

STRATEGY FOR CHILDREN, FAMILIES AND ADULTS SERVICES IN CAMBRIDGESHIRE 2016/17 TO 2020/21

Our vision is for children, families and adults in Cambridgeshire to live independently and safely within strong and inclusive local networks of support. Where people need our most specialist and intensive services, we will support them.

WHAT IS SET OUT WITHIN THIS STRATEGY

<p>Why change is needed</p> <ul style="list-style-type: none"> • <i>Increased demand and complexity of need</i> • <i>Changing legislative requirements</i> • <i>Budget reductions</i> 	<p>Pages 3 to 6</p>
<p>We are building on solid foundations</p> <ul style="list-style-type: none"> • <i>Working in partnership to transform care and support</i> • <i>We need to do more as a system</i> 	<p>Pages 7 to 9</p>
<p>What will be different in 2020 and the impact of our approach</p> <ul style="list-style-type: none"> • <i>Summary of what will be different by 2020</i> • <i>Key principles of our approach</i> • <i>How our proposals will impact children, families and adults in Cambridgeshire</i> • <i>Our commitment to you and what you can do</i> 	<p>Pages 10 to 12</p>
<p>How we will achieve our vision: A focused approach to reducing the cost of care and support</p> <ul style="list-style-type: none"> • <i>How care and support will be reduced for Looked After Children, adults with a learning and/or Physical disability, older people, adults with mental health needs and for Home to School Transport budgets</i> • <i>Responding to inflationary pