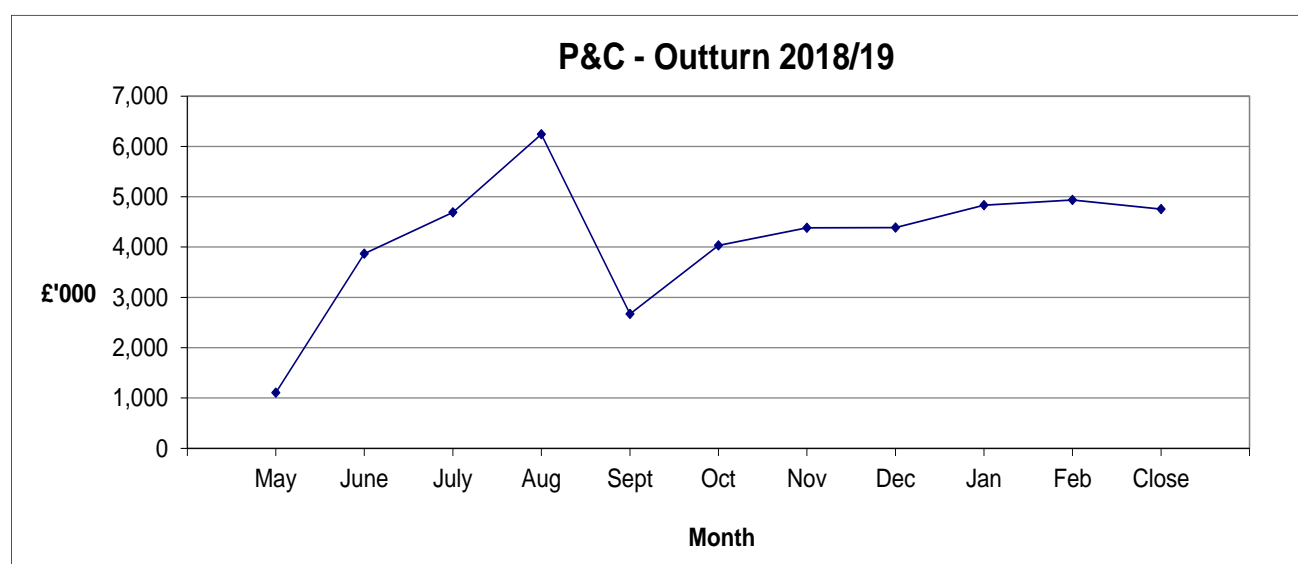
Monthly Indicators	Red	Amber	Green	No Target	Total
March 18/19 Performance (No. of indicators)	8	9	12	9	38

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance Outturn (Feb) £000	Directorate	Budget 2018/19 £000	Actual £000	Outturn Variance £000	Outturn Variance %
148	Adults & Safeguarding	155,652	156,339	686	0.4%
4,840	Commissioning	44,956	49,699	4,743	10.5%
-166	Communities & Safety	6,950	6,713	-237	-3.4%
2,268	Children & Safeguarding	52,204	53,936	1,732	3.3%
9,098	Education	81,155	90,693	9,538	11.8%
-3,229	Executive Director	4,306	1,282	-3,023	-70.2%
12,959	Total Expenditure	345,222	358,661	13,439	3.9%
-8,023	Grant Funding	-101,653	-110,335	-8,682	8.5%
4,936	Total	243,570	248,326	4,756	2.0%

The service level finance & performance report for 2018/19 can be found in [appendix 1](#). Further analysis of the outturn position can be found in [appendix 2](#).



2.2 Significant Issues

At the end of Closedown 2019, the overall P&C position is an overspend of £4,756k.

Significant issues are detailed below:

Adults

At the end of 2018/19, Adults Services have overspent by approximately £1.1m or 0.7% of budget. This is higher than the position forecast in February by around £650k.

The overall causes of the overspend have remained consistent throughout the year – care budgets have been under pressure from higher than expected cost increases, growing demand for higher-cost services, and increasing complexity of the cohort of people already in receipt of care. These pressures have been increasing through the year, particularly in Older People's services where they continued into March. The two main areas of pressures are:

- Learning Disability Partnership – the Council's share of the pooled budget overspend is £2.5m, similar to the forecast position. Demand for services, mainly through changing needs of existing service-users, has consistently exceeded the monthly expectation on which budgets were based. Part of the overall pressure relates to delays to savings plans, with delivery expected in 2019/20 instead. In-year savings were in-line with the revised phasing.
- Older People's and Physical Disability Services – these services have overspent by around £2m. Unit costs of care have increased through the year, and the mix of placements has shifted towards more expensive types of care at a higher rate than expected. The increase in costs later in the year were partly expected due to winter, and mitigated through grant funding received from central government, but this started from a position that was already over budgeted activity levels and continued through March. In addition, a number of expected mitigations for this pressure were not as high as expected, particularly the amount of cost to be reimbursed from the NHS where people are assessed as having health needs.

The overall financial position in Adults Services was partially offset by a number of mitigations. These included underspends on some budgets, particularly transport of service users, the Autism service and carers direct payments, as well as higher than expected vacancy savings. In addition, grant funding has been applied to mitigate pressures - parts of these grants were specifically earmarked against emerging demand pressures, and further funding has been identified from other spend lines that have not happened or where there has been slippage.

The Adults Positive Challenge Programme has also started to show some benefit in terms of demand management, with fewer than expected people overall in receipt of care than expected in 2018/19 overall.

Children's

As previously reported significant savings have been made across Children's budgets, but services have continued to face increasing demand pressures, particularly those related to the rising number of looked after children, and to Special Educational Needs and Disabilities (SEND).

At the end of the 2018/19 financial year core funded budgets relating to Children's and Education services have a total overspend of £3.7m. The key areas of overspend/underspend contributing to this total are:

- The final LAC Placements outturn position is a £2.8m overspend; a reduction of £0.1m from the previous reported position. This is due to a combination of increasing demand and the underlying pressure brought forward from 17/18.
- Home to School Transport – Final outturn overspend of £1.5m. This is largely due to a 20% increase in pupils attending special schools between September 2017 and September 2018 and a 13% increase in pupils with Education Health Care Plans (EHCPs) over the same period, linked to an increase in complexity of need.
- The final Children in Care outturn is a £1.1m overspend due to pressures in supervised contact as a result of increasing court directed supervised contact cases, an increasing number of staying put arrangements not covered by the grant, and the costs relating to Unaccompanied Asylum Seeking Children (UASC) outstripping the grant funding available.
- The Adoption budget finished the year with a £0.6m overspend due to the continuing increase in adoption placements during the year. The increase in placements is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.
- The underspend on the Central Financing policy line reflects the allocation of the £3.413m smoothing fund reserve to support Children's Services pressures, as recommended by CYP Committee and approved by General Purposes Committee.

Dedicated Schools Grant (DSG):

- The DSG is a ring-fenced specific grant, provided outside the local government finance settlement. It is used in support of the schools budget for the purposes defined in the School and Early Years Finance (England) Regulations. As funding is ring-fenced, there is no requirement for local authorities to top-up the grant from general funding or from non-ring-fenced revenue reserves.
- SEND Specialist Services ended the year with a DSG overspend of £8.7m. A net increase of 500 Education, Health and Care Plans (EHCPs) over the course of the 2017/18 academic year (13%) and an average additional 10 EHCPs a week throughout the 2018/19 academic year, as well as an increase in complexity of need, have caused pressures across all elements of the SEN budget.
- Following the application of underspends on other DSG budgets the final DSG balance to carry forward to 2019/20 is a deficit of £7,171k, compared to the £720k deficit brought forward from 2017/18 (amended down to £642k due to prior-year adjustments).

- Recently published guidance from the Education Skills and Funding Agency (ESFA) will require all local authorities with a cumulative overspend greater than 1% of their DSG to complete a recovery plan and submit it to the Department by 30th June 2019. The plan should detail the steps identified to bring the DSG deficit back into balance within a three-year timeframe. The recovery plan, which is currently in development, will be discussed with key stakeholders, and be signed off by the CFO prior to submission.

2.3 Additional Income and Grant Budgeted this Period

(De Minimis reporting limit = £160,000)

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

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

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

2.5 Key Activity Data

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

2.5.1 Key activity data to Closedown for Looked After Children (LAC) is shown below:

Service Type	BUDGET				ACTUAL (March)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements March 19	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£132k	52	2,544.66	3	2.81	£276k	2,297.55	1.81	£143k	-247.11
Residential - secure accommodation	0	£k	52	0.00	2	0.96	£303k	5,830.89	0.96	£303k	5,830.89
Residential schools	16	£2,277k	52	2,716.14	18	17.46	£2,142k	2,523.89	1.46	-£135k	-192.25
Residential homes	39	£6,725k	52	3,207.70	37	34.59	£6,297k	3,699.14	-4.41	-£428k	491.44
Independent Fostering	199	£9,761k	52	807.73	303	290.13	£12,005k	801.19	91.13	£2,244k	-6.54
Supported Accommodation	31	£2,355k	52	1,466.70	20	22.38	£1,425k	1,381.68	-8.62	-£930k	-85.02
16+	8	£89k	52	214.17	9	6.24	£120k	451.96	-1.76	£31k	237.79
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	-£1,526k	-	-	-	-	£k	-	-	£1,526k	-
TOTAL	294	£19,813k			392	374.57	£22,568k		80.57	£2,755k	
In-house fostering - Basic	191	£1,998k	56	181.30	210	191.72	£2,007k	181.65	0.72	£10k	0.35
In-house fostering - Skills	191	£1,760k	52	177.17	217	199.92	£1,784k	188.29	8.92	£25k	11.12
Kinship - Basic	40	£418k	56	186.72	43	43.20	£440k	192.37	3.2	£22k	5.65
Kinship - Skills	11	£39k	52	68.78	10	12.77	£40k	67.42	1.77	£1k	-1.36
In-house residential	5	£431k	52	1,658.45	0	1.33	£433k	3,127.89	-3.67	£1k	1,469.44
Growth	0	£k	-	0.00	0	0.00	£k	0.00	-	£k	-
TOTAL	236	£4,646k			253	236.25	£4,704k		0.25	£58k	
Adoption Allowances	105	£1,073k	52	196.40	107	106.90	£1,188k	199.43	1.9	£115k	3.03
Special Guardianship Orders	246	£1,850k	52	144.64	260	246.33	£1,851k	142.22	0.33	£k	-2.42
Child Arrangement Orders	91	£736k	52	157.37	88	89.91	£723k	153.66	-1.09	-£13k	-3.71
Concurrent Adoption	5	£91k	52	350.00	2	4.17	£75k	350.00	-0.83	-£16k	0.00
TOTAL	447	£3,750k			457	447.31	£3,837k		1.9	£87k	
OVERALL TOTAL	977	£28,210k			1102	1,058.13	£31,109k		82.72	£2,900k	

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

2.5.2 Key activity data to the end of Closedown for **SEN Placements** is shown below:

BUDGET				ACTUAL (March 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements March 19	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£63k	94	100.10	£6,091k	£61k	-4	2.10	-£75k	-£2k
Hearing Impairment (HI)	3	£100k	£33k	3	3.00	£117k	£39k	0	0.00	£17k	£6k
Moderate Learning Difficulty (MLD)	3	£109k	£36k	9	9.38	£188k	£20k	6	6.38	£79k	-£16k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	-£75k	£k
Physical Disability (PD)	1	£19k	£19k	4	4.34	£77k	£18k	3	3.34	£58k	-£1k
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	1	0.99	£67k	£68k	0	-0.01	£26k	£26k
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	44	-69.46	£2,200k	-£32k	9	-104.46	£710k	-£74k
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	3	2.30	£106k	£46k	0	-0.70	-£58k	-£9k
Severe Learning Difficulty (SLD)	2	£180k	£90k	4	4.73	£421k	£89k	2	2.73	£240k	-£1k
Specific Learning Difficulty (SPLD)	8	£164k	£20k	7	6.00	£207k	£35k	-1	-2.00	£43k	£14k
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£73k	£36k	0	0.00	£9k	£4k
Growth	-	£1,000k	-	-	-	£k	-	-	-	-£1,000k	-
Recoupment	-	-	-	0	0.00	£207k	£k	-	-	£207k	£k
TOTAL	157	£9,573k	£61k	171	63.38	£9,753k	£151k	14	-93.62	£181k	£90k

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

- Budgeted number of clients: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting, given budget available
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual service users 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

The forecasts presented in Appendix 1 reflect the estimated impact of savings measures to take effect later in the year. The “further savings within forecast” lines within these tables reflect the remaining distance from achieving this position based on current activity levels.

2.5.3 Key activity data to end of Closedown for **Learning Disability** Services is shown below:

		BUDGET			ACTUAL (Closedown)				Year End		
Service Type		Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	Current Service Users	DoT	Current Average Unit Cost (per week) £	DoT	Actual £000	DoT	Variance £000
Learning Disability Services	Residential	299	£1,426	£22,169k	271	↓	£1,531	↑	£22,330k	↑	£161k
	Nursing	8	£1,688	£702k	6	↓	£1,840	↑	£655k	↓	-£47k
	Community	1,285	£670	£44,793k	1,300	↓	£715	↑	£47,936k	↓	£3,143k
Learning Disability Service Total		1,592		£67,664k	1,577				£70,921k		£3,257k
Income				-£2,814k					-£2,386k	↑	£428k
Net Total				£64,851k							£3,684k

2.5.4 Key activity data to end of Closedown for **Adult Mental Health** Services is shown below:

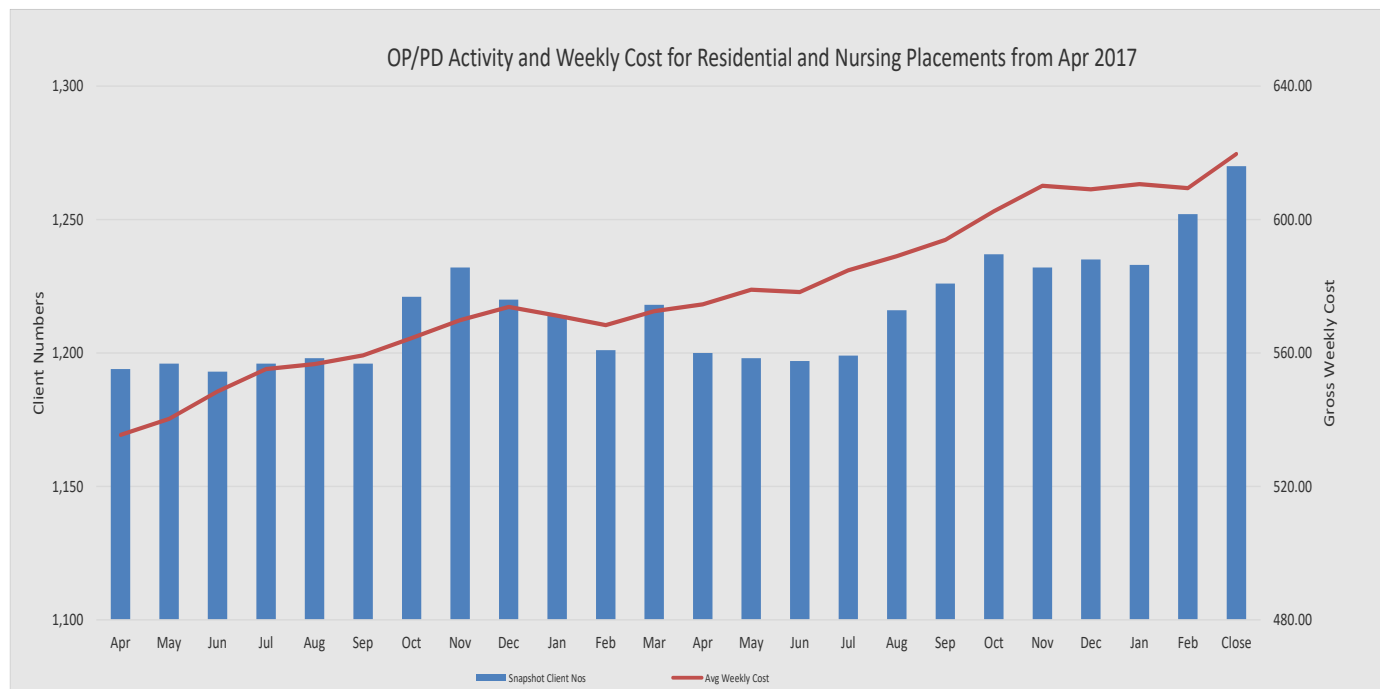
		BUDGET			ACTUAL (Closedown)				Year End		
Service Type		Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000's	Current Service Users	D o T	Current Average Unit Cost (per week) £	D o T	Actual £000's	D o T	Variance £000's
Adult Mental Health	Community based support	11	£127	£71k	4	↓	£65	↓	£38k	↓	-£33k
	Home & Community support	164	£100	£857k	143	↓	£100	↓	£771k	↓	-£86k
	Nursing Placement	14	£648	£457k	17	↔	£617	↑	£616k	↑	£158k
	Residential Placement	75	£690	£2,628k	62	↓	£669	↑	£2,301k	↓	-£327k
	Supported Accommodation	130	£120	£792k	120	↓	£169	↑	£956k	↓	£163k
	Direct Payments	12	£288	£175k	11	↑	£252	↓	£156k	↓	-£19k
Total Expenditure		406		£4,980k	357				£4,837k		-£143k
Health Contribution				-£298k					-£93k		£205k
Client Contribution				-£234k					-£256k		-£21k
Total Income				-£532k					-£349k		£183k
Adult Mental Health Net Total		406		£4,448k	357				£4,488k		£40k

Direction of travel compares the current month to the previous month.

2.5.5 Key activity data to the end of Closedown for **Older People (OP)** Services is shown below:

OP Total		BUDGET			ACTUAL (March 19)				Year End		
Service Type		Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	Current Service Users	D o T	Current Average Unit Cost (per week) £	D o T	Actual £000	D o T	Variance £000
Residential		514	£541	£14,845k	459	↓	£584	↑	£15,167k	↑	£322k
Residential Dementia		389	£554	£11,484k	403	↑	£588	↑	£11,878k	↑	£394k
Nursing		312	£750	£11,960k	309	↑	£671	↑	£12,110k	↓	£150k
Nursing Dementia		62	£804	£2,524k	99	↑	£755	↑	£3,644k	↑	£1,120k
Respite				£1,558k					£1,933k	↑	£375k
Community based											
~ Direct payments		538	£286	£8,027k	495	↓	£332	↓	£7,944k	↓	-£84k
~ Day Care				£1,095k					£1,073k	↑	-£22k
~ Other Care				£4,893k					£4,827k	↓	-£66k
~ Homecare arranged		1,516	per hour £16.31	£14,872k	1,363	↓	per hour £16.37	↑	£14,442k	↑	-£429k
~ Live In Care arranged		50		£2,086k	52	↔	£780.10	↑	£2,068k	↑	-£18k
Total Expenditure		3,381		£73,344k	3,128				£75,086k		£1,742k
Residential Income				-£9,639k					-£10,260k	↓	-£621k
Community Income				-£9,351k					-£8,071k	↑	£1,280k
Health Income				-£804k					-£1,107k	↑	-£303k
Total Income				-£19,793k					-£19,437k		£356k

Note: Funded Nursing Care of around £154 per week was previously paid by the Council; from January the NHS took responsibility for these payments, reducing the unit costs of nursing care by that amount. The budget figures, for consistency through the year, have not been altered to reflect this.



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

For both Older People's Services and Older People Mental Health:

- Respite care budget is based on clients receiving 6 weeks care per year instead of 52.
- Day Care OP Block places are also used by OPMH clients, therefore there is no day care activity in OPMH

Although this activity data shows current expected and actual payments made through direct payments, this in no way precludes increasing numbers of clients from converting arranged provisions into a direct payment.

OPMH Total	BUDGET			ACTUAL (March 19)				Year End		
Service Type	Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	Current Service Users	Difference ↑/↓	Current Average Unit Cost (per week) £	Difference ↑/↓	Actual £000	Difference ↑/↓	Variance £000
Residential	27	£572	£793k	24	↑	£587	↑	£753k	↓	-£40k
Residential Dementia	26	£554	£732k	21	↓	£579	↓	£659k	↓	-£74k
Nursing	29	£648	£939k	23	↑	£642	↑	£951k	↑	£12k
Nursing Dementia	84	£832	£3,523k	75	↑	£761	↑	£3,101k	↓	-£421k
Respite			£4k					£21k	↔	£17k
Community based										
~ Direct payments	13	£366	£247k	7	↑	£368	↓	£180k	↔	-£67k
~ Day Care			£4k					£5k	↔	£1k
~ Other Care			£43k					£48k	↔	£6k
~ Homecare arranged	50	per hour £16.10	£409k	41	↑	per hour £16.48	↑	£404k	↔	-£5k
~ Live In Care arranged	4		£185k	2	↔	£742.50	↔	£136k	↔	-£49k
Total Expenditure	229		£6,694k	191				£6,258k		-£620k
Residential Income			-£1,049k					-£575k	↓	£474k
Community Income			-£97k					-£200k	↑	-£103k
Health Income			-£65k					£144k	↑	£209k
Total Income			-£1,211k					-£631k		£579k

3. BALANCE SHEET

3.1 Reserves

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

3.2 Capital Expenditure and Funding

The 2018/19 Capital spend totaled £81,900m, resulting in a £2,182m overspend as slippage did not meet the anticipated capital variation adjustment. Significant changes in the following schemes have been the major contributory factors to this;

- Isle Primary Ely; £402k overspend on the total project budget due to additional cost of soil removal. This cost was approved by corporate property colleagues, but was not budgeted for within the original scope of works.
- Fulbourn Primary School; £780k accelerated spend due to works progressing ahead of original schedule.
- St Ives, Eastfield / Westfield; £535k slippage due to delays in agreeing the scope and the financial envelop of the project. This project is currently subject to a Member review.
- Waterbeach Primary; £724k slippage in 2018/19 due to due to a month one delay in the planned start on site. The contract length has also increased from 13 to 15 months.
- Northstowe Secondary; £3,053k slippage due to due to a requirement for piling foundations on the site, which will lead to an increase in scheme cost and also extend the build time, some initial slippage has been regained due to full works being able to commence on site and the better than expected progress achieved due to unseasonably warm weather.
- Cambourne Village college; £725k slippage due to not starting on site until February 2019 for a September 2019 completion,
- Sawtry Academy Project; £711k accelerated spend as the project has commenced ahead of the anticipated schedule.
- Schools Condition & maintenance overspend is due a number of unplanned emergency projects requiring urgent attention to ensure the schools concerned remained operational and to maintain schools condition.
- LA maintained Early Years Provision; £1,481k slippage due to works not commencing on a number of early years schemes. These will commence in 2019-20.

A detailed explanation of the position can be found in [appendix 6](#).

4. PERFORMANCE

The detailed Service performance data can be found in [appendix 7](#) along with comments about current concerns.

The performance measures included in this report have been developed in conjunction with the People's & Communities management team and link service activity to key Council outcomes. The measures in this report have been grouped by outcome, then by responsible directorate. The latest available benchmarking information has also been provided in the performance table where it is available. This will be revised and updated as more information becomes available. Work is ongoing with service leads to agree appropriate reporting mechanisms for the new measures included in this report and to identify and set appropriate targets.

Following a review of measures across Children's service with the Service Director, Children's and Safeguarding, the following changes to two existing measures are proposed, to make them more useful for comparison.

- Change the 'Rate of referrals per 10,000 of population under 18' to a 12 month rolling figure to enable comparison to statistical neighbours and England.
- Change the timeframe for the children subject to a previous CP plan indicator from 'Proportion of children subject to a Child Protection Plan for the second or subsequent time (within 2 years)' to Proportion of children subject to a Child Protection Plan for the second or subsequent time' to enable comparison to statistical neighbours and England. This is in line with Department for Education reporting.

Eight indicators are currently showing as RED:

- **Number of children with a Child Protection (CP) Plan per 10,000 children**

In March the number of children with a Child Protection plan increase from 524 to 551. The introduction of an Escalation Policy for all children subject to a Child Protection Plan was introduced in June 2017. Child Protection Conference Chairs raise alerts to ensure there is clear planning for children subject to a Child Protection Plan. This has seen a decrease in the numbers of children subject to a Child Protection Plan.

- **Proportion of children subject to a Child Protection (CP) Plan for the second or subsequent time (within 2 years)**

In March there were 11 children subject to a child protection plan for the second or subsequent time. The rate is favourable in comparison to statistical neighbours and the England average, however it is above target this month.

- **The number of Looked After Children per 10,000 children**

At the end of January there were 768 children who were looked after by the Local Authority and of these 78 were unaccompanied asylum seeking children and young people. Cambridgeshire is above statistical neighbours but below the national average. Cambridgeshire are supporting 105 care leavers who were previously assessed as being unaccompanied asylum seeking children and 32 adult asylum seekers whose claims have not reached a conclusion. These adults have been waiting between one and three years for a status decision to be made by the Home Office.

- **Average monthly number of bed day delays (social care attributable) per 100,000 18+ population**

In February 2019, there were 914 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 506 delays – an 81% increase. 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.

Delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's remain the key drivers of ASC bed-day delays.

- **Proportion of requests for support where the outcome was signposting, information or advice only**

Performance at this indicator is improving as Adult Early Help & Neighbourhood Cares teams employ use of community and voluntary resources. Recording of these types of services is also improving as contact outcomes are recorded with more detail in Mosaic.

- **Proportion of Adults with Learning Disabilities in paid employment**

Performance is low but has been improving over the past 3 months. 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. (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period. 15 clients are identified as being in employment but yet to receive an assessment or review in the period)

Data cleansing as a result of the migration to Mosaic has resulted in a change in the score of this indicator.

- **Proportion of adults receiving Direct Payments**

Target has been increased in line with the average of local authorities in the Eastern region causing performance to fall more than 10% short of the new target. Performance is slightly below target, and continues to fall gradually. Work is underway to investigate why uptake of direct payments has reduced and put steps in place to address any issues as we would hope to increase use of direct payments as part of the move towards a more personalised approach.

- **Ofsted – Pupils attending special schools that are judged as Good or Outstanding**

Performance has remained the same since last month.

There are currently 2 schools which received an overall effectiveness grading of requiring improvement and 137 pupils attend these schools in total.

The statistical neighbour figure has decreased by 0.5 percentage points and the national figure has decreased by 0.3 percentage points.

APPENDIX 1 – P&C Service Level Budgetary Control Report

Forecast Outturn Variance (Feb) £'000	Service		Budget 2018/19 £'000	Actual Close 2019 £'000	Outturn Variance £'000 %	
Adults & Safeguarding Directorate						
-3,070	1	Strategic Management - Adults	11,539	8,388	-3,151	-27%
-0		Principal Social Worker, Practice and Safeguarding	1,511	1,508	-3	0%
-105	2	Autism and Adult Support	861	750	-111	-13%
-250	3	Carers	661	377	-284	-43%
Learning Disability Partnership						
922	4	LD Head of Service	4,176	5,036	860	21%
834	4	LD - City, South and East Localities	34,193	34,986	793	2%
788	4	LD - Hunts & Fenland Localities	27,818	28,544	726	3%
615	4	LD - Young Adults	5,790	6,500	710	12%
169	4	In House Provider Services	6,071	6,204	133	2%
-772	4	NHS Contribution to Pooled Budget	-18,387	-19,134	-747	-4%
Older People and Physical Disability Services						
426	5	Physical Disabilities	11,210	11,684	474	4%
1,335	5	OP - City & South Locality	18,940	20,540	1,600	8%
417	5	OP - East Cambs Locality	5,971	6,449	478	8%
-289	5	OP - Fenland Locality	9,223	8,787	-436	-5%
-588	5	OP - Hunts Locality	12,187	12,036	-152	-1%
-20	5	Neighbourhood Cares	710	746	36	5%
0	5	Discharge Planning Teams	1,751	1,767	16	1%
83	5	Shorter Term Support and Maximising Independence	7,816	7,772	-44	-1%
Mental Health						
-90	6	Mental Health Central	368	171	-197	-53%
71	6	Adult Mental Health Localities	6,821	6,864	43	1%
-330	6	Older People Mental Health	6,422	6,364	-58	-1%
148	Adult & Safeguarding Directorate Total		155,652	156,339	686	0%
Commissioning Directorate						
-0		Strategic Management –Commissioning	975	977	2	0%
-0		Access to Resource & Quality	978	979	1	0%
-5		Local Assistance Scheme	300	296	-4	-1%
Adults Commissioning						
333	7	Central Commissioning - Adults	6,390	6,691	301	5%
0		Integrated Community Equipment Service	925	925	0	0%
24	8	Mental Health Voluntary Organisations	3,730	3,899	169	5%
Childrens Commissioning						
2,900	9	Looked After Children Placements	19,813	22,603	2,790	14%
-12		Commissioning Services	2,342	2,330	-12	-1%
1,600	10	Home to School Transport – Special	7,871	9,376	1,505	19%
0		LAC Transport	1,632	1,623	-9	-1%
4,840	Commissioning Directorate Total		44,956	49,699	4,743	11%

Forecast Outturn Variance (Feb) £'000	Service		Budget 2018/19 £'000	Actual Close 2019 £'000	Outturn Variance £'000 %	
Communities & Safety Directorate						
-90		Strategic Management - Communities & Safety	161	67	-94	-58%
-50	11	Youth Offending Service	1,515	1,404	-111	-7%
0		Central Integrated Youth Support Services	1,323	1,295	-28	-2%
0		Safer Communities Partnership	912	912	-1	0%
-26		Strengthening Communities	498	494	-4	-1%
0		Adult Learning & Skills	2,540	2,541	0	0%
-166		Communities & Safety Directorate Total	6,950	6,713	-237	-3%
Children & Safeguarding Directorate						
500		Strategic Management – Children & Safeguarding	5,023	4,948	-75	-1%
50		Partnerships and Quality Assurance	2,053	2,103	50	2%
1,184	12	Children in Care	14,637	15,703	1,066	7%
-0		Integrated Front Door	2,416	2,401	-14	-1%
0		Children’s Centre Strategy	58	62	4	7%
0		Support to Parents	2,902	2,906	4	0%
459	13	Adoption Allowances	5,282	5,916	634	12%
75	14	Legal Proceedings	1,940	2,058	118	6%
District Delivery Service						
0		Safeguarding Hunts and Fenland	4,511	4,484	-27	-1%
0		Safeguarding East & South Cambs and Cambridge	4,366	4,364	-2	0%
-0		Early Help District Delivery Service –North	4,598	4,589	-10	0%
0		Early Help District Delivery Service – South	4,417	4,401	-16	0%
2,268		Children & Safeguarding Directorate Total	52,204	53,936	1,732	3%

Forecast Outturn Variance (Feb) £'000		Service	Budget 2018/19 £'000	Actual Close 2019 £'000	Outturn Variance £'000 %	
Education Directorate						
-264	15	Strategic Management - Education	3,984	3,740	-245	-6%
-72		Early Years' Service	1,403	1,308	-95	-7%
38		Schools Curriculum Service	277	327	49	18%
23		Schools Intervention Service	1,065	1,046	-19	-2%
86		Schools Partnership Service	420	516	96	23%
15		Children's' Innovation & Development Service	0	-0	-1	-151%
-28		Teachers' Pensions & Redundancy	2,910	2,871	-39	-1%
<u>SEND Specialist Services (0-25 years)</u>						
1,017	16	SEND Specialist Services	8,077	9,147	1,069	13%
2,586	16	Funding for Special Schools and Units	16,889	19,566	2,677	16%
0		Children's Disability Service	6,484	6,475	-8	0%
4,457	16	High Needs Top Up Funding	15,028	19,906	4,877	32%
250	16	Special Educational Needs Placements	9,973	10,153	181	2%
130	16	Early Years Specialist Support	381	424	43	11%
791	16	Out of School Tuition	1,519	2,545	1,026	68%
<u>Infrastructure</u>						
-200	17	0-19 Organisation & Planning	3,742	3,610	-131	-4%
0		Early Years Policy, Funding & Operations	92	90	-2	-2%
-30		Education Capital	168	140	-28	-17%
300		Home to School/College Transport – Mainstream	8,742	8,830	87	1%
9,098		Education Directorate Total	81,155	90,693	9,538	12%
Executive Director						
504	18	Executive Director	802	1,291	489	61%
-3,733	19	Central Financing	3,504	-8	-3,512	-100%
-3,229		Executive Director Total	4,306	1,282	-3,023	-70%
12,959		Total	345,222	358,661	13,439	4%
Grant Funding						
-8,023	20	Financing DSG	-59,653	-68,335	-8,682	-15%
0		Non Baselined Grants	-42,000	-42,000	0	0%
-8,023		Grant Funding Total	-101,653	-110,335	-8,682	9%
4,936		Net Total	243,570	248,326	4,756	2%

APPENDIX 2 – Commentary on Outturn Position

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

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%
1) Strategic Management – Adults	11,539	8,388	-3,151	-27%
<p>A number of mitigations have been applied to this budget line to offset care cost pressures across Adult Social Care.</p> <p>The majority of this is the application of grants from central government, specifically elements of the Improved Better Care Fund and Adult Social Care Support grants, which are given for the purpose of meeting demand pressures on the social care system and to put in place measures to mitigate that demand. Parts of this funding is earmarked against pressures from increasing complexity of people that we support and increasing cost of care packages, and additional funding can be applied where some other planned spend does not happen. Spending plans for these grants, and variations to them, are agreed through either the Health and Wellbeing Board or General Purposes Committee.</p>				
2) Autism and Adult Support	861	750	-111	-13%
<p>The Autism and Adult Support Team is -£111k underspent at the end of the year, an increase of £6k from February. The underspend is due to lower than expected service-user needs, and lower numbers of new service users entering the service, alongside the work of the team to maximise the use of community resources and mitigate cost pressures which created an in-year efficiency against the 2018/19 demography allocation.</p>				
3) Carers	661	377	-284	-43%
<p>The Carers service is -£284k underspent at the end of the year. The under spend is due to lower levels of direct payments to carers than was expected over the first half of the year. Uptake of direct payments has continued at 2017/18 levels, reflecting continued good progress to increase direct payments compared to previous years.</p>				
4) Learning Disability Partnership	59,661	62,137	2,476	4%
<p>The Learning Disability Partnership (LDP) is overspent by £3,223k at year end, a decrease of £106k from February. According to the risk sharing arrangements for the LDP pooled budget, the proportion of the over spend that is attributable to the council is £2,476k, a reduction of £81k from the February forecast.</p> <p>Total new savings / additional income expectation of £5,329k were budgeted for 18/19. As forecast, a £851k shortfall occurred as a result of slippage of planned work and a lower level of delivery per case than anticipated. This was primarily against the reassessment saving proposal and from the conversion of residential to supported living care packages.</p> <p>Demand pressures were higher than expected, exceeding demand funding allocations despite positive work that has reduced the overall number of people in high-cost out-of-area in-patient placements. New package costs continued to be high due to increased needs identified at reassessment that we had a statutory duty to meet.</p> <p>Where there were opportunities to achieve additional savings that can offset any shortfall from the delivery of existing planned savings these were pursued. For example, work is ongoing to maximise referrals to the in-house Technology Enabled Care team as appropriate, in order to increase the number of 'Just Checking' kits that can be issued to help us to identify the most appropriate level of resource for services users at night. £103k of in-year savings were delivered by reviewing resource allocation as informed by this technology and this additional saving has been reflected in the forecast. Also, negotiations continued with NHS bodies outside of Cambridgeshire, for people are placed out of area and the NHS in that area contributing to the cost of meeting health needs. The LDP will deliver £750k of planned savings in 2019/20, in addition to those required through the Adult Positive Challenge Programme.</p>				

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%
5) Older Peoples and Physical Disabilities Services	67,809	69,780	1,971	3%
<p>Older People's and Physical Disabilities Services are overspent by £1,971k at year end This is an increase of £607k on the position reported in February.</p> <p>The total savings expectation in this service for 2018/19 was £2.1m, and this was delivered through a programme of work designed to reduce demand, for example through a reablement expansion and review of double-handed care packages, and ensure funding is maximised. This has been bolstered by the fast-forward work in the Adults Positive Challenge Programme.</p> <p>The cost of providing care, however, increased in 2018/19. The unit costs of most types of care saw month-on-month increases, and the number of people with more complex needs requiring more expensive types of care also increased. We have seen a shift from non-dementia to dementia placements in care homes and a higher number of nursing placements. The focus on discharging people from hospitals as quickly as possible to alleviate pressure on the broader health and social care system can result in more expensive care for people, at least in the shorter-term, and can result in the Council funding care placements that were appropriate for higher levels of need at point of discharge through the accelerated discharge process. These problems are exacerbated by constraints in the local market for domiciliary care, where care packages in parts of the county cannot in all cases be immediately found.</p> <p>The largest pressure is in care home placements, with an overspend against budget of £2.3m. Over the past year we have seen an increase of approximately 8% in the cost of new placements that are not under a block contract, as the lack of capacity in the market pushes prices up. There is ongoing work to increase capacity in the market and to increase the number of beds commissioned under block contracts, which would give more stability to the cost of care home beds.</p> <p>The pressure on care homes budgets had been partially offset in the forecast throughout the year with anticipated over-recovery of income against budget and an estimate of continuing healthcare funding to be received from the CCG. Some of these mitigations have not been realised, with write offs of client contribution debt £90k above forecast and CHC income recovery ~£200k below forecast.</p> <p>In addition to the work embodied in the Adults Positive Challenge Programme to intervene at an earlier stage so the need for care is reduced or avoided, work is ongoing within the Council to bolster the domiciliary care market, and the broader care market in general. This will continue into 2019/20:</p> <ul style="list-style-type: none"> • The Council's new integrated brokerage team brings together two Councils and the NHS to source care packages • 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 • Recent money announced for councils in the budget to support winter pressures will be used to purchase additional block capacity with domiciliary care and care home providers – this should expand capacity in the market by giving greater certainty of income to providers. 				
6) Mental Health	13,611	13,399	-212	-2%
<p>Mental Health Services is £212k underspent at the end of the year.</p> <p>Underlying cost of care spend across Adult Mental Health and Older People Mental Health have remained roughly in line with net budgeted expectations, with reductions in care home placements over the course of the year being offset by a reduction in income from clients contributing towards the cost of their care.</p> <p>One-off net savings from continuation of the work to secure appropriate funding for service users with health needs have not been realised in line with previous expectations, and this adversely impacted the final year-end position by £245k. This has been partially mitigated by an increased underspend on the Section 75 contract with CPFT of £204k resulting from vacancies within the service.</p>				
Service	Budget 2018/19	Actual	Outturn Variance	

	£'000	£'000	£'000	%
7) Central Commissioning – Adults	6,390	6,691	301	5%
<p>The Central Commissioning – Adults budget outturn position is an overspend of £301k in 2018/19, a decrease of £32k from February. The overspend is due to the slower than expected delivery of a major piece of work to transform the Council's Housing Related Support contracts. It is still expected that this piece of work will be completed and deliver, but that this will be phased over a longer time-period due to the large number of contracts and the amount of redesigning of services that will be needed rather than simply re-negotiating contract costs, the requirement to consult local communities and members, and presentation of each individual recommendation for change at appropriate committee. In 2018/19 this is partially offset by savings made through recommissioning other contracts, particularly the rationalisation of block domiciliary care car rounds from the start of 2018/19, and mitigations will need to be found until the delivery of the above saving is achieved in full.</p>				
8) Mental Health Voluntary Organisations	3,730	3,899	169	5%
<p>Mental Health Voluntary Organisations was overspent by £169k at year end.</p> <p>Increased costs of the supported living block contract following the retendering exercise in 2017/18, in conjunction with a significant increase in block vacancy payments resulting from reduced utilisation rates have resulted in an in-year pressure of £112k. Work completed during the course of the year to redesign the pathway has reduced the number of units and so this pressure should be addressed moving forwards.</p> <p>The remaining £57k pressure is the result of a delay in achieving planned efficiencies on the Wellbeing and Haven contracts. This will be addressed in 2019/20 when the new Recovery and Inclusion contract goes live.</p>				
9) Looked After Children Placements	19,813	22,603	2,790	14%
<p>The final LAC Placements outturn position is a £2.8m overspend; a reduction of £0.1m from the previous reported position. The final outturn overspend is due to a combination of increasing demand and the underlying pressure brought forward from 17/18. Savings have delivered an overachievement against the £1.5m target, the majority of which relates to work around the review of high cost placements and negotiating cheaper prices. However, it should be noted that these are diminishing returns and cannot be replicated every year. Much of the additional saving has assisted to absorb the costs associated with the continued increase in LAC numbers throughout the year.</p> <p>The budgeted position in terms of the placement mix has proved testing, in particular pressures within the external fostering line showing a +104 position. Given an average c. £800 per week placement costs, this has presented a c. £83k weekly pressure. 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>Overall LAC numbers at the end of March 2019, including placements with in-house foster carers, residential homes and kinship, were 770, 7 more than at the end of February. This includes 78 unaccompanied asylum seeking children (UASC). External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of March were 392, 6 more than at the end of February.</p>				

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%

Looked After Children Placements continued				
External Placements Client Group	Budgeted Packages	28 Feb 2019 Packages	31 Mar 2010 Packages	Variance from Budget
Residential Disability – Children	1	2	3	+2
Child Homes – Secure Accommodation	0	2	2	+2
Child Homes – Educational	16	19	18	+2
Child Homes – General	39	36	37	-2
Independent Fostering	199	300	303	+104
Supported Accommodation	31	21	20	-11
Supported Living 16+	8	6	9	+1
TOTAL	294	386	392	+98

Budgeted Packages' are the expected number of placements by Mar-19, once the work associated to the saving proposals has been undertaken and has made an impact.

Ongoing/Future Actions:

- Reconstitution of panels to ensure greater scrutiny and supportive challenge.
- Introduction of twice weekly conference calls per Group Manager on placement activity followed by an Escalation Call each Thursday chaired by the Head of Service for Commissioning, and attended by each of the CSC Heads of Service as appropriate, Fostering Leads and Access to Resources.
- Authorisation processes in place for any escalation in resource requests.
- Assistant Director authorisation for any residential placement request.
- Monthly commissioning intentions (sufficiency strategy work-streams), budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting (in-house provider services and Access to Resources).
- Monthly Placement mix and LAC numbers meeting chaired by the Service Director to ensure a reduction in the number of LAC and appropriate blend/mix of placements.
- Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.
- Provider meetings scheduled through the Children's Placement Service (Access to Resources) to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.
- 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.
- Additional investment in the recruitment and retention of the in-house fostering service to significantly increase the net number of mainstream fostering households over three year period.
- Access to the Staying Close, Staying Connected Department for Education (DfE) initiative being piloted by a local charity offering 16-18 year old LAC the opportunity to step-down from residential provision, to supported community based provision in what will transfer to their own tenancy post 18.
- Greater focus on those LAC for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care.

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%
10) Home to School Transport – Special	7,871	9,376	1,505	19%
<p>Home to School Transport – Special ended the year with a £1.5m overspend for 2018/19. This is largely due to rising demand with a 20% increase in pupils attending special schools between September 2017 and September 2018 and a 13% increase in pupils with Education Health Care Plans (EHCPs) over the same period, as well as an increase in complexity of need. This has meant that more individual transport with a passenger assistant to support the child/young person is needed. Further, there is now a statutory obligation to provide post-19 transport putting further pressure on the budget.</p> <p>Actions taken throughout the year to mitigate the position included:</p> <ul style="list-style-type: none"> • A review of processes in the Social Education Transport and SEND teams with a view to reducing costs • A strengthened governance system around requests for costly exceptional transport requests • A change to the process around Personal Transport Budgets to ensure they are offered only when they are the most cost-effective option alongside the promotion of the availability of this option with parents/carers to increase take-up 				
11) Youth Offending Service	1,515	1,404	-111	-7%
<p>The Youth Offending service has underspent in 2018/19 by £111k. The underspend has arisen from the removal of the Remand Personal Account £50k as well as in year Remand underspend of £28k. The remaining £25k is as a result of vacant posts.</p>				
12) Children in Care	14,637	15,703	1,066	7%
<p>Children in Care has a final outturn overspend of £1.065m, a reduction of £120k since the previous month. This is due to reductions in each of the UASC/Leaving Care/Staying Put/Supervised Contact forecasts.</p> <p><u>Unaccompanied Asylum Seekers</u></p> <p>The UASC U18 budget outturn is a £243k overspend.</p> <p>As of the 26 March 2019 there were 78 under 18 year old UASC (77 end Feb 2019). Support is available via an estimated £2.5m Home Office grant but this does not fully cover the expenditure.</p> <p>Semi-independent accommodation for this age range has traditionally been possible to almost manage within the grant costs but the majority of the recent arrivals have been placed in high cost placements due to the unavailability of lower cost accommodation.</p> <p>The UASC Leaving Care budget outturn is a £393k over spend. The £7k/£33k reductions on UASC/Leaving Care respectively from Feb 2019 are due to receipt of Home Office returns confirming actual income received against forecast income expected.</p> <p>Support is available via an estimated £443k Home Office grant but this does not fully cover the expenditure. We are currently supporting 108 UASC care leavers of which 32 young people have been awaiting a decision from the Home Office on their asylum status for between 1 and three years.</p> <p><u>Ongoing/ Future Actions:</u></p> <p>The team proactively support care leavers in claiming their benefit entitlements and other required documentation and continue to review all high cost placements in conjunction with commissioning colleagues but are restricted by the amount of lower cost accommodation available.</p> <p><u>Staying Put</u></p> <p>The Staying Put budget outturn is a £201k over spend. This is a £22k reduction on the Feb 2019 forecast due to a mixture of placements ending and identifying less expensive placements.</p> <p>The overspend is a result of the increasing number of staying put arrangements agreed for Cambridgeshire children placed in external placements, the cost of which is not covered by the DFE grant. We currently support 12 in-house placements and 12 independent placements and the DCLG grant of £171k does not cover the full cost of the placements.</p>				

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%
Children in Care continued Staying Put arrangements are beneficial for young people, because they are able to remain with their former foster carers while they continue to transition into adulthood. Outcomes are much better as young people remain in the nurturing family home within which they have grown up and only leave they are more mature and better prepared to do so. <u>Ongoing/Future Actions:</u> The fostering service are undertaking a systematic review of all staying put costs for young people in external placements to ensure that financial packages of support are needs led and compliant with CCC policy. <u>Supervised Contact Team</u> The Supervised Contact budget is forecasting an over spend of £208k. This is a £27k reduction on the Feb 2019 forecast due to reduction in weekend contact and less relief staff costs than forecast. The over spend is due to the use of additional relief staff and external agencies required to cover the current 236 Supervised Contact Cases (236 end Feb) which equate to 629 (664 end Feb) supervised contact sessions a month. 346 (340 end Feb) children are currently open to the service. <u>Ongoing/Future Actions:</u> An exercise is underway reviewing the structure of Children's Services. This will focus on creating capacity to meet additional demand in 2019/20.				
13) Adoption	5,282	5,916	634	12%
The Adoption budget has a final outturn of a £633k overspend. This is an increase of £175k since the previous month due to the provision of a further seven external inter agency placements over forecast where Adoption Placement orders have been made. In 2018/19 additional demand was forecast on our need for adoptive placements. During the year the contract with Coram Cambridgeshire Adoption (CCA) has been renegotiated based on an equal share of the extra costs needed to cover those additional placements. The increase in Adoption placements is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.				
14) Legal Proceedings	1,940	2,058	118	6%
The Legal Proceedings budget outturn is a £118k overspend. This is an increase of £48k since last month due to a higher than anticipated increase in costs for February and March due to the number of cases being managed by the service and the increase in presentation of end year invoices by providers.				
15) Strategic Management – Education	3,984	3,740	-245	-6%
Mitigations of £245k were found across the Education Directorate in 2018/19. £153k of this is an over-recovery on vacancy savings due to holding recruitment on a number of vacant management posts while a review of the overall Education structure is undertaken in conjunction with Peterborough. A further £92k has been achieved through a review of ongoing commitments and using one-off sources of funding to offset pressures emerging across the directorate.				

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%
16) SEND Specialist Services	51,867	61,740	9,873	19%

SEND Specialist Services (0-25 year)

The SEND service ended the year with a £9.86m overspend. £8.7m of this pressure is Dedicated Schools Grant expenditure which will be carried forward as part of the overall DSG deficit balance into 2019/20. £1.16m of this is a base budget pressure on the Council's bottom line.

There was a net increase of 500 Education, Health and Care Plans (EHCPs) over the course of the 2017/18 academic year (13%) and an average additional 10 EHCPs a week throughout the 2018/19 academic year. This increase in numbers, as well as an increase in complexity of need, has caused pressures across all elements of the SEN budget:

High Needs Top Up Funding - £4.88m DSG overspend

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 accounted for the majority of the overspend on the High Needs Top-Up budget (£3.18m).

Funding to Special Schools and Units - £2.68m DSG overspend

As the number of children and young people with an EHCP increase, along with the complexity of need, we see additional demand for places at Special Schools and High Needs Units. The extent of this is such that a significant number of spot places have been agreed and the majority of our Special Schools are now full.

SEN Placements - £0.18m DSG overspend

The SEN Placements outturn position is a £0.2m overspend; a reduction of £70k from last month. The overspend is due to a combination of factors, including:

- Placement of one young person in out of county school needing residential provision, where there is appropriate educational provision to meet needs.
- Placement of a young person in out of county provision as outcome of SENDIST appeal.
- We experienced an unprecedented increase in requests for specialist SEMH (social, emotional and mental health) provision throughout the year. Our local provision is now full, which is adding an additional demand to the high needs block.

The first of these pressures highlights the problem that the Local Authority faces in accessing appropriate residential provision for some children and young people with SEN. Overall there are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive.

In addition, there are six young people not able to be placed in county due to lack of places in SEMH provision. Some of these young people will receive out of school tuition package whilst waiting for a suitable mainstream school placement, with support. Others have needs that will not be able to be met by mainstream school, and if no specialist places are available in county, their needs will have to be met by independent/out county placements.

Out of School Tuition - £1.02m DSG overspend

The outturn position is a £1.0m overspend; an increase of £0.2m from last month.

There has been an increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement.

Several key themes have emerged throughout the last year, which have had an impact on the need for children to receive a package of education, sometimes for prolonged periods of time:

- Casework officers were not always made aware that a child's placement was at risk of breakdown until emergency annual review was called.
- Casework officers did not have sufficient access to SEND District Team staff to prevent the breakdown of an education placement in the same way as in place for children without an EHCP.
- There were insufficient specialist placements for children whose needs could not be met in mainstream school.
- There was often a prolonged period of time where a new school was being sought, but where schools put forward a case to refuse admission.
- In some cases of extended periods of tuition, parental preference was for tuition rather than in-school admission.

It has also emerged that casework officers do not currently have sufficient capacity to fulfil enough of a lead professional role which seeks to support children to return to mainstream or specialist settings.

SEND Specialist Services - £1.07m overspend, £86k DSG underspend £1.16m base budget overspend

SEND Specialist Services ended the year with a £1.07m pressure. This is made up of

- Educational Psychologists – Educational Psychologists have a statutory role in signing off EHCPs. Increasing demand for EHCPs, along with recruitment issues meaning that costly locum staff are being used, creating a pressure on the budget.
- Access & Inclusion – there has been an increase in the number of pupils without EHCPs being excluded leading to Out of School tuition being required. This has led to a pressure on the Access & Inclusion budget.
- Under-recovery on income generation – increased demand across the service has reduced the capacity of staff to leading to an under-recovery on income generation.

Ongoing/Future Actions:

Actions taken throughout the year to help mitigate the position include:

- A focus on financial control including a detailed analysis of high cost expenditure to assess whether the current level of support is required and, if so, whether the support could be provided in a more cost-effective manner
- An overall review of SEND need across Cambridgeshire, the available provision, and the likely need in future years. This work will inform decision around the development of new provision to ensure that more need can be met in an appropriate manner in county, reducing the number of children and young people who are placed in high-cost, independent or Out of County provision. This work is ongoing.
- Move to a dynamic-purchasing system for SEN Placements and Out of School Tuition to provide a wider, more competitive market place, reducing unit costs
- A review of existing tuition packages to gain a deeper understanding of why pupils are on tuition packages and how they can be moved back into formal education; and
- A review of the Educational Psychologist offer, including a focus on recruiting permanent staff to mitigate the high locum costs.

Service	Budget 2018/19	Actual	Outturn Variance	
	£'000	£'000	£'000	%
17) 0-19 Organisation & Planning	3,742	3,610	-131	-4%
<p>0-19 Organisation & Planning ended the year with a £131k surplus. The majority of the surplus is due to changes to the Council's attendance processes and criteria for the issuing of Penalty Notices (PNs) for non-school attendance. There has been an increase in the numbers of PNs being issued as a result of this, leading to a higher than anticipated level of income generated.</p> <p>There have been smaller surpluses on this policy line due to vacancies in the Admissions team and income generated through charging for academy conversions, along with an overspend on the Growth Fund which has offset the overall surplus position.</p>				
18) Executive Director	802	1,291	489	61%
<p>The Executive Director Budget overspent by £489k, due to costs of the Mosaic project that were previously capitalised being moved to revenue.</p> <p>Changes in Children's Services, agreed at the Children's and Young People's Committee, have led to a change in approach for the IT system for Children's Services. At its meeting on 29th May General Purposes Committee supported a recommendation to procure a new Children's IT System that could be aligned with Peterborough City Council. A consequence of this decision is that the Mosaic system will no longer be rolled out for Children's Services. Therefore £489k of costs for Mosaic, which were formerly charged to capital, are a revenue pressure in 2018/19.</p>				
19) Central Financing	3,504	-8	-3,512	-100%
<p>The underspend within the Central Financing policy line reflects the allocation of the £3.413m smoothing fund reserve to support Children's Services pressures, as recommended by CYP Committee and approved by General Purposes Committee. In addition, unused accruals within Education have contributed a further £70k.</p>				
20) Financing DSG	-59,653	-68,335	-8,682	-15%
<p>Within P&C, spend of £59.7m is funded by the ring fenced Dedicated Schools Grant. A contribution of £8.68m has been applied to fund pressures on a number of High Needs budgets including High Needs Top Up Funding (£4.88m), Funding to Special Schools and Units (£2.68m), Out of School Tuition (£1.03m), SEN Placements (£0.18m), Early Years Specialist Support (£0.04m), 0-19 Organisation & Planning (£0.01m), SEND Specialist Services (-£0.09m) and Early Years' Service (-£0.03m).</p> <p>The final cumulative DSG balance to carry forward to 2019/20 is a deficit of £7,171k, compared to the £720k deficit brought forward from 2017/18 (amended down to £642k following prior-year adjustments).</p>				

APPENDIX 3 – Grant Income Analysis

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

Grant	Awarding Body	Expected Amount £'000
Grants as per Business Plan		
Public Health	Department of Health	293
Better Care Fund	Cambs & P'Boro CCG, and Ministry of Housing and Local Government	26,075
Social Care in Prisons Grant	DCLG	318
Winter Funding Grant		2,324
Unaccompanied Asylum Seekers	Home Office	2,933
Staying Put	DfE	171
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,063
Children's Social Care Innovation Grant (MST innovation grant)	DfE	313
Opportunity Area	DfE	3,400
Opportunity Area - Essential Life Skills	DfE	978
Adult Skills Grant	Skills Funding Agency	2,133
AL&S National Careers Service Grant	European Social Fund	164
Non-material grants (+/- £160k)	Various	178
Total Non Baselined Grants 2018/19		42,000

Financing DSG	Education Funding Agency	59,653
Total Grant Funding 2018/19		101,653

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

Directorate	Grant Total £'000
Adults & Safeguarding	28,836
Children & Safeguarding	5,650
Education	3,422
Community & Safety	4,091
TOTAL	42,000

APPENDIX 4 – Virements and Budget Reconciliation

Virements between P&C and other service blocks

	Eff. Period	£'000	Notes
Budget as per Business Plan		239,124	
Strategic Management – Education	Apr	134	Transfer of Traded Services ICT SLA budget to Director of Education from C&I
Childrens' Innovation & Development Service	Apr	74	Transfer of Traded Services Management costs/recharges from C&I
Strategic Management – Adults	June	-70	Transfer Savings to Organisational Structure Review, Corporate Services
Strategic Management – C&S	June	295	Funding from General Reserves for Children's services reduced grant income expectation as approved by GPC
Children in Care	June	390	Funding from General Reserves for New Duties – Leaving Care as approved by GPC
Strategic Management – Commissioning	Sept	-95	Transfer of Advocacy budget to Corporate
Central Financing	Sept	3,413	Financing Items, Use of Smoothing Fund Reserve as per GPC
Children's Centres Strategy	Oct	-12	Transfer of Bookstart contribution to Planning & Economy
Strategic Management – Commissioning	Dec	-14	Children's Commissioning contribution towards CCC Shared Services saving target
Integrated Front Door	Jan	-62	Transfer of Budget from Head of Service - Multi-Agency Safeguarding Hub to Contact centre
Multiple Policy Lines	Mar	395	Insurance charges 2018/19
Budget 2018/19		243,570	

APPENDIX 5 – Reserve Schedule as at Close 2019

Fund Description	Balance at 1 April 2018	2018/19		Year End 2018/19	Notes
		Movements in 2018/19	Balance at Close 2019		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					
P&C carry-forward	0	-4,756	-4,756	-4,756	Overspend £4,756k applied against General Fund.
subtotal	0	-4,756	-4,756	-4,756	
<u>Equipment Reserves</u>					
IT for Looked After Children	64	-56	8	8	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend)
subtotal	64	-56	8	8	
<u>Other Earmarked Reserves</u>					
Adults & Safeguarding					
Hunts Mental Health	200	0	200	200	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
Commissioning					
Mindful / Resilient Together	55	-55	0	0	Programme of community mental health resilience work (spend over 3 years)
Home to School Transport Equalisation reserve	116	0	116	116	Equalisation reserve to adjust for the varying number of school days in different financial years
Disabled Facilities	38	-31	7	7	Funding for grants for disabled children for adaptations to family homes.
Community & Safety					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	60	-50	10	10	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
Education					
Cambridgeshire Culture/Art Collection	153	0	153	153	Providing cultural experiences for children and young people in Cambs
Cross Service					
Other Reserves (<£50k)	42	-42	0	0	Other small scale reserves.
subtotal	664	-177	486	486	
TOTAL REVENUE RESERVE	728	-4,990	-4,262	-4,262	

Fund Description	Balance at 1 April 2018	2018/19		Year End 2018/19	Notes
		Movements in 2018/19	Balance at Close 2019		
	£'000	£'000	£'000	£'000	
<u>Capital Reserves</u>					
Devolved Formula Capital	717	1,266	1,983	1,983	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire Schools.
Basic Need	11,331	16,200	27,531	27,531	The Basic Need allocation received in 2018/19 is fully committed against the approved capital plan. Remaining balance is 2019/20 & 2020/2021 funding in advance
Capital Maintenance	0	0	0	0	The School Condition allocation received in 2018/19 is fully committed against the approved capital plan.
Other Children Capital Reserves	5	0	5	5	£5k Universal Infant Free School Meal Grant c/fwd.
Other Adult Capital Reserves	56	0	-56	-56	Adult Social Care Grant to fund 2018/19 capital programme spend.
TOTAL CAPITAL RESERVE	12,109	17,446	29,463	29,463	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2018/19					TOTAL SCHEME	
Original 2018/19 Budget as per BP £'000	Scheme	Revised Budget for 2018/19 £'000	Actual Spend (Close 19) £'000	Outturn Variance (Close 19) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
	Schools					
44,866	Basic Need – Primary	34,189	30,903	-3,286	309,849	6,930
35,502	Basic Need - Secondary	36,939	31,945	-4,994	274,319	0
1,222	Basic Need - Early Years	1,488	7	-1,481	6,126	0
2,400	Adaptations	2,381	3,307	926	7,329	0
3,476	Specialist Provision	486	256	-230	26,631	6,870
2,500	Condition & Maintenance	2,500	5,146	2,646	25,500	0
1,005	Schools Managed Capital	2,947	1,951	-996	11,275	0
100	Site Acquisition and Development	100	41	-59	200	0
1,500	Temporary Accommodation	1,500	1,282	-218	13,000	0
295	Children Support Services	583	483	-100	3,063	0
5,565	Adult Social Care	5,565	5,491	-75	43,241	0
-12,120	Capital Variation	-10,469	0	10,469	-58,337	1,651
1,509	Capitalised Interest	1,509	1,081	-428	8,798	0
87,820	Total P&C Capital Spending	79,718	81,891	2,173	670,994	15,451

Basic Need - Primary £6,930k increase in scheme cost

A total scheme variance of £6,930k has occurred due to changes since the Business Plan was approved in response to adjustments to development timescales and updated school capacity information. The following schemes require cost increases to be approved by GPC for 2018/19;

- St Ives, Eastfield / Westfield / Wheatfields; £7,000k overall scheme increase of which £300k will materialise in 2018/19. The scope of the project has changed as the aim is now to amalgamate Eastfield infant & Westfield junior schools into a new 630 place all through primary. The scheme is currently subject to a further review by the CYP Committee.
- St Neots, Wintringham Park; £5,150k increase in total scheme cost. £3,283k will materialise in 2018/19. Increased scope to build a 3FE Primary and associated Early Years is offset by the deletion of the St Neots Eastern Expansion scheme.
- Wing Development; £400k additional costs in 2018/19. New school required as a result of new development. Total scheme cost £10,200k, it is anticipated this scheme will be funded by the ESFA as an approved free school and S106 funding.
- Bassingbourn Primary School; £3,150k new scheme to increase capacity to fulfil demand required from returned armed forces families. £70k expected spend in 2018/19.

The following schemes have reduced in cost since Business Plan approval.

- St Neots – Eastern expansion; £4,829k reduction. The only requirement is spend on a temporary solution at Roundhouse Primary pending the construction of the new school in Wintringham Park.
- Godmanchester Bridge due to the final accounts being agreed and not all of the budget contingencies now being required.

Basic Need - Primary £3,286k slippage

The following Basic Need Primary schemes have experienced slippage in 2018/19;

- Waterbeach Primary scheme has experienced slippage of £724k due to a month one delay in the planned start on site. The contract length has also increased from 13 to 15 months.
- Wyton Primary has experienced £191k slippage due to slighter slower progress than originally expected.
- St Neots – Eastern expansion has experienced £87k slippage as a proportion of costs will not be due until 2019/20 financial year.
- Ermine Street Primary has experienced £125k slippage due to revised phasing of the scheme.
- Littleport 3rd Primary has experienced £180k slippage as the scheme is now not required until September 2021.
- Sawtry Junior school £340k slippage due to the scheme currently being halted until the outcome of a planning application for a new housing development is known which could impact scope of provision required.
- Chatteris additional primary places has incurred slippage of £393k due to the delay in the start of works, this will have no impact on the completion date of summer 2020.
- St Ives, Eastfield / Westfield scheme has experienced overall slippage of £535k due to delays in agreeing the scope and the financial envelop of the project. This project is currently subject to a Member review.
- Bellbird Primary, Sawston has experienced £65k slippage due to delays in co-ordination of the steelwork and beams. The project is now around 4-5 weeks behind schedule.
- Godmanchester Bridge has experienced £201k underspend in 2018/19 as final account has been agreed and not all contingencies have been required.
- Barrington Primary original contractor spend schedule was optimistic and therefore has been revised with a 128k slippage.
- New Road Primary has experienced a delay in the start on site of 4 weeks due to planning approvals. This has caused a £245k slippage in 2018/19.

The slippage above has been offset by accelerated expenditure incurred on Meldreth, Fulbourn and Bassingbourn where progress is ahead of originally planned.

Isle of Ely Primary has experienced £402k overspend on the total project budget due to additional cost of soil removal. This cost was approved by corporate property colleagues, but was not budgeted for within the original scope of works.

Basic Need - Secondary £4,994k slippage

The following Basic Need Secondary schemes have experienced slippage in 2018/19 as follows;

- Northstowe Secondary & Special has experienced £3,053k slippage due to a requirement for piling foundations on the site, which will lead to an increase in scheme cost and also extend the build time, some initial slippage has been regained due to full works being able to commence on site and the better than expected progress achieved due to unseasonably warm weather.
- Alconbury Weald Secondary & Special has, to date, experienced £200k slippage as, currently there is no agreed site for the construction. Scheme expected to be delivered for September 2022 in line with the timetable set by the ESFA for this new free school scheme.
- Cambourne Village College works did not starting on site until February 2019 for a September 2019 completion, the impact being £725k slippage.
- North West Fringe School; £350k slippage as the scheme has not yet progressed.

Basic Need – Early Years £1,481k slippage

£1,481k slippage due to works not commencing on a number of early years schemes. These will commence in 2019-20.

Specialist Provision £6,870k increase in scheme cost

Highfields Special School has experienced £250k additional cost in 2018/19. New scheme to extend accommodation for the current capacity and create teaching space for extended age range to 25 total cost £6,870k

Adaptations £926k accelerated spend

Morley Memorial Primary Scheme is experiencing accelerated spend of £215k as works are progressing slightly ahead of the original planned timescales and final accounts will be settled in 2018/19. Sawtry Academy Project has experienced £711k accelerated spend in 2018-19 as the project has commenced ahead of the anticipated schedule.

Condition, Maintenance and Suitability £2,646k 2018/19 overspend

Schools Condition & maintenance overspend is due a number of unplanned emergency projects requiring urgent attention to ensure the schools concerned remained operational and to maintain schools condition.

Schools Managed Capital £996k 2018/19 underspend

The revised budget for Devolved Formula Capital (DFC) has increased by £1,225k due to government confirming additional funding for 2018/19 allocations. DFC is a three year rolling balance and includes £717k carry forward from 2017/18. The 2018/19 position relates to schools funded capital of £987k which has matching funding to offset the impact. Devolved Formula Capital has a carry forward into 2019/20 of £1,983k

Temporary Accommodation £218k 2018/19 underspend.

£218k underspend in 2018/19 as the level of temporary mobile accommodation was lower than initially anticipated when the Business Plan was approved.

Children's Minor Works and Adaptions £288k increased scheme costs. £100k 2018/19 underspend.

Additional budget of £75k to undertake works to facilitate the Whittlesey Children's Centre move to Scaldgate Community Centre, although the costs have not materialised in 2018/19 contributing to a £100k underspend. Further increase in budget due to the capitalisation of recruitment costs for overseas social workers. £100k underspend due to

P&C Capital Variation

The Capital Programme Board recommended that services include a variation 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 adjustments has been calculated as follows, shown against the slippage position for 2018/19:

2018/19

Service	Capital Programme Variations Budget £000	Outturn Variance (Close) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Close) £000
P&C	-10,469	0	0	0%	10,469
Total Spending	-10,469	0	0	0%	10,469

As at the end of 2018/19 the Capital Variation budget has not been fully utilised. This will be offset with additional borrowing of £2,173k.

6.2 Capital Funding

2018/19				
Original 2018/19 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2018/19 £'000	Funding Outturn (Close 19) £'000	Funding Variance - Outturn (Close 19) £'000
24,919	Basic Need	24,919	24,919	0
4,043	Capital maintenance	4,202	4,202	0
1,005	Devolved Formula Capital	2,947	964	-1,983
4,115	Adult specific Grants	4,171	4,140	-31
5,944	S106 contributions	6,324	11,309	4,985
833	Other Specific Grants	833	833	0
0	Capital Receipts	213	213	0
1,982	Other Revenue Contributions	1,982	3,084	1,102
47,733	Prudential Borrowing	36,881	32,228	-4,653
-2,754	Prudential Borrowing (Repayable)	-2,754	0	2,754
87,820	Total Funding	79,718	81,891	2,173

APPENDIX 7 – Performance at end of March 2019

Outcome	Adults and children are kept safe									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of adult safeguarding enquiries where outcomes were at least partially achieved	Adults & Safeguarding	73.0%	87.0%	95.0%	2017/2018	↑	On Target (Green)	n/a	n/a	Performance is improving as the 'Making Safeguarding Personal' agenda become imbedded in practice
% of people who use services who say that they have made them feel safer	Adults & Safeguarding	84.8%	86.3%	83.2%	2017/2018	↓	Within 10% (Amber)	n/a	n/a	Performance has fallen since last year's survey, however the change is not considered statistically significant based on the survey methodology used.
Rate of referrals per 10,000 of population under 18	Children & Safeguarding	35.0	n/a	40.8	Mar	↓	No target	443.5	552.5	The referral rate increased this month.
% children whose referral to social care occurred within 12 months of a previous referral	Children & Safeguarding	18.5%	20.0%	19.8%	2018/19	↓	On Target (Green)	22.6%	21.9%	Re-referrals to children's social care was below target for 2018/19. It is below the average in comparison for statistical neighbours and England.
Number of children with a Child Protection Plan per 10,000 population under 18	Children & Safeguarding	39.0	30.0	41.0	Mar	↓	Off Target (Red)	41.6	45.3	In March the number of children with a Child Protection plan increase from 524 to 551. The introduction of an Escalation Policy for all children subject to a Child Protection Plan was introduced in June 2017. Child Protection Conference Chairs raise alerts to ensure there is clear planning for children subject to a Child Protection Plan. This has seen a decrease in the numbers of children subject to a Child Protection Plan.

Outcome	Adults and children are kept safe									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of children subject to a Child Protection Plan for the second or subsequent time (within 2 years)	Children & Safeguarding	10.3%	5%	8.5%	Mar	↑	Off Target (Red)	N/A	N/A	In March there were 11 children subject to a child protection plan for the second or subsequent time.
The number of looked after children per 10,000 population under 18	Children & Safeguarding	763.0	40	768.0	Mar	↓	Off Target (Red)	46.3	64	At the end of March there were 768 children who were looked after by the Local Authority and of these 78 were unaccompanied asylum seeking children and young people.
Number of young first time entrants into the criminal justice system, per 10,000 of population compared to statistical neighbours	Community & Safety	1.13	n/a	0.98	Q3	↑	No target			Awaiting comparator data to inform target setting

Outcome	Older people live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Number of contacts for community equipment in period	Adults & Safeguarding		n/a				No target	n/a	n/a	New measure, currently in development
Number of contacts for Assistive Technology in	Adults & Safeguarding		n/a				No target	n/a	n/a	New measure, currently in development

Outcome	Older people live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
period										
ASCOF 2D: % of new clients where the sequel to Reablement was not a long-term service.	Adults & Safeguarding	92.9%	77.8%	93%	2017/2018	↑	On Target (Green)	n/a	77.8%	Performance continues to improve, and is well above the national average.
Average monthly number of bed day delays (social care attributable) per 100,000 18+ population	Adults & Safeguarding	169	114	169	Feb-19	↓	Off target (Red)	n/a	n/a	<p>In February 2019, there were 914 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 506 delays – an 81% increase. 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.</p> <p>Delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's remain the key drivers of ASC bed-day delays.</p>
Proportion of requests for support where the outcome was signposting, information or advice only	Adults & Safeguarding	39.7%	55.0%	44.1%	2017/2018	↑	Off target (Red)	n/a	n/a	Performance at this indicator is improving as Adult Early Help & Neighbourhood Cares teams employ use of community and voluntary resources. Recording of these types of services is also improving as contact outcomes are recorded with more detail in Mosaic.
Number of new people receiving long-term care per 100,000 of	Adults & Safeguarding	228.4	408	289.6	2017/2018	↓	On Target (Green)	n/a	n/a	Although a greater number of people went on to receive long-term care compared to the previous year, the numbers compare favourably to target which is based on

Outcome	Older people live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
population										average rate for local authorities in the Eastern region.
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Adults & Safeguarding	164.8	282.0 (Pro-rata)	195.6	Sep*	↑	On Target (Green)	n/a	n/a	<p>The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.</p> <p>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.</p> <p>*No new data is currently available for this measure during ongoing migration of service data to Mosaic system.</p>

Outcome	People live in a safe environment									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Victim-based crime per 1,000 of population compared to statistical neighbours (hate crime)	Community & Safety	50.61	n/a	50.59	Q4	↑	No target	55.81	69.23	New measure, in development

Outcome	People with disabilities live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of service users (18-64) with a primary support reason of learning disability support in paid employment (year to date)	Adults & Safeguarding	1.16%	6.0% (Pro-rata)	1.66%	Mar	↑	Off Target (Red)	n/a	n/a	<p>Performance is below target but has been improving over the last 3 months. 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.</p> <p>(N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period. 15 clients are identified as being in employment but yet to receive an assessment or review in the period)</p> <p>Data cleansing as a result of the migration to Mosaic has resulted in a change in the score of this indicator.</p>

Outcome	People with disabilities live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of adults in contact with secondary mental health services in paid employment	Adults & Safeguarding	15.1%	12.5%	15.2%	Mar	↑	On Target (Green)	n/a	n/a	Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.
Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family	Adults & Safeguarding	68.0%	72.0%	68.0%	Sep*	→	Within 10% (Amber)	n/a	n/a	Performance is slightly below target, but improving generally. *No new data is currently available for this measure during ongoing migration of service data to Mosaic system.
Proportion of adults in contact with secondary mental health services living independently, with or without support	Adults & Safeguarding	82.1%	75.0%	82.5%	Jan	↑	On Target (Green)	n/a	n/a	Performance is above target.
Proportion of adults receiving Direct Payments	Adults & Safeguarding	23.0%	27%	23.0%	Mar	→	Off target (Red)	n/a	n/a	Target has been increased in line with the average of local authorities in the Eastern region causing performance to fall more than 10% short of the new target. Performance is slightly below target, and continues to fall gradually.

Outcome	People with disabilities live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of carers who are satisfied with the support or services that they have received from social services in the last 12 months	Adults & Safeguarding	41.6%	38.9%	35.1%	2016/2017	↓	Within 10% (Amber)	38.9%	39.0%	Performance at this indicator is calculated using data from the biennial carer survey. The 2018-2019 survey is currently underway.

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of EHCP assessments completed within timescale	Children & Safeguarding	81.5%	70.0%	87.5%	Mar	↑	On Target (Green)			Performance improved in March and remains above target
Number of young people who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding	268.0	n/a	269.0	Mar	↓	No target	213.8	271.1	The rate increased against the previous reporting period. The rate remains higher than statistical neighbours.
Proportion of young people with SEND who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding	567.00	n/a	620	Q3	↓	No target			The figure for Q3 is higher than Q2 and higher than statistical neighbours (447)

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
KS2 Reading, writing and maths combined to the expected standard (All children)	Education	58.7%	65.0%	61.4%	2017/18	↑	Within 10% (Amber)	64.7% (2017/18)	64.4% (2017/18)	2017/18 Performance increased but remains below that of the national average.
KS4 Attainment 8 (All children)	Education	47.7	50.1	48.0	2017/18	↑	Within 10% (Amber)	48.2 (2017/18)	46.5 (2017/18)	<p>The 2017/18 Attainment 8 average score increased by 0.3 percentage points in comparison to 2016/17. This is now 2.1 percentage points away from reaching our target.</p> <p>Cambridgeshire is currently 1.5 percentage points above the England figure which remained the same as the 2016/17 figure.</p> <p>The 2017/18 statistical neighbour average increased by 0.7 percentage points.</p>
% of Persistent absence (All children)	Education	8.9%	8.5%	9.6%	2017/18	↓	Within 10% (Amber)	10.5%	10.8%	<p>The annual absence figures were released by the DFE at the end of March 2019 for the 2017/18 academic year.</p> <p>2017/18 persistent absence has increased from 8.9% to 9.6% in Cambridgeshire.</p> <p>The statistical neighbour average has increased from 10.0% to 10.5% (0.5 percentage points) and the national figure has increased from 10.8% to 11.2% (0.4 percentage points).</p> <p>The 2016/17 Persistent absence has reduced from 9.2% to 8.9%</p>

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% Fixed term exclusions (All children)	Education	3.47%	3.7%	3.76%	2016/17	↓	On target (Green)	4.30%	4.76%	<p>The % of fixed term exclusions rose by 0.5 percentage points in 2016/17 in comparison to the previous year. This is still well below the statistical neighbour average and the national figure.</p> <p>The 2017/18 data release is anticipated July 2019.</p>
% receiving place at first choice school (Primary)	Education	93.2%	93.0%	94.7%	Sept-18	↑	On target (Green)	91.2%	91.0%	<p>Performance increased by 1.5 percentage points in comparison to the previous reporting period and is above both the statistical neighbour average and the national figure.</p>
% receiving place at first choice school (Secondary)	Education	92.5%	91.0%	87.8%	Sept-18	↓	Within 10% (Amber)	87.2%	82.1%	<p>Performance fell by 4.7 percentage points in comparison to the previous reporting period although it remains above both the statistical neighbour average and the national figure.</p> <p>The statistical neighbour average fell 1.2 percentage points and the national figure fell by 1.4 percentage points in the same period.</p>

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of 2 year olds taking up the universal entitlement (15 hours)	Education	70.7%	75.0%	68.0%	Spring term 2019	↓	Within 10% (Amber)	73.3% (2018 academic year)	71.8% (2018 academic year)	<p>Performance decreased by 2.7 percentage points in comparison to the previous figure for the Autumn 2018 term. The annual figure reported by the DFE is 68% for 2018 which below both the statistical neighbour average and the England average. The previous figure for 2017 was 79%.</p> <p>The DFE estimate there were 1700 Cambridgeshire two year olds eligible for funded early education in 2018. Of those eligible there were 1140 two year olds taking up the funded early education entitlement. 95.6% of these met the economic basis for funding criteria. The remaining 4.4% of two years olds met the criteria on a high-level SEN or disability basis or the looked after or adopted from care basis.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Primary Schools)	Education	82.9%	90%	83.3%	Mar-19	↑	Within 10% (Amber)	87.7%	87.4%	<p>Performance has increased slightly since the previous month. The national figure has remained the same while the statistical neighbour figure has decreased by 0.4 percentage points.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Secondary Schools)	Education	91.0%	90%	91.0%	Mar-19	→	On target (Green)	84.7%	80.2%	<p>Performance has remained the same since last month and is now above the target and nearly 10 percentage points above the national average.</p> <p>The statistical neighbour figure has decreased by 0.4 percentage points and the national figure has remained the same.</p>

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Special Schools)	Education	87.0%	100%	87.0%	Mar-19	➡	Off target (Red)	93.4%	93.9%	<p>Performance has remained the same since last month.</p> <p>There are currently 2 schools which received an overall effectiveness grading of requiring improvement and 137 pupils attend these schools in total.</p> <p>The statistical neighbour figure has decreased by 0.5 percentage points and the national figure has decreased by 0.3 percentage points.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Nursery Schools)	Education	100%	100%	100%	Mar-19	➡	On target (Green)	100%	98.1%	<p>Performance is high and has remained the same as the previous month.</p> <p>The national figure has increased by 0.2 percentage points and the statistical neighbour average has remained unchanged.</p>

Outcome	The Cambridgeshire economy prospers to the benefit of all residents									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of new apprentices per 1,000 of population, compared to national figures	Community & Safety		n/a				No target			New measure in development
Engagement with learners from deprived wards as a proportion of the total learners engaged	Community & Safety		n/a				No target			New measure in development

Savings Tracker 2018-19

				Planned £000	Forecast £000										
				2,797	-21,287	-13,764	-2,202	-1,543	-1,055	-18,562	2,725				
Reference	Title	Service	Committee	Investment 18-19 £000	Original Saving 18-19	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	% Variance	RAG	Direction of travel	Forecast Commentary
A/R.6.001	P&C Contribution to Organisational Review Mileage Saving	P&C	P&C Cross Committee	0	-63	-63	0	0	0	-63	0	0.00	Green	↔	Saving complete.
A/R.6.111	Physical Disabilities - Supporting people with physical disabilities to live more independently and be funded appropriately	P&C	Adults	0	-440	-110	-110	-110	-110	-440	0	0.00	Green	↔	Saving complete.
A/R.6.114	Learning Disabilities - Increasing independence and resilience when meeting the needs of people with learning disabilities	P&C	Adults	786	-3,100	-1,409	-328	-127	-154	-2,018	1,082	34.90	Red	↑	A refreshed scoping of potential savings was undertaken, and this work took into account previous experiences around the complexity and the level of challenge which impact on the pace at which savings could be delivered. There was also a challenging round of fee uplift negotiations requiring officer input - these two aspects have resulted in the shortfall in savings. Partially mitigated through a new funnel saving (shown separately) - an £858k surplus realised against the 2018/19 budget allocation for provider inflation, further to fee uplift negotiation undertaken by the Project Assessment Team
A/R.6.115	Retendering for domiciliary care for people with learning disabilities	P&C	Adults	0	-100	0	-100	0	0	-100	0	0.00	Green	↔	Saving complete.
A/R.6.122	Transforming Learning Disability In-House & Day Care Services	P&C	Adults	0	-50	-13	-13	-13	-13	-50	0	0.00	Green	↔	Saving complete.
A/R.6.126	Learning Disability - Converting Residential Provision to Supported Living	P&C	Adults	0	-794	-25	0	0	-143	-168	626	78.84	Red	↔	Having better appreciation with level of challenge from family carers, service user advocates and housing providers in the last financial year has resulted in a better forecast in this complex and very volatile area. The process has a set timescale with a number of dependencies that can affect delivery and phasing.
A/R.6.127	Care in Cambridgeshire for People with Learning Disabilities	P&C	Adults	75	-315	-168	-49	-49	-49	-315	0	0.00	Green	↔	Saving complete.
A/R.6.128	Use of grant funding to reduce demand and service pressures	P&C	Adults	0	-7,200	-7,200	0	0	0	-7,200	0	0.00	Green	↔	Saving complete.
A/R.6.129	Russell Street Learning Disability Provision Re-design	P&C	Adults	0	-70	0	0	0	0	0	70	100.00	Black	↓	Changes to Russel St were not possible in 18/19. Due to pressures across the system and the need to use relief staff and agency staff to provide statutory care, mitigations within the service could not be identified and there was a pressure at year end of £70k.
A/R.6.132	Mental Health Demand Management	P&C	Adults	340	-400	-275	-125	0	0	-400	0	0.00	Green	↔	Saving complete.
A/R.6.143	Homecare Retendering	P&C	Adults	100	-306	-306	0	0	0	-306	0	0.00	Green	↔	Saving complete.
A/R.6.172	Older People's Demand Management Savings	P&C	Adults	116	-1,000	-250	-250	-225	0	-725	275	27.50	Red	↔	The revised plan for delivery of this saving included a target for Continuing Healthcare. This has not been achieved in full, resulting in under-delivery against the overall saving.
A/R.6.173	Adult Social Care Service User Financial Reassessments	P&C	Adults	280	-412	-180	-129	-77	-26	-412	0	0.00	Green	↔	Saving complete.
A/R.6.174	Review of Supported Housing Commissioning	P&C	Adults	250	-1,000	-100	0	0	0	-100	900	90.00	Red	↓	The phasing of this saving will now be over several years - a major redesign of some services is needed, and this will need to be done in conjunction with changes in the housing support being provided by district councils. The overall saving delivered will be lower, with the remaining part reversed in the 2019-24 business plan.
A/R.6.175	Automation - Mosaic and Adult Business Support Processes	P&C	Adults	0	-150	0	0	0	0	0	150	100.00	Black	↔	Realignment of business support ahead of Mosaic implementation is not expected to deliver this saving in year, but the alignment of support functons will be reviewed next year once the Mosaic implementation is complete.
A/R.6.177	Further savings required within Adults Services	P&C	Adults	0	-282	-282	0	0	0	-282	0	0.00	Green	↔	Saving complete.
A/R.6.178	Local Assistance Scheme	P&C	CYP	0	-21	-21	0	0	0	-21	0	0.00	Green	↔	Saving complete.
A/R.6.201	Staffing efficiencies in Commissioning	P&C	CYP	0	-94	-94	0	0	0	-94	0	0.00	Green	↔	Saving complete.
A/R.6.204	Childrens Change Programme (later phases)	P&C	CYP	0	-594	-507	0	0	-87	-594	0	0.00	Green	↔	Saving complete.
A/R.6.210	Total Transport - Home to School Transport (Special)	P&C	CYP	0	-324	-45	-35	-60	-59	-199	125	38.58	Amber	↔	199k of savings were made through tender rounds and other route efficiencies, however increasing demand means that this full saving was not achieved in 2018/19

Planned £000	Forecast £000
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2,797	-21,287	-13,764	-2,202	-1,543	-1,055	-18,562	2,725
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Reference	Title	Service	Committee	Investment 18-19 £000	Original Saving 18-19	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	% Variance	RAG	Direction of travel	Forecast Commentary
A/R.6.214	Total Transport - Home to School Transport (Special) - Moving towards personal budgets	P&C	CYP	0	-100	0	0	0	0	0	100	100.00	Black	↔	An anticipated move to banded PTBs did not take place in-year so savings were not achieved in 2018/19.
A/R.6.224	Children's Centres - Building a new service delivery model for Cambridgeshire Communities	P&C	CYP	0	-772	-772	0	0	0	-772	0	0.00	Green	↑	Saving complete.
A/R.6.227	Strategic review of the LA's ongoing statutory role in learning	P&C	CYP	50	-324	-65	0	-129	-130	-324	0	0.00	Green	↔	Saving complete.
A/R.6.244	Total Transport - Home to School Transport (Mainstream)	P&C	CYP	0	-342	-138	-27	-81	-81	-327	15	4.39	Green	↔	Saving complete.
A/R.6.250	Grants to Voluntary Organisations	P&C	CYP	0	-168	-168	0	0	0	-168	0	0.00	Green	↔	Saving complete.
A/R.6.251	Automation - Education and Children's Guidance	P&C	CYP	0	-100	0	0	0	0	0	100	100.00	Black	↔	Savings not achieved in 2018/19; addressed through Business Planning going forward.
A/R.6.253	LAC Placement Budget Savings	P&C	CYP	705	-1,500	-669	-1,012	-553	-84	-2,318	-818	-54.53	Blue	↔	On track
A/R.6.254	Looked After Children Transport	P&C	CYP	50	-100	0	-20	-40	-40	-100	0	0.00	Green	↔	Saving complete.
A/R.6.256	Delivering Greater Impact for Troubled Families	P&C	CYP	45	-150	0	0	-75	-75	-150	0	0.00	Green	↑	Saving complete.
A/R.6.257	Automation - Admissions & Additional Automation Initiatives	P&C	CYP	0	-100	0	0	0	0	0	100	100.00	Black	↔	Savings not achieved in 2018/19; addressed through Business Planning going forward.
A/R.7.101	Early Years subscription package	P&C	CYP	0	-16	-4	-4	-4	-4	-16	0	0.00	Green	↔	Saving complete.
A/R.7.110	Learning Disability - Joint Investment with Health Partners in rising demand	P&C	Adults	0	-900	-900	0	0	0	-900	0	0.00	Green	↔	Saving complete.

MULTI AGENCY SAFEGUARDING ARRANGEMENTS FOR CAMBRIDGESHIRE & PETERBOROUGH

To: **Adult's Committee**

Meeting Date: **22 May 2019**

From: **Wendi Ogle-Welbourn, Executive Director: People & Communities**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **No**

Purpose: **The Committee is asked to note the new multi-agency safeguarding arrangements for Cambridgeshire and Peterborough**

Recommendation: **The Committee is asked to note the report for information**

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

- 1.1 In January 2018 we took the decision to create an innovative safeguarding structure, which combined both safeguarding children and adults across the two local authority areas. We have found that this structure is instrumental in helping us, as a partnership, to safeguard our children, young people, their families, and those adults in need of help and protection.

We have now made the decision to confirm the safeguarding arrangements we have been working to for the last 15 months. These arrangements also fulfil our statutory obligations as laid out in Working Together to Safeguard Children 2018, and the Care Act 2014 in relation to safeguarding.

The approach that we have taken and the arrangements document has received national recognition as good practice.

2. MAIN ISSUES

- 2.1 The Care Act 2014 confirms that the three statutory safeguarding adult's partners should be;

- Local Authority
- Clinical Commissioning Group
- Chief Officer of Police.

The three statutory partners have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all vulnerable adults (with identified care and support needs) in a local area.

The Care Act 2014 has provided partners in Cambridgeshire and Peterborough with an opportunity to develop new partnership safeguarding arrangements.

Changing structures and working arrangements in partner agencies (including increased joint working between the two local authorities) and the ongoing demands on resources, have made it essential to look at the Local Safeguarding Board Governance arrangements across the County of Cambridgeshire, including the City of Peterborough.

Within the revised safeguarding arrangements there has been an innovative move to abolish the previous safeguarding arrangements that were in place within the County of Cambridgeshire and replace them with a model based on collaborative working.

Partners have developed a revised structure which seeks to deliver bold plans to implement and embed joint safeguarding arrangements across the County of Cambridgeshire. This will be delivered by bringing together two local authorities (Peterborough and Cambridgeshire) into one set of governance arrangements.

The new arrangements bring together the three statutory safeguarding partners (Health (CCG), Police and local authority) to form an Executive Safeguarding

Partnership Board. The structure combines the governance arrangements at a senior level to look at safeguarding arrangements holistically across both the children's and adults safeguarding arena. This will result in a more streamlined and efficient process and ensure that, where possible, there is a countywide approach. The Executive Safeguarding Partnership Board is made up of senior directors from the three statutory partners and is the overarching countywide governance board for both the children's safeguarding agenda and adults safeguarding agenda. The Executive Safeguarding Partnership Board is a high level, strategic board that will primarily focus on safeguarding systems performance and resourcing. This Board will have the statutory accountability for safeguarding in both local authority areas.

Below the Executive Safeguarding Partnership Board, the arrangements move away from a separate Peterborough Local Safeguarding Children Board/ Safeguarding Adult Board and Cambridgeshire Local Safeguarding Children Board/ Safeguarding Adult Board and replace them with a single countywide governance structure (still retaining a separate adult and children safeguarding board). The structure brings together two local authority areas who to date, have had independent safeguarding arrangements. This will result in one multi-agency set of safeguarding procedures, guidance and strategies being implemented across the County and will ensure a level of consistency for service users. The safeguarding partners do however, fully acknowledge and will adhere to the sovereignty that the Councils for each of the two local authority has for the children and adults that reside within their area. Everything that is being achieved through these safeguarding arrangements, is being undertaken to strengthen both of the areas safeguarding responsibilities and actions.

The lead members for Adults and Children's in Peterborough, and the committee Chairs for Adults and Children's, in Cambridgeshire, will sit on the respective Safeguarding Partnership Boards. The same applies to the Police and Crime Commissioner or their nominee. They will all have direct access to the Independent Safeguarding Partnership team through the Head of Service, as well as the Independent Chair of the Executive Safeguarding Partnership Board.

Full details of the new arrangements can be found in the "multi agency safeguarding arrangements for Cambridgeshire & Peterborough" document (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:

- Bringing together adults and children's safeguarding on a countywide level will ensure that safeguarding issues can be looked at holistically in a "think family approach" and will also provide a forum for transitional arrangement's (movement from children's to adults services) to be discussed and agreed

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's Children

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

- The arrangements are the framework for all agencies to work together to safeguard children and young people across the County. They are also a means by which agencies can be held to account for failure to do so.

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

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

- The arrangements fulfil our statutory obligations as laid out in Children & Social Work Act 2017, Working Together to Safeguard Children 2018, and the Care Act 2014.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

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

- All partner agencies including LA, health, police, education and voluntary sector have been consulted and have approved the arrangements

4.6 Localism and Local Member Involvement

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

- The committee chairs for Adult's will sit on the Adults Safeguarding Partnership Board.

4.7 Public Health Implications

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

- Public health are actively involved in all of the various levels of meetings within the structure

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

Source Documents	Location
Appendix 1 – Multi-agency Safeguarding Arrangements for Cambridgeshire and Peterborough	Jo Proctor Joanne.proctor@peterborough.gov.uk



Multi-agency Safeguarding Arrangements For Cambridgeshire and Peterborough

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Welcome

Welcome to the multi-agency safeguarding arrangements for Cambridgeshire and Peterborough.

In January 2018 we took the decision to create an innovative safeguarding structure, which combined both safeguarding children and adults across the two local authority areas. During the last 12 months we realised that this was an ambitious programme of change and have learnt a lot from the experience. In particular we have found that this structure is instrumental in helping us, as a partnership, to safeguard our children, young people, their families, and those adults in need of help and protection.

Strong partnerships, we know, are essential to making sure that our children and their families receive the best possible start in life and the best possible care and help when they need it. The same requirement for robust partnerships applies to those adults in need of help and protection. Together Cambridgeshire County Council, Peterborough City Council, Cambridgeshire Constabulary and the Cambridgeshire and Peterborough Clinical Commissioning Group, are responsible for ensuring that the vulnerable members of our communities receive the help and protection that they need. We, as the Safeguarding Partners, are totally committed to this aim and will challenge one another to learn and to improve.

We have now made the decision to confirm the safeguarding arrangements we have been working to for the last year. These arrangements also fulfil our statutory obligations as laid out in Working Together to Safeguard Children 2018, and the Care Act 2014 in relation to safeguarding. The remainder of this report outlines in detail what the arrangements are, and how they are being delivered across the partnership.

We hope that you take time to read this report and will work with us to ensure that safeguarding is 'everybody's business' whether you are an organisation (big or small), frontline practitioner, or an individual member of our communities.

Wendi Ogle-Welbourn

Executive Director, People &
Communities

Carol Anderson

Chief Nurse

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Introduction and Legislative Context



Introduction

Ensuring that children, young people and adults are safeguarded from abuse and neglect is everyone's responsibility.

In Cambridgeshire and Peterborough this will be achieved through a co-ordinated approach to safeguarding. As a result of agencies working collaboratively across both the children's and adult's workforce, professionals will recognise and fulfil their safeguarding responsibilities.

This document sets out the Cambridgeshire and Peterborough children's and adults multi-agency safeguarding arrangements. The arrangements accentuate the need for agencies to work collectively to ensure that children and adults are safeguarded and remain at the heart of the multi-agency safeguarding processes.

Legislative context

Working Together to Safeguard Children 2018 confirms that the three statutory safeguarding partners in relation to a local authority area are defined in the Children and Social Work Act 2017 as

- Local Authority
- Clinical Commissioning Group
- Chief officer of Police

The three statutory partners have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

The Children and Social Work Act 2017 has provided partners in Cambridgeshire and Peterborough with a unique opportunity to develop new partnership safeguarding arrangements.

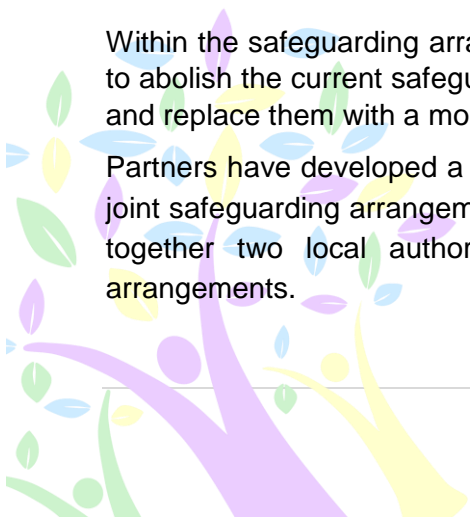
The move to abolish Local Safeguarding Children Boards arising from this Act, changing structures and working arrangements in partner agencies (including increased joint working between the two local authorities) and the ongoing demands on resources, have made it essential to look at the Local Safeguarding Board Governance arrangements across the County of Cambridgeshire, including the City of Peterborough.

The Care Act 2014 also established the need to have Safeguarding Adult Boards in each local authority Area. The Act confirmed that the three statutory safeguarding partners should be;

- Local Authority
- Clinical Commissioning Group
- Chief Officer of Police.

Within the safeguarding arrangements detailed within this document there has been an innovative move to abolish the current safeguarding arrangements that were in place within the County of Cambridgeshire and replace them with a model based on collaborative working.

Partners have developed a revised structure which seeks to deliver bold plans to implement and embed joint safeguarding arrangements across the County of Cambridgeshire. This will be delivered by bringing together two local authorities (Peterborough and Cambridgeshire) into one set of governance arrangements.



The new arrangements bring together the three statutory safeguarding partners (Health (CCG), Police and local authority) to form an Executive Safeguarding Partnership Board. The structure combines the governance arrangements at a senior level to look at safeguarding arrangements holistically across both the children's and adults safeguarding arena. This will result in a more streamlined and efficient process and ensure that, where possible, there is a countywide approach. The Executive Safeguarding Partnership Board is made up of senior directors from the three statutory partners and is the overarching countywide governance board for both the children's safeguarding agenda and adults safeguarding agenda. The Executive Safeguarding Partnership Board is a high level, strategic board that will primarily focus on safeguarding systems performance and resourcing. This Board will have the statutory accountability for safeguarding in both local authority areas.

Below the Executive Safeguarding Partnership Board, the arrangements move away from a separate Peterborough Local Safeguarding Children Board/ Safeguarding Adult Board and Cambridgeshire Local Safeguarding Children Board/ Safeguarding Adult Board and replace them with a single countywide governance structure (still retaining a separate adult and children safeguarding board). The structure brings together two local authority areas who to date, have had independent safeguarding arrangements. This will result in one multi-agency set of safeguarding procedures, guidance and strategies being implemented across the County and will ensure a level of consistency for service users. The safeguarding partners do however, fully acknowledge and will adhere to the sovereignty that the Councils for each of the two local authority has for the children and adults that reside within their area. Everything that is being achieved through these safeguarding arrangements, is being undertaken to strengthen both of the areas safeguarding responsibilities and actions.

The lead members for Children and Adults in Peterborough, and the committee chairs for Children and adults, in Cambridgeshire, will sit on the respective Safeguarding Partnership Boards. The same applies to the Police and Crime Commissioner or their nominee. They will all have direct access to the Independent Safeguarding Partnership team through the Head of Service, as well as the Independent Chair of the Executive Safeguarding Partnership Board.



Leadership and Governance



Leadership and Governance

The revised governance arrangements build on the knowledge and learning arising from both the Local Safeguarding Children Board and the Safeguarding Adults Board. These partnership arrangements have been in existence within the two local authority areas for several years.

The new arrangements are shown detailed on a diagram on p11. This diagram illustrates how the various boards and groups detailed in the paragraphs below align. The arrangements will continue to scrutinise and monitor safeguarding practice but also seek to produce accessible learning for both practitioners and senior managers from the themes and trends arising from increased quality assurance activity.

The new arrangements seek to bring together the three statutory safeguarding partners (Health (CCG), Police and Local Authority) to form an Executive Safeguarding Partnership Board. Membership of the Executive Safeguarding Partnership Board will consist of senior directors from the three statutory partners and will look at both adults and children's safeguarding. The Executive Safeguarding Partnership Board is the overarching countywide governance board for both the children's safeguarding agenda and adults safeguarding agenda. The Executive Safeguarding Partnership Board is a high level, strategic board that will primarily focus on safeguarding systems performance and resourcing. This Board will have the statutory accountability for safeguarding in both local authority areas.

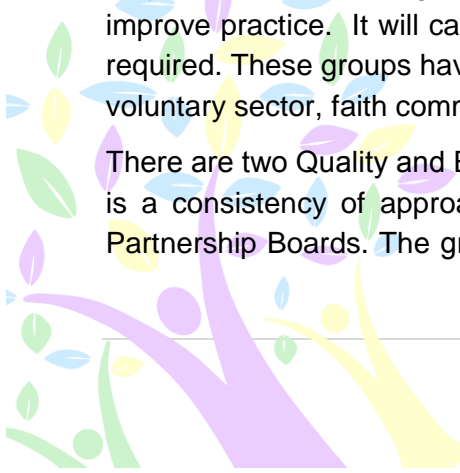
Bringing together adults and children's safeguarding on a countywide level will ensure that safeguarding issues can be looked at holistically in a "think family approach" and will also provide a forum for transitional arrangements to be discussed and agreed.

The two Safeguarding Partnership Boards (adults and children's) sit below the Executive Safeguarding Partnership Board. The Safeguarding Partnership Boards are responsible for progressing the Executive Safeguarding Partnership Board's business priorities through the business plan. They will authorise the policy, process, strategy and guidance required to support the Executive Safeguarding Partnership Board priorities and effective safeguarding. The two Safeguarding Partnership Boards will scrutinise, challenge and maintain an overview of the state of children's and adults safeguarding in Cambridgeshire and Peterborough. This will be undertaken through quality assurance activity, learning and development programmes and commissioning and overseeing Child Safeguarding Practice Reviews / Safeguarding Adult Reviews / multi-agency reviews (as required.) The Safeguarding Partnership Boards have wider partner membership to include probation, health providers, education, voluntary sector, faith communities and housing.

Below the Executive Safeguarding Partnership Board and the two (adults and children's) Partnership Safeguarding Boards are a range of sub groups and task and finish groups. These groups are responsible for a range of areas, including policies, training, consultation and quality assurance. The function of these groups are detailed below.

There are two consultation and development forums (one for adults and one for children's) they are responsible for securing the "voice" of practitioners and ensuring that learning is used to inform and improve practice. It will carry out this role within the meeting or by identifying responsible individuals as required. These groups have wider partner membership to include probation, health providers, education, voluntary sector, faith communities and housing.

There are two Quality and Effectiveness Groups (QEG), one for adults and for children's. To ensure there is a consistency of approach both groups are chaired by the Head of Service for the Safeguarding Partnership Boards. The group's membership includes senior managers from the safeguarding partners



and other relevant agencies that have responsibility for safeguarding performance within their organisation. The group scrutinises safeguarding effectiveness and co-ordinates improvement activity. This takes place through scrutiny of quality assurance activity (both single and multi-agency), performance management information and overseeing of action plans. The QEG will regularly report to the Executive Safeguarding Partnership Board and the two (adult and children's) Safeguarding Partnership Boards on what is working well and where there are areas of improvement.

The Peterborough serious case review sub group and Cambridgeshire serious case review group have been combined to form a single countywide children's Case Review Group. There is also a countywide Safeguarding Adults Review group which deals with adult's case reviews. This ensures that lessons learnt can be effectively shared across the County.

Time limited task and finish groups will be established to progress themed areas, e.g. child sexual abuse, criminal exploitation. Each group will be responsible for producing resource packs for practitioners which include strategies/ guidance, training, leaflets and tools. When establishing a task and finish group consideration will be given to the group being a cross cutting children's and adults group.

The structure also includes those forums who have a "dotted line" to the Safeguarding Boards (Education Safeguarding Group, Child Protection Information Network). These will continue to run as normal, and are a key and essential part of the multi-agency safeguarding processes as they form the conduit for communication and engagement of educational establishments with the safeguarding arrangements.

Whilst the structure appears hierarchical, it is important to note that in reality it is a whole system approach to safeguarding. Members of all of the various groups and boards are integral and have a crucial part to play in the safeguarding of adults and children across Cambridgeshire. To be effective the process also requires input from children/young people, those adults in need of help and protection and frontline practitioners. These views will be gathered via a range of activities including surveys and consultation with focus groups.

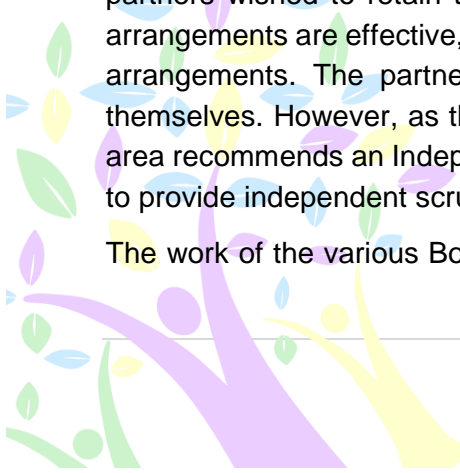
Designated health professionals

Designated doctors and nurses, as senior professionals, clinical experts and strategic leaders, are a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the clinical commissioning group, NHS England, and the local authority. They also provide advice and support to other health practitioners across the health economy. The NHS commissioners and providers should ensure that designated professionals are given sufficient time to be fully engaged, involved and included in the new safeguarding arrangements.

Independent Safeguarding Partnership Service

The partnership has recognised the crucial role that Independent Chair and secretariat play. Accordingly, partners wished to retain this element of the previous safeguarding arrangements. To ensure that the arrangements are effective, an Independent Chair will continue to oversee and scrutinise the safeguarding arrangements. The partners did consider whether to retain this role, or revolve the chair between themselves. However, as the arrangements cover adult safeguarding and the statutory guidance for this area recommends an Independent Chair, the partners felt the benefit of a person to be a critical friend and to provide independent scrutiny and challenge, was beneficial to them and the partnership.

The work of the various Boards and groups within the governance arrangements will be overseen by an



Independent Safeguarding Partnership Service. The service is managed by a Head of Service and includes roles that cover both adults and children's agendas. Some of the roles are specialised in quality assurance and improvement, exploitation, training, communication. There are also more general adult and children's leads and dedicated administrative roles. The service will ensure that there is robust, countywide independent scrutiny and oversight of multi-agency practice. This will be driven through a variety of mechanisms including communications (that include a Safeguarding Partnership Board website), audits and quality assurance activity, focus groups, surveys, multi-agency reviews (this also includes the statutory Child Safeguarding Practice Reviews and Safeguarding Adult Reviews) and the validation of single agency safeguarding training. The Independent Safeguarding Partnership Service will also assist and lead, where needed, in writing safeguarding policy, procedures and guidance for the partnership. They will ensure representation takes place at all of the other statutory partnerships and ensure that the work of the various boards within the safeguarding arrangements is effectively highlighted with all the key stakeholders that have agencies in the two local authority areas. This includes communication and consultation with children, young people their families and those adults in need of help and protection.





Links with other Statutory Boards

For the Executive Safeguarding Partnership Board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements, it is important that it has strong and meaningful links with other groups and boards who impact on child and adult services. The safeguarding arrangements have been established in the context of wider statutory partnership arrangements that are in place across Cambridgeshire and Peterborough.

The Chair of the Executive Safeguarding Partnership Board is also a member of other strategic and statutory partnerships within Cambridgeshire and Peterborough which include the Health and Wellbeing Board, the Community Safety Partnerships and the MAPPA Strategic Management Board. They also chair the MASH Governance Board. In addition, the Head of Service for the Safeguarding Partnership Boards is a member of the Domestic Abuse Governance Board and the Children and Families Joint Commissioning Board.

Both the Adult and Children's Safeguarding Partnership Boards work very closely with the Health and Wellbeing boards, Community Safety Partnerships, the Local Family Justice Board, and the MAPPA Strategic Management Board. These relationships have been strengthened by the implementation of an Inter Board protocol and a comprehensive mapping of themes. This ensures that all aspects of safeguarding are taken into account by the other statutory boards and there is a co-ordinated and consistent approach.

These links mean that safeguarding vulnerable people remains on the agenda across the statutory and strategic partnership and is a continuing consideration for all members.

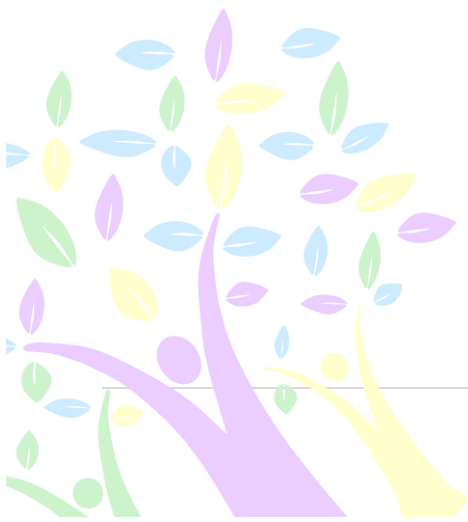
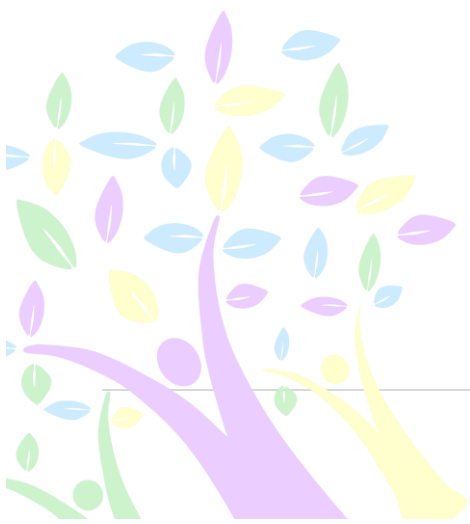


Diagram illustrating links with other statutory boards



Local Context & Partnership Working



Local context and Partnership Working

The geographical footprint for the children's and adults safeguarding arrangements is the county of Cambridgeshire. This covers two local authority areas (Cambridgeshire and Peterborough).

The geographical footprint corresponds with that of Cambridgeshire and Peterborough CCG and Cambridgeshire Constabulary.

The safeguarding partners and other organisations included in these arrangements will fulfil their statutory and legislative duties to safeguard and promote the welfare of children, young people and adults from Cambridgeshire and Peterborough who live or are placed outside the local authority area.

Likewise, the safeguarding partners and other organisations included in these arrangements will fulfil their statutory and legislative duties to safeguard and promote the welfare of children, young people and adults who live within the Cambridgeshire and Peterborough area including those "looked after" people who are placed in Cambridgeshire and Peterborough by other local authorities or those who move here.



Cambridgeshire

Cambridgeshire (not including Peterborough), as part of the East of England, has a high rate of population growth that averages above England as a whole. Using figures from the last census the Cambridgeshire research group has estimated that the total population has risen from 624,180 in 2011 to 652,100 in 2016. This equates to a rise of nearly 5%.

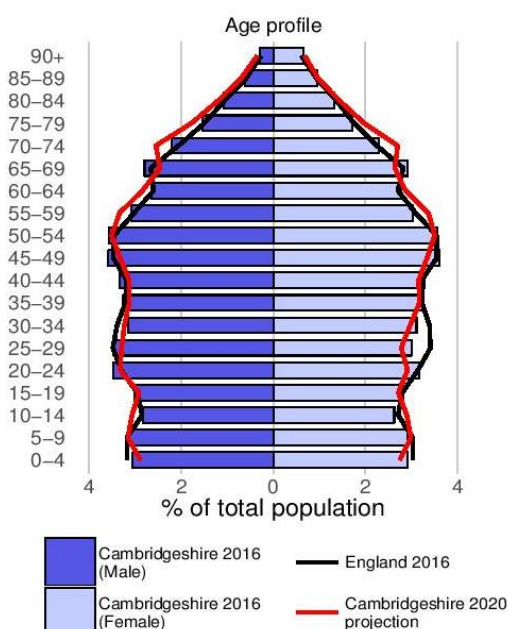
The latest forecasts compiled by the Cambridgeshire research group show continuous population growth through until 2036. The population is expected to grow to 803,200, a rise of 23%.

According to the Cambridgeshire research group's population forecasts, Children and young people (0-24 years) make up 29.1% of the total population with around 194,300 people under the age of 25. This ratio is predicted to remain relatively stable but there is a predicted increase of around 5,000 more 0-4 year olds between 2016 and 2026. 18.7% of the population are aged 65 and over

The distribution of Cambridgeshire residents between urban and rural settlements is relatively even. Approximately 344,260 or 54% of Cambridgeshire's population reside in an urban city or town environment. This compares with approximately 201,820 (31%) living in a rural town and fringe development and 102,230 (15%) residents who are more dispersed or living in a rural village.

The level of urbanisation within the Cambridgeshire population naturally differs across the five districts. The most extreme case is within Cambridge City as every single resident (100%) is living within an urban city or town. With the obvious exception there are still significant differences between other districts as well. For example, in East Cambridgeshire 28% (24,680) of the population reside in an urban or town compared with Fenland where 76% (75,700) reside in an urban or town setting.

Huntingdonshire has the largest total population of the five districts with 176,050 and East Cambridgeshire the smallest population with 86,300.



	Cambridgeshire (persons)	England (persons)
Population (2016)*	645	55,268
Projected population (2020)*	659	56,705
% population aged under 18	20.7%	21.3%
% population aged 65+	18.4%	17.9%
% people from an ethnic minority group	5.5%	13.6%

*thousands

Source: Office for National Statistics 2016

Cambridgeshire's ethnic composition is primarily White British. 84.5% (524,617) have identified as White British with a further 0.8% (4,908) identifying as White – Irish and 7.1% (43,954) White Other. This totals 92.6% of the population who are classed as White.

The next largest ethnicity group is Indian with 1.2% (7,430) followed by Chinese with 1.1% (6,723) and Other Asian also with 1.1% (655 Black African 3,426 (0.6%), Black Caribbean 1,647 (0.3%) and Other Black 937 (0.2%) total 6010 (1.1%). 1,508 (0.2%) of the Cambridgeshire population are identified as Gypsy or Irish Traveller

The ethnic composition is more diverse in certain districts than others in Cambridgeshire. For example Cambridge City is much more ethnically diverse than Fenland. Within Cambridge City 66% of residents identified as White British compared to 90.4% of Fenland residents, a difference of 24%.

91.7 % of Cambridgeshire identify English as being the main language in their household.

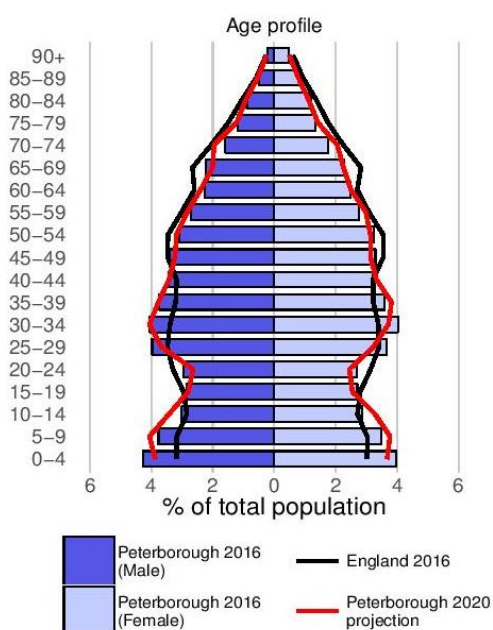
Cambridgeshire as a whole performs relatively well in terms of deprivation as it ranks 133rd of 152 upper tier local authorities in England with 1 being the most deprived

Peterborough

Peterborough is noted in the 2018 Centre for Cities report 'Cities Outlook 2018' to be the fourth-fastest growing city in the UK, behind only Exeter, Coventry and Cambridge City.

Population density is highest in Peterborough among the urban, relatively deprived areas towards the centre of the Local Authority, although Peterborough also has some rural areas towards its outer boundaries, which tend to be more sparsely population and less deprived.

Approximately 53,000 children and young people under the age of 19 live in Peterborough, which is 27% of the total population in the area whilst 14.5% are aged 65 and over.



	Peterborough (persons)	England (persons)
Population (2016)*	197	55,268
Projected population (2020)*	204	56,705
% population aged under 18	24.9%	21.3%
% population aged 65+	14.5%	17.9%
% people from an ethnic minority group	13.6%	13.6%

*thousands

Source: Office for National Statistics 2016

Peterborough has an increasingly diverse population where 153 languages are spoken in Peterborough schools. There is a growing number of children and families moving to the city from Central and Eastern Europe.

School children and young people from minority ethnic groups account for 47.6% of all children living in the area, compared with 31% in the country as a whole. The largest minority ethnic group of pupils is still Asian Pakistani, reflecting earlier patterns of migration. However, this group as a proportion of the school

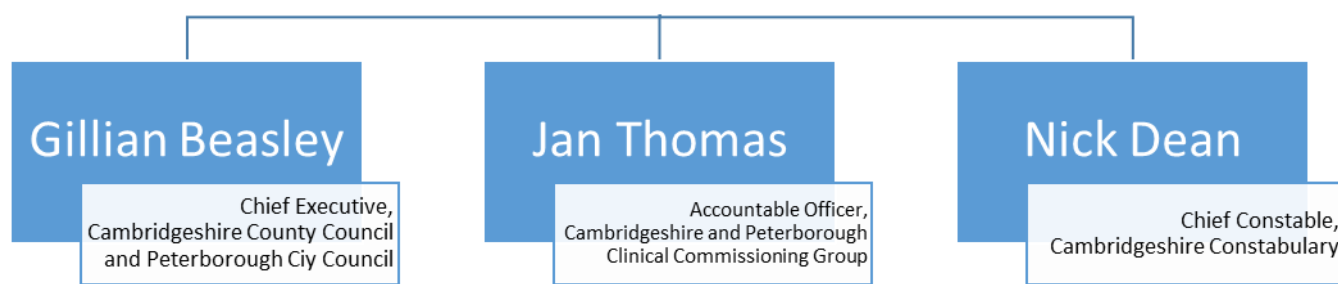
population is now relatively stable, whilst the population of Polish and Lithuanian children in Peterborough schools increased by 19% and 13% respectively between October 2013 and October 2014. 560 (0.3%) of the Peterborough population are identified as Gypsy or Irish Traveller

32% of children and young people in Peterborough schools do not have English as their first language compared to the national average of 14%.

In 2011, 64% of Peterborough schools was classed as Segregated, by 2016, this has risen to 75%.

Safeguarding partners

Cambridgeshire and Peterborough's safeguarding partnership arrangements for children and adults is led by the 3 statutory partners, the Local Authority, Cambridgeshire and Peterborough CCG and the Police. These partnership arrangements cover 2 local authority areas – Cambridgeshire and Peterborough. Working Together 2018 names the lead representatives from each of the 3 safeguarding partners ; “the local authority chief executive, the accountable officer of a clinical commissioning group and a chief officer of police” (Working Together 2018, p74);



As set out in Working Together 2018, the lead representatives are able to delegate their functions although they retain accountability for any actions or decisions taken on behalf of their agency. In Cambridgeshire and Peterborough, the lead representatives have identified the following senior officers in their respective agencies who have responsibility and authority for ensuring full participation with these arrangements.



The senior officers listed above have delegated authority to speak on behalf of the safeguarding partner that they represent. They can make decisions on behalf of their organisation/ agency, commit them on policy, resourcing and practice matters. They can also hold their own organisation/ agency to account on how effectively they participate in and implement the local arrangements.

Relevant agencies

The strength of the local safeguarding partnership working is underpinned by safeguarding partners working together with relevant agencies. The safeguarding arrangements will engage local organisations and agencies to collaborate and provide effective support.

The safeguarding partners are obliged to set out within their arrangements which organisations and agencies are required to work together to safeguard and promote the welfare of local children, young people and adults. These organisations and agencies are referred to as relevant agencies and when nominated by the safeguarding partners as relevant agencies should act in accordance with these arrangements.

Acting in accordance with the safeguarding arrangements requires safeguarding partners and relevant agencies to work together and;

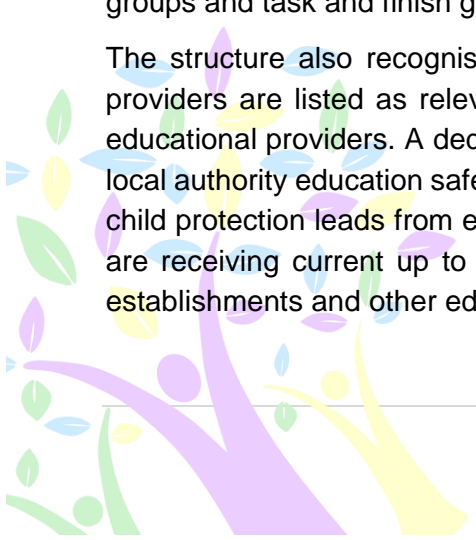
- Fully engage with the Cambridgeshire and Peterborough safeguarding arrangements as set out within this document
- Provide information which enables and assists the safeguarding partners to perform their functions to safeguard and promote the welfare of children, young people and adults within their area.
- Actively participate and contribute to any practice reviews, multi-agency reviews or safeguarding adult reviews
- Ensure that their organisation works in accordance with the inter agency safeguarding procedures
- Have appropriate robust safeguarding policies and procedures in place specifically relevant to their organisation
- Participate and contribute to safeguarding quality assurance activity including providing evidence of their internal quality assurance activity
- Ensure that their workforce is appropriately skilled to recognise and respond to safeguarding matters

The relevant agencies to which these safeguarding arrangements apply is included at Appendix 1 and Appendix 2. All organisations that were previously members of the Local Safeguarding Boards (adults and children's) at the point the new safeguarding arrangements are implemented have been named as relevant agencies. This ensures that the valuable contribution of those organisations to safeguarding work will continue to be taken forward collaboratively.

The list of relevant agencies will change over time to reflect organisational changes and new agencies setting up in the area. The list will be reviewed on an annual basis and republished.

The size and complexity of the Health family has been recognised within the new structure. The CCG will represent Health (as stipulated in statute) on the Executive Safeguarding Partnership Board. The wider Health family is listed as a relevant agency and are members of the Children Safeguarding Partnership Board and Adults Safeguarding Partnership Board. They will also be represented on the various sub groups and task and finish groups.

The structure also recognises the crucial role that education plays within safeguarding. All education providers are listed as relevant agency. This includes early year settings, schools, colleges and other educational providers. A dedicated education sub group (Child protection Information network) led by the local authority education safeguarding leads is in place. The meeting takes a forum format and designated child protection leads from education settings attend. This forum is vital to ensure that education settings are receiving current up to date information and provides a mechanism for schools, further education establishments and other education providers to feedback issues that they may be having.



Where a relevant agency has a national remit, e.g. CAFCASS, British Transport Police the safeguarding partners will take account of that agencies individual responsibilities towards a number of local safeguarding arrangements.

Effective support for children, families and adults at risk

Children

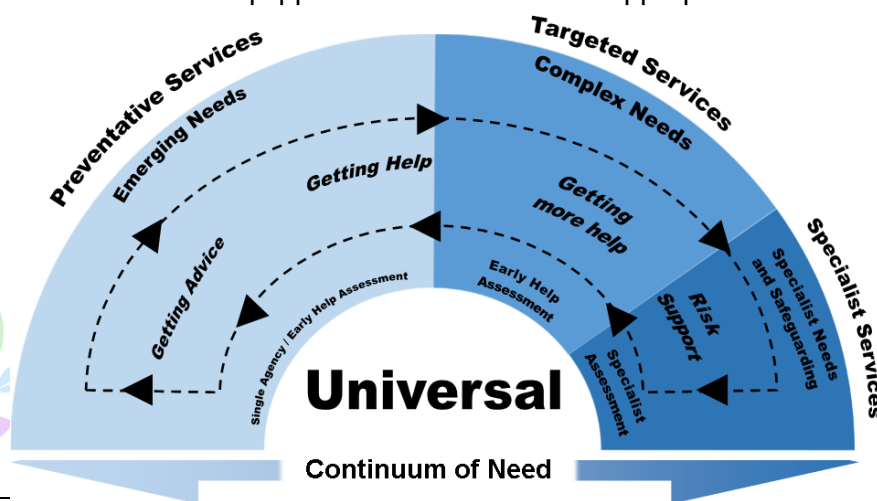
Effective support for children and families is about the way we can work together, share information, and put the child, young person and their family at the centre of our practice, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. It sets out how we approach the difficult task of keeping children and young people safe and protected from harm.

The guidance for threshold of need and intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity – right through to specialist and statutory interventions when it is needed to promote the welfare and safety of vulnerable children and young people. It aims to offer a clear framework and a common understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

Protecting children and young people involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward and responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance.

All of us who work with children and their families will encounter situations where we can see that outcomes for children may be being affected by the actions or inactions of parents or carers. In most situations, this will mean that we should try to engage with the family and offer support to enable them to change their approach to parenting. It is almost always the case that those who know the child and family well will be in the best place to support families to change, or to access the support that they need and so to improve the outcomes for their children. This means that all of us working with children and young people will be working with and holding varying degrees of risk.

In Peterborough and Cambridgeshire, we want to ensure that all those professionals working with children and families are able to identify the help that is needed by a particular child and family as early as possible. Using their professional judgement along with the [effective support guidance](http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/)¹ and continuum of need (see below), practitioners will feel better equipped to direct families to appropriate resources at the appropriate time.



¹ <http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/>

Adults

Organisations in Cambridgeshire & Peterborough who are working to protect an adult from the risk of abuse will make the dignity, safety, and well-being of that individual a priority in their actions. Services provided should be appropriate to the individual including their communication needs, physical needs, mental abilities and each of the nine protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, sex and sexual orientation)

All safeguarding work should aim to enable adults who experience abuse to retain as much control as possible over their own lives. The person who may be experiencing abuse should be given information, properly accessible to them, about the adult protection process. Those who have experienced abuse will be offered the choice and support to participate or otherwise have their views included, in all forums that are making decisions about their lives. They should be offered contact with independent organisations and advocacy services. Where communication aids, interpretation or personal assistance are necessary for a person to participate, these must be provided.

The [multi-agency safeguarding procedures](#)² apply to all adults, who are resident or temporarily resident in the communities of Cambridgeshire & Peterborough, who may have care and support needs, whose independence and well-being would be at risk, permanently or periodically, if they did not receive appropriate support and who may be at risk of abuse or neglect. This includes adults with physical, sensory and mental impairments and learning disabilities however those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury, and those who may or may not be eligible for community care services, and who are unable to protect themselves.

The procedures apply equally to those people who purchase or are assessed as being able to purchase all or part of their community care services (referred to as self-funders).

The procedures are in place to ensure that staff will:

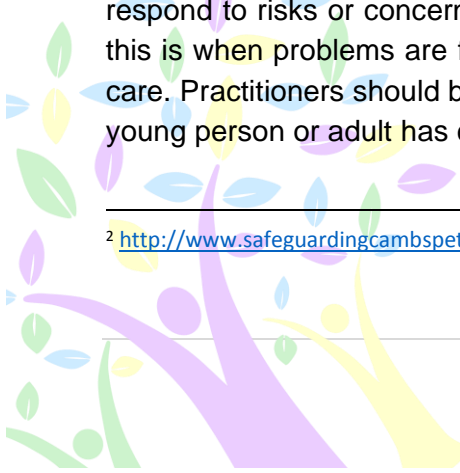
- Identify when there are concerns that abuse or neglect are occurring and take prompt action to stop it
- Ensure that abuse is taken seriously and acted upon on the basis of a zero tolerance approach
- Ensuring that wherever abuse or neglect are suspected or reported that there is an effective, consistent, and co-ordinated response through the comprehensive application of the multi-agency procedures.

Information Sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Numerous case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of vulnerable children and adults.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, young people and adults whether this is when problems are first emerging, or where the person is already known to local authority social care. Practitioners should be alert to sharing important information about any adults with whom that child, young person or adult has contact, which may impact on their safety or welfare.

² <http://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabprocedures/>



Information sharing is also essential for the identification of patterns of behaviour when a child or adult has gone missing, when multiple children appear associated to the same context or locations of risk, or where there may be multiple local authorities involved in a child's/ adults care. It will be for local safeguarding partners to consider how they will build positive relationships with other local areas to ensure that relevant information is shared in a timely and proportionate way.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children and/ or adults, which must always be the paramount concern. To ensure effective safeguarding arrangements:

- all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency; and with others who may be involved in a child's/ adults life
- all practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child/ adult safe. If a practitioner has concerns about a person's welfare and considers that they may be in need or that they have suffered or is likely to suffer significant harm, then they should share the information with local authority social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a person moves from one local authority into another, due to the risk that knowledge pertinent to keeping a person safe could be lost
- all practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a person at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a person in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why

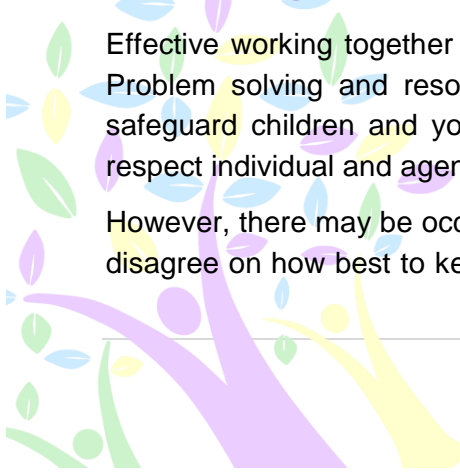
Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation 2018 (GDPR). To share information effectively:

- all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'
- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk

Resolving Professional Differences (Escalation)

Effective working together depends on an open approach and honest relationships between agencies. Problem solving and resolution is an integral part of professional co-operation and joint working to safeguard children and young people. Transparency, openness and a willingness to understand and respect individual and agency views are a core aspect of multi-agency / inter-agency working.

However, there may be occasions where individuals / agencies working with children, families and adults disagree on how best to keep children and adults at risk safe and promote their welfare. Disagreements



can arise in a number of areas, but are most likely to arise around:

- Perceived levels of risk
- Levels of need and whether a child/ adult has met the threshold for a service or intervention
- Roles and responsibilities
- Level or quality of communication/ information sharing
- Provision of services
- Action or lack of action progressing plans
- Cases being / not being stepped up or down and / or closed

Both the adults and children's Safeguarding Partnership Boards are clear that there must be respectful challenge whenever a professional or agency has a concern about the action or inaction of another. The aim must be to resolve a professional disagreement at the earliest possible stage, always keeping in mind that the child, young person, adult's safety and welfare is paramount.

All agencies working with children or adults in Cambridgeshire and Peterborough remain subject to the Safeguarding Partnership Board procedures and the Resolving Professional Differences (Escalation) Policy

The Resolving Professional Differences (Escalation) Policy for staff working with children and young people can be found here http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/escalation_policy/

The Resolving Professional Differences (Escalation) Policy for staff working with Adults at risk can be found here <http://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabprocedures/adultescalation/>



Scrutiny, Assurance and Learning



Scrutiny, assurance and learning

The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency safeguarding arrangements to safeguard and promote the welfare of all children, young people and adults in the Cambridgeshire and Peterborough area. This includes recognising and responding to learning arising from case reviews and quality assurance activity. There is a shared commitment to learning and improvement that results in better outcomes for children, young people and adults across the County.

Locally, there is a well-established culture of quality assurance activity, challenge, scrutiny and learning and improvement across the safeguarding partnership. There are embedded processes that facilitate professional scrutiny and challenge and systems in place to evidence the impact of the challenge. These processes are applicable across all levels of the organisations.

To ensure that there is independent scrutiny and monitoring of the safeguarding arrangements, the work of the various Boards, sub groups and task & finish groups within the safeguarding arrangements will be supported by the Independent Safeguarding Partnership Service and Independent Chair. Together, they will ensure that there is robust, independent scrutiny and oversight of multi-agency practice. This will be driven through a variety of mechanisms including the Safeguarding Partnership Board Learning and Improvement framework.

Locally, challenge and learning is identified through the following methods;



The methods detailed on p25 provide an opportunity for a range of quality assurance activities including, case audits, focus groups, surveys, multi-agency reviews (this also includes the statutory Child Safeguarding Practice Reviews and Safeguarding Adults Reviews) and the validation of single agency safeguarding training.

The learning and Improvement Framework ensures that the voice of front line practitioners and service users are regularly captured and their views utilised to improve practice. It also lays out how the learning will be embedded into practice and how the impact on practice will be measured.

Within the Independent Safeguarding Partnership Service there are two dedicated Practice Improvement and Development posts. These roles are instrumental in carrying out independent challenge and scrutiny of agency practice and identifying and embedding learning.

The utilisation and impact of the Learning and Improvement Framework will be monitored and assessed through the Quality and Effectiveness Groups and will be regularly reported on at both the Executive Safeguarding Partnership Board and the Adults and Children's Safeguarding Partnership Boards.



Practice reviews



Practice reviews

The responsibility for how the system learns lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at a local level with the safeguarding partners.

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected and
- the child has died or been seriously injured

The three safeguarding partners must make arrangements to:

- identify serious child safeguarding cases which raise issues of importance in relation to the area
- commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken

The local process for identifying and making decisions on whether to undertake reviews, how lessons are learnt and embedded in practice are outlined in the Safeguarding Children Partnership Policy and Procedures.

Publication of Local Child Safeguarding Practice Reviews

Once a local child safeguarding practice review has been completed and signed off the local safeguarding partners must send a copy of the full report to the Panel and to the Secretary of State no later than seven working days before the date of the publication. Where the safeguarding partners decide only to publish information relating to the improvements to be made following the review, they must also provide a copy of that information to the Panel and the Secretary of State within the same timescale. They should also provide the report, or information about improvements, to Ofsted within the same timescale.

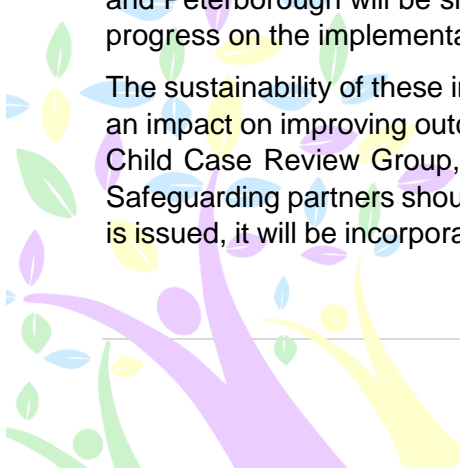
Depending on the nature and complexity of the case, the report should be completed and published as soon as possible and no later than six months from the date of the decision to initiate a review. Where other proceedings may have an impact on or delay publication, for example an ongoing criminal investigation, inquest or future prosecution, the safeguarding partners should inform the Panel and the Secretary of State of the reasons for the delay. Safeguarding partners should set out for the Panel and the Secretary of State the justification for any decision not to publish either the full report of information relating to the improvements. Safeguarding partners should have regard to any comments that the Panel or the Secretary of State may have in respect of the publication.

Every effort should also be made, both before the review and while it is in progress, to (i) capture points from the case about improvements needed, and (ii) take corrective action and disseminate learning.

Actions in response to local and national reviews

There is an ongoing commitment to continuous learning and improvement leading to enhanced practice and improved outcomes and experiences. Safeguarding partners will continue to take account of the findings from all local and national reviews with a view to considering how identified improvements should be implemented locally. This includes the way in which organisations and agencies work together to safeguard and promote the welfare of children. Findings from local reviews undertaken in Cambridgeshire and Peterborough will be shared with relevant parties locally and there will be regular auditing to ascertain progress on the implementation of recommended improvements.

The sustainability of these improvements will be monitored regularly and followed up to ensure that there is an impact on improving outcomes for children. The responsibility for these functions will be met through the Child Case Review Group, which has representation from the three safeguarding partner organisations. Safeguarding partners should have regard to any guidance that the Panel publishes. When further guidance is issued, it will be incorporated into the Children Safeguarding Partnership Board Policies and Procedures.



Child Death Review



Child Death Review

When a child dies, in any circumstances, it is important for a number of people including, parents, families and professionals, to understand what has happened and whether there are any lessons to be learned.

The responsibility for ensuring child death reviews are carried out is held by 'child death review partners,' who, in relation to a local authority area in England, are defined as the local authority for that area and any clinical commissioning groups operating in the local authority area.

Child death review partners must make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area. Where a child is suspected to have died of abuse or neglect the death is considered under the practice review process detailed on p28 and **not** considered under this process.

Child death review partners for two or more local authority areas may combine and agree that their areas be treated as a single area for the purpose of undertaking child death reviews.

Child death review partners must make arrangements for the analysis of information from all deaths reviewed.

The purpose of a review and/or analysis is to identify any matters relating to the death, or deaths, that are relevant to the welfare of children in the area or to public health and safety, and to consider whether action should be taken in relation to any matters identified. If child death review partners find action should be taken by a person or organisation, they must inform them. In addition, child death review partners:

- must, at such times as they consider appropriate, prepare and publish reports on:
 - what they have done as a result of the child death review arrangements in their area, and
 - how effective the arrangements have been in practice;
- may request information from a person or organisation for the purposes of enabling or assisting the review and/or analysis process - the person or organisation must comply with the request, and if they do not, the child death review partners may take legal action to seek enforcement: and
- may make payments directly towards expenditure incurred in connection with arrangements made for child death reviews or analysis of information about deaths reviewed, or by contributing to a fund out of which payments may be made; and may provide staff, goods, services, accommodation or other resources to any person for purposes connected with the child death review or analysis process.

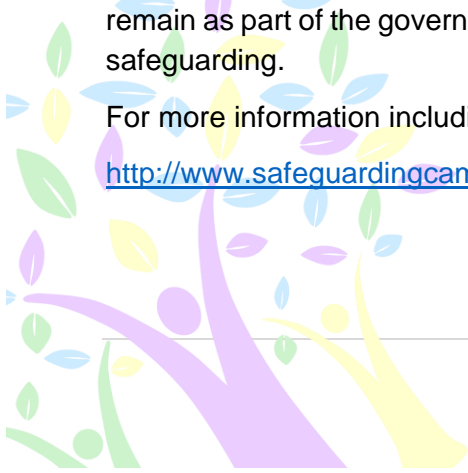
Cambridgeshire and Peterborough have for many years had a combined Child Death Overview Panel (CDOP). Within this they have an active and seen nationally as good practice rapid response procedure that in particular Health and Police, but all partners play a key role.

The CDOP panel works effectively and the panel has a strong relationship with the Senior Coroner and his service that covers Cambridgeshire and Peterborough.

The Child death review partners' (LA & CCG for Cambridgeshire and Peterborough) have agreed that due to the already strong processes in place that cover two local authority areas, that this process should remain as part of the governance arrangements that are now in place within this document for multi-agency safeguarding.

For more information including guidance visit

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/child-deaths/>



Safeguarding Adult Reviews



Safeguarding Adult Reviews

The Care Act 2014 statutory guidance describes when a safeguarding adult review should be undertaken. The criteria confirms that the;

- 1) Adults Safeguarding Partnership Board must arrange a Safeguarding Adult Review when an adult in its area **dies** as a result of abuse or neglect, whether known or suspected, **and** there is concern that partner agencies could have worked more effectively to protect the adult.
- 2) Adults Safeguarding Partnership Board must also arrange a Safeguarding Adult Review if an adult in its area has **not died**, but the Adults Safeguarding Partnership Board knows or suspects that the adult **has experienced serious abuse or neglect**.

In the context of Safeguarding Adult Reviews, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. Adults Safeguarding Partnership Board are free to arrange for a Safeguarding Adult Review in any other situations involving an adult in its area with needs for care and support.

Purpose

The purpose of a Safeguarding Adult Review is not to reinvestigate or to apportion blame.

It is:

- to establish whether there are lessons to be learnt from the circumstances of the case and the way in which local professionals and agencies work together to safeguard vulnerable adults;
- to review the effectiveness of procedures;
- to inform and improve local inter-agency practice and
- to improve practice by acting on learning (developing best practice)

The local process for identifying and making decisions on whether to undertake reviews, how lessons are learnt and embedded in practice are outlined in the Safeguarding Adults Review Policy and Procedures.

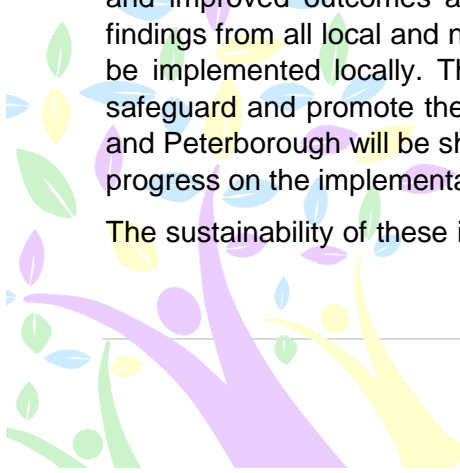
The Safeguarding Adult Review sub-group will adopt a position of transparency with regard to all information shared as part of the investigatory proceedings. It will be usual practice that a report and associated action plan will be published at the conclusion of the review.

They should consider what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. Safeguarding Adult Review s may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

Actions in response to local and national reviews

There is an ongoing commitment to continuous learning and improvement leading to enhanced practice and improved outcomes and experiences. Safeguarding partners will continue to take account of the findings from all local and national reviews with a view to considering how identified improvements should be implemented locally. This includes the way in which organisations and agencies work together to safeguard and promote the welfare of adults. Findings from local reviews undertaken in Cambridgeshire and Peterborough will be shared with relevant parties locally and there will be regular auditing to ascertain progress on the implementation of recommended improvements.

The sustainability of these improvements will be monitored regularly and followed up to ensure that there



is an impact on improving outcomes for adults. The responsibility for these functions will be met through the Safeguarding Adults Review Group, which has representation from the three safeguarding partner organisations. Safeguarding partners should have regard to any guidance that the Panel publishes. When further guidance is issued, it will be incorporated into the Children Safeguarding Partnership Board Policies and Procedures.



Learning Disabilities Mortality Review (LeDeR)



Learning Disabilities Mortality Review (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) steering group was set up to support reviews of deaths of people with learning disabilities aged 4 years and over, irrespective of the cause of death or place of death, as part of the LeDeR programme.

The aim of the LeDeR Programme, (delivered by the University of Bristol, is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England) is to drive improvement in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities in this population, through mortality case review. These reviews are intended to support health and social care professionals, and policy makers to clarify the contribution of various causes of death to the overall burden of excess premature mortality for people with learning disabilities; identify variation and best practice; and identify key recommendations for improvement.

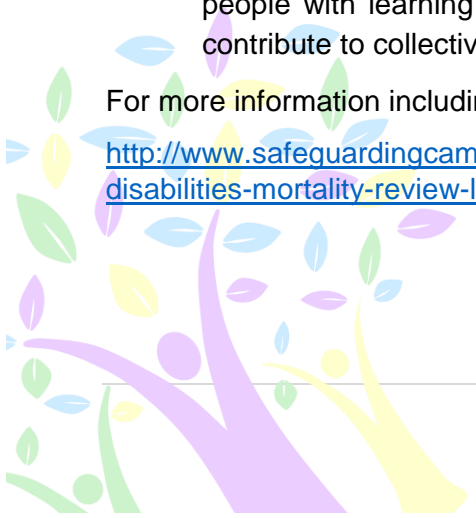
The programme will complement and contribute to the work of other agencies such as the Learning Disability Public Health Observatory, academic research studies, NICE, the CQC inspection programme, Local Government Associations, The Transforming Care Improvement Programme, and Third sector and voluntary agencies.

Purpose / role of the steering group

- To work in partnership with the Regional lead, and Local Area Contact, who will have oversight of the programme activities in the local area for this work.
- To guide the implementation of the programme of local reviews of deaths of people with learning disabilities.
- To support the proportionate review of all deaths of people with learning disabilities in their area, and more detailed reviews of those for whom it is indicated, and those subject to a rolling programme of priority themed reviews.
- To receive regular updates from the Local Area Contact about the progress and findings of reviews.
- To help interpret and analyse the data submitted from local reviews, including areas of good practice in preventing premature mortality, and areas where improvements in practice could be made.
- To monitor the action plans that are developed as a result of the reviews of deaths, and take or guide appropriate action as a result of such information.
- To ensure agreed protocols are in place for information sharing, accessing case records and keeping content confidential and secure.
- To share anonymised case reports pertaining to deaths or significant adverse events relating to people with learning disabilities for publication in the LeDeR Programme repository in order to contribute to collective understanding of learning points and recommendations across cases.

For more information including guidance visit

<http://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/learning-disabilities-mortality-review-leader-programme/>



Multi-Agency Training



Multi-Agency Training

Locally, there is an ongoing commitment to the importance of multiagency training, which is underpinned by robust evaluation processes to ensure that the training programme is clearly focussed on the needs of partners to deliver effective services. Locally there has been a highly regarded multi-agency safeguarding training programme in place for several years. The training programme is regularly updated and informed by case audit processes, local and national case reviews and research.

Under the auspices of our Safeguarding arrangements, the safeguarding partners will continue to undertake needs analysis to understand what training is required locally. All safeguarding partner organisations and the locally selected relevant agencies will be required to contribute. The Safeguarding Partnership Board multi-agency training programme will continue to be delivered across the county. Training is available at a range of levels from basic training through to more specialist training. The training programme is flexible, updated and republished as required to reflect local need. Where appropriate the training is delivered jointly across the children's and adults workforce to ensure that practitioners are thinking holistically about families.

As outlined in Working Together to Safeguard Children 2018 and the Care Act 2014, multi-agency training is important for supporting the collective understanding of local need and for practitioners to be effective in universal services and across the safeguarding pathway. This spans from early help through to targeted and specialist services. To be effective practitioners need to continue to build their knowledge and skills and be aware of the new and emerging threats.

Individual organisations and agencies are required to ensure that their workforce is sufficiently trained and competent in safeguarding children and/ or adults and to meet the needs of the children, young people and families. The premise of multi-agency training is that it is 'added value' and 'better together' to provide a collective understanding of the local needs of children and families.

In addition to training activities, there will also be development opportunities under the auspices of the Safeguarding partnership arrangements focussed around information sessions, practice forums and conferences. These development activities promote putting theory and research into practice, developing evidence-based practice and expertise, sharing perspectives and learning and enhancing confidence in helping and protecting children, young people and adults. Publications that support learning and that may be of interest will also be made available through communications routes and published on the Safeguarding Partnership Board website.



Funding arrangements



Funding arrangements

Working in partnership means organisations and agencies should collaborate on how they will fund the arrangements. The three safeguarding partners and relevant agencies for the local authority should make payments towards expenditure incurred through the multi-agency arrangements for safeguarding and promoting the welfare of children and adults.

Statutory guidance stipulates that the safeguarding partners should agree the level of funding secured from each partner, which should be equitable and proportionate, and any contributions from each relevant agency, to support the local arrangements. The funding will be sufficient to cover all elements of the arrangements and consists of actual funding and in kind resources. The funding should be transparent to children, families and adults in the area, and sufficient to cover all elements of the arrangements, including the cost of local child safeguarding practice reviews and safeguarding adult reviews.

In addition, safeguarding partners will contribute to the development and delivery of the training programme, communications, marketing and events.

In the event of a child safeguarding practice review or safeguarding adult review, funding will be met by the three safeguarding partners and where necessary, each partner will contribute equitable and proportionate funding over and above the normal allocation in order to fulfil the full costs of any safeguarding review arrangements.



Annual report and review



Annual report and review

The annual report will set out what has been done as a result of the safeguarding arrangements and how effective the arrangements have been in practice. The annual report will also include actions relating to any local/ national child safeguarding practice reviews or safeguarding adults reviews as relevant and what safeguarding partners have done as a result.

In addition, the report will also include:

- Evidence of the impact of the work of the safeguarding partners and relevant agencies on outcomes for children, young people and adults
- An analysis of any areas where there has been little or no evidence of progress on agreed priorities
- A record of actions taken by the safeguarding partners in the report's period (or planned to be taken) to implement the recommendations of any safeguarding reviews
- Ways in which the partners have sought and utilised feedback from children, young people and adults to inform their work and influence service provision

The annual report will be endorsed by the Executive Safeguarding Partnership Board on behalf of the Cambridgeshire County Council and Peterborough City Council Chief Executives, Cambridgeshire and Peterborough Clinical Commissioning Group Accountable Officer and Chief Officer of Cambridgeshire Constabulary.

Following endorsement, the report will be distributed through relevant routes across the three safeguarding partners (via the local authorities' democratic functions, the Clinical Commissioning Group's Governing Body and Office of the Police and Crime Commissioner).

It will also be distributed across relevant partnership arrangements and published on the Safeguarding Boards website.



Appendices



Appendix 1 - List of selected relevant agencies and other agencies included in the Children's Safeguarding Arrangements (not including the statutory partners)

District Council (including those with responsibility for housing)
<ul style="list-style-type: none"> • Cambridge City Council • South Cambridgeshire District Council • East Cambridgeshire District Council • Huntingdonshire District Council • Fenland District Council
Education and Child Care
Education
<p>All educational establishments including</p> <ul style="list-style-type: none"> • Early Years provision • Primary • Secondary • Alternative / Special • Further education <p>Including all Local Authority, Academies, and Private / Independent provisions</p>
Childcare settings and Children Centres
All childcare settings and children centres
Health and Social Care
NHS England
<ul style="list-style-type: none"> • NHS England Midlands and East
NHS Trust
<ul style="list-style-type: none"> • Cambridgeshire Community Services NHS Trust • East of England Ambulance Service NHS Trust • Lincolnshire Community Health Services NHS Trust • Lincolnshire Community NHS Trust
NHS Foundation Trust
<ul style="list-style-type: none"> • Cambridgeshire University Hospitals NHS Foundation Trust • Cambridgeshire and Peterborough NHS Foundation Trust • North West Anglia NHS Foundation Trust • Royal Papworth Hospital NHS Foundation Trust
Other Health
<ul style="list-style-type: none"> • Hertfordshire Urgent Care Community Interest Company • Independent Healthcare settings
Criminal Justice
Child and Family Court Advisory and Support Service (CAFCASS)
<ul style="list-style-type: none"> • CAFCASS Leicestershire, Lincolnshire and Cambridgeshire
Probation Services

<ul style="list-style-type: none"> National Probation Service (South East Division) Community Rehabilitation Company (Bedfordshire, Northamptonshire, Cambridgeshire & Hertfordshire)
Youth Offending
<ul style="list-style-type: none"> Cambridgeshire and Peterborough Youth Offending Service
Children's Homes and Residential Settings
<ul style="list-style-type: none"> All children homes and residential settings
Prisons with Mother and Baby Unit / Young Offender Institutions
<ul style="list-style-type: none"> HMP Peterborough
Police and Immigration
<ul style="list-style-type: none"> British Transport Police (Midlands and East Areas)
Fire and Rescue Service
<ul style="list-style-type: none"> Cambridgeshire Fire and Rescue
Voluntary and third sector providers
<ul style="list-style-type: none"> voluntary and third sector providers (where appropriate)
Others
<ul style="list-style-type: none"> Healthwatch Office of Police and Crime Commissioner Elected Members Lay Members

This list includes the selected relevant agencies and other named organisations and agencies. Other organisations and agencies with responsibilities for safeguarding and promoting the welfare of children who are not listed will still have a responsibility for working under the auspices of the Children's Safeguarding arrangements



Appendix 2 - List of selected relevant agencies and other agencies included in the Adults Safeguarding Arrangements (not including the statutory partners)

District Council (including those with responsibility for housing)
<ul style="list-style-type: none"> Cambridge City Council South Cambridgeshire District Council East Cambridgeshire District Council Huntingdonshire District Council Fenland District Council
Education and Child Care
Education
All further education establishments
Health and Social Care
NHS England
<ul style="list-style-type: none"> NHS England Midlands and East
NHS Trust
<ul style="list-style-type: none"> Cambridgeshire Community Services NHS Trust East of England Ambulance Service NHS Trust Lincolnshire Community Health Services NHS Trust Lincolnshire Community NHS Trust
NHS Foundation Trust
<ul style="list-style-type: none"> Cambridgeshire University Hospitals NHS Foundation Trust Cambridgeshire and Peterborough NHS Foundation Trust North West Anglia NHS Foundation Trust Royal Papworth Hospital NHS Foundation Trust
Other Health
<ul style="list-style-type: none"> Hertfordshire Urgent Care Community Interest Company Independent Healthcare settings
Criminal Justice
Probation Services
<ul style="list-style-type: none"> National Probation Service (South East Division) Community Rehabilitation Company (Bedfordshire, Northamptonshire, Cambridgeshire & Hertfordshire)
Prison
<ul style="list-style-type: none"> HMP Littlehey HMP Peterborough HMP Whitemoor
Police and Immigration
<ul style="list-style-type: none"> British Transport Police (Midlands and East Areas)
Fire and Rescue Service

<ul style="list-style-type: none"> Cambridgeshire Fire and Rescue
voluntary and third sector providers
voluntary and third sector providers (where appropriate)
Independent Sector Organisations
<ul style="list-style-type: none"> Independent sector organisations who cover domiciliary residential and nursing care or provide accommodation
Others
<ul style="list-style-type: none"> Healthwatch Office of Police and Crime Commissioner Elected Members

This list includes the selected relevant agencies and other named organisations and agencies. Other organisations and agencies with responsibilities for safeguarding and promoting the welfare of adults at risk who are not listed will still have a responsibility for working under the auspices of the Children's Safeguarding arrangements





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**ADULTS COMMITTEE AGENDA PLAN, TRAINING PLAN AND APPOINTMENTS
TO OUTSIDE BODIES AND INTERNAL ADVISORY GROUPS AND PANELS**

To: **Adults Committee**

Meeting Date: **22 May 2019**

From: **Chief Executive**

Electoral division(s): **All**

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

Purpose: **To review the Committee's agenda plan and training plan, and to consider appointments to outside bodies and internal advisory groups and panels.**

Recommendation: **It is recommended that the Adults Committee:**

- (i) review its agenda plan attached at Appendix 1;**
- (ii) review its training plan attached at Appendix 2;**
- (iii) agree the appointments to outside bodies as detailed in Appendix 3; and**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Tamar Oviatt-Ham	Names:	Councillors Bailey and Howell
Post:	Democratic Services Manager	Post:	Chair/Vice-Chair
Email:	tamar.oviatt-ham@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk mark.howell@cambridgeshire.gov.uk
Tel:	01223 715668	Tel:	01223 706398

1. BACKGROUND

- 1.1 The Adults Committee reviews its agenda plan and training plan at every meeting.
- 1.2 The County Council's Constitution states that the General Purposes Committee has
 - Authority to nominate representatives to Outside Bodies other than the Combined Authority, Greater Cambridge Partnership, Cambridgeshire and Peterborough Fire Authority, the County Councils Network Council and the Local Government Association
 - Authority to determine the Council's involvement in and representation on County Advisory Groups. The Committee may add to, delete or vary any of these advisory groups, or change their composition or terms of reference.
- 1.3 Appointments to Internal Advisory Groups and Panels are agreed by the relevant Policy and Service Committee.
- 1.4 On 13 June 2017, the Committee agreed to delegate, on a permanent basis between meetings, the appointment of representatives to any outstanding outside bodies, groups, panels and partnership liaison and advisory groups, within the remit of the General Purposes Committee, to the Chief Executive in consultation with the Chairman of General Purposes Committee.

2. APPOINTMENTS

- 2.1 The outside bodies where appointments are required are set out in **Appendix 3** to this report. The current representative(s) is indicated. It is proposed that the Committee should agree the appointments to these bodies.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

There are no significant implications for this priority.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS


4.1 There are no significant implications within these categories:

- Resource Implications
- Procurement/Contractual/Council Contract Procedure Rules Implications
- Statutory, Legal and Risk Implications
- Equality and Diversity Implications
- Engagement and Communications Implications
- Localism and Local Member Involvement
- Public Health Implications

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Not applicable
Have the procurement/contractual/Council Contract Procedure Rules implications been cleared by Finance?	Not applicable
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Not applicable
Have the equality and diversity implications been cleared by your Service Contact?	Not applicable
Have any engagement and communication implications been cleared by Communications?	Not applicable
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Not applicable
Have any Public Health implications been cleared by Public Health	Not applicable

Source Documents	Location
General Purposes Agenda and Minutes – 29 May 2018	https://cambridgeshire.cmis.uk.com/ccs_live/Committees/tabid/62/ctl/ViewCMIS_Committee_Details/mid/381/id/2/Default.aspx

Appendix 1

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published on 1 May 2019 Updated on 13 May 2019		Cambridgeshire County Council
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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 and Performance Report;
- Agenda Plan, and Appointments to Outside Bodies.

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
22/05/19	Notification of the Appointment of the Chairman/ Chairwoman and Vice Chairman/ Chairwoman	Democratic Services	Not applicable	09/05/19	14/05/19
	Procurement of care and support services in extra care schemes – Baird Lodge, Millbrook House, Ness Court, Somers Court and Eden Place	L O'Brien	2019/026		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Housing Related Support – Extension of Contracts	O Hayward	2019/036		
	Re-commissioning the Direct Payment Support Service	A Thorp	2019/040		
	Deep Dive – Feedback and challenge from our Self-assessment	C Black / W Patten	Not applicable		
	Update on Adults Positive Challenge	T Hornsby	Not applicable		
	Delayed Transfers of Care (DTCOC) Progress Report (including Market Capacity)	C Black	Not applicable		
<i>13/06/19 Provisional meeting</i>				<i>31/05/19</i>	<i>05/06/19</i>
04/07/19	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Section 75 report	F Davies	2019/042	21/06/19	26/06/19
	Risk Register	C Black	Not applicable		
	Adults Positive Challenge Programme - Reablement	C Black / W Patten	Not applicable		
	Deep Dive – Workforce (include Brexit implications)	C Black / W Patten	Not applicable		
	Increasing Care Home Capacity – Work Stream 2	W Patten	Not applicable		
	Adults & Safeguarding Service Directors Report Update	C Black	Not applicable		
	Service Directors Report – Commissioning / Health / Financial	W Patten	Not applicable		
	Carers Recommissioning Update	L McManus	Not applicable		
<i>15/08/19 Provisional meeting</i>				<i>02/08/19</i>	<i>07/08/19</i>
12/09/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	30/08/19	04/09/19

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Annual Report	F Davies	Not applicable		
	Annual Complaints Report	C Black / Jo Collinson	Not applicable		
	Deep Dive – Carers Update	TBC	Not applicable		
	Discharge and Transition Cars Contract Award Update	O Hayward	Not applicable		
10/10/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	27/09/19	02/10/19
07/11/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	25/10/19	30/11/19
	Deep Dive – Quality of Social Care Provision (Care Providers)				
	Update on Adults Positive Challenge	C Black / T Hornsby	Not applicable		
	Annual Safeguarding Board Report	R Waite	Not applicable		
12/12/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	29/11/19	04/12/19
	Full Evaluation of Neighbourhood Cares	L Tranham / C Black	Not applicable		
	Service Directors Report – Commissioning / Health / Financial	W Patten	Not applicable		
16/01/20	Adults Social Care - Service User Survey Feedback	H Duncan / C Black	Not applicable	03/01/20	08/01/20
	Delayed Transfers of Care (DTCOC) Progress Report	C Black	Not applicable		
	Adults & Safeguarding Service Directors Report Update (includes Self-Assessment)	C Black	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>
12/03/20	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies	Not applicable	28/02/20	04/03/20
	Update on Adults Positive Challenge	C Black / T Hornsby (A Chapman)	Not applicable		
	Deep Dive - TBC	C Black / W Patten	Not applicable		
<i>23/04/20 Provisional date</i>				<i>09/04/20</i>	<i>15/04/20</i>
21/05/20	Deep Dive - TBC	C Black / W Patten	Not applicable	08/05/20	13/05/20

To be programmed:

- Review of the number of people waiting for a change to their current domiciliary care service, or for a new package of domiciliary care (monitoring item identified at meeting on 8 March 2018)
- Adult Early Help / Prevention / Early Intervention (J Galwey)
- Learning Disability Partnership Section 75 and pooled budget arrangements (Will Patten)

Appendix 2

Adults Committee Training Plan 2018/19 – Updated 13 May 2019

*Note that the 2019/20 Training Programme is currently in development

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:

Date	Timings	Topic	Presenter	Location	Audience
12 April 2018	2:30 - 4:30pm	Adults Positive Challenge	Geoff Hinkins	KV Room	Completed
Friday 12 October 2018	10.30am – 12.30pm This overview will be on the agenda at this Members seminar	An overview of Mental Health	Katrina Anderson	Kreis Viersen Room, Shire Hall, Cambridge.	Completed
Friday 26 October 2018	9.00am – 5.00pm	A service-users journey Induction to early intervention and prevention: - ATT - Adults early help - Sensory - Reablement	Jackie Galwey	Various	Completed
Friday 16 November 2018 OR Wednesday	10.30am – 12.30pm This overview will be on the agenda at this Members seminar	An overview of the Adults Social Care: - Support plans - Advocacy - Assessments - Performance To include LD, MASH, DoLs	Jackie Galwey	<i>Amunsden House / Hinchingsbrooke Hospital</i>	All Adults Members Completed

Date	Timings	Topic	Presenter	Location	Audience
20 February 2019					
Tuesday 6 November 2018	11.30am -1.00pm	Commissioning Services – what services are commissioned and how our services are commissioned across P&C	Oliver Hayward / Shauna Torrance	KV Room	All Members Completed
Tuesday 4 December 2018	9.00am – 5.00pm	Introduction to Learning Disability / Physical Disability	Tracey Gurney	Various	Completed
1 February 2019	This overview will be on the agenda at the Members seminar	Positive Behavioural Support Session <i>PROACT SCIP is the Positive behavioural support approach used within LD services, and some Older Peoples services and it stands for: Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention and Prevention, revised for the UK.</i>	Emily Wheeler	Shire Hall	All Adults Members Completed
14 February 2019 (Utilise reserve meeting)	2.00pm - 5.00pm	Safeguarding: - Overview of Safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Julie Rivett	Chord Park	All Adult Members Completed
12 April 2019	Slot at Members seminar	Neighbourhood Cares	Louise Tranham	Shire Hall	All Adults Members Completed
18 April 2019	Utilise reserve date for Adult Committee Members	Neighbourhood Cares	Louise Tranham	Shire Hall	All Adults Members Completed
Friday 10 May 2019	This overview will be on the agenda at the Members	An overview of Adults Social Care Finance	Stephen Howarth	Shire Hall	All Adults Members

Date	Timings	Topic	Presenter	Location	Audience
	seminar				Completed
Dates arranged to suit	9.00am – 5.00pm	Introduction to Learning Disability / Physical Disability <i>Visit your local Learning Disability Team or Day Centre. This is an opportunity to meet service users and the teams in their own environment.</i>	Tracey Gurney	Various	All Adults Members
TBC		Site visit - Huntingdon TAG Bikes and Community Garden Project	Emily Wheeler	Huntingdon	All Adults Members
TBC		Site Visit – Ely Visit to the Community Café in Ely	Emily Wheeler	Ely	All Adults Members
As and when required		Neighbourhood cares	Louise Tranham	1 Member (tba)	Please contact Lesley Hart to arrange a visit or for further information.
		Counting Every Adult	Tom Tallon	1 Member (tba)	
		Learning Disability Provider Services	Emily Wheeler	1 Member (tba)	
		Discharge Planning Team	Social Worker	1 Member (tba)	

Appendix 3

CAMBRIDGESHIRE COUNTY COUNCIL APPOINTMENTS TO OUTSIDE BODIES: ADULTS COMMITTEE

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	GUIDANCE CLASSIFICATION	COMMITTEE TO APPROVE
Cam Sight Cam Sight is a charity working with blind and partially sighted people within Cambridgeshire.	4	1	TBC	Flora Raffai Chief Executive Cam Sight 167 Green End Road CAMBRIDGE CB4 1RW 01223 420033 Ext 21 flora@camsight.org.uk	Unincorporated Association Member	Adults
Isle of Ely Society for the Blind Provides advice and support to people with low vision and their families. Undertakes lunch clubs, outings and bowling events.	4	1	TBC	Janet Fisher 01354 656726 fenlansocf.t.blind@gmail.com	Unincorporated Association Member	Adults

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	GUIDANCE CLASSIFICATION	COMMITTEE TO APPROVE
Learning Disabilities Partnership Board Members of the Board include people with learning disabilities and people on the autistic spectrum (Speak Out Leaders), carers, representatives from voluntary organisations, service providers and the Learning Disability Partnership (County Council and health services). The role of the Board includes: <ul style="list-style-type: none"> • Providing an opportunity for people to be involved in the decisions made about services that affect them and their carers. • Raising issues/concerns heard by the Speak Out Leaders from people with learning disabilities or on the autistic spectrum across the county. 	4	1	Councillor Adela Costello (Con)	Tracy Gurney Head of Learning Disability 01223 714692 tracy.gurney@cambridgeshire.gov.uk	Other Public Body representative	Adults

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS	GUIDANCE CLASSIFICATION	COMMITTEE TO APPROVE
Older People's Partnership Board The OPPB brings together Older People, their representatives, the public and third sector, to work together to ensure the highest quality and best value services for older people across Cambridgeshire.	4	1	Councillor Anna Bailey (Con)	Carol Williams Strategic Development Manager, Adults and Safeguarding 01223 706130 Partnership.Boards@cambridgeshire.gov.uk	Other Public Body representative	Adults
Physical Disability and Sensory Impairment Partnership Board Members of the Board include people with lived experience of physical disability and/or sensory impairments, representatives from voluntary organisations and representatives from statutory services such as health and social care. The role of the Board is to enable the voice of those with a physical disability and/or sensory impairments to be heard and to work together to ensure the highest quality and best value services for people locally	4	1	Councillor Mark Howell (Con)	Carol Williams Strategic Development Manager, Adults and Safeguarding 01223 706130 Partnership.Boards@cambridgeshire.gov.uk	Other Public Body representative	Adults

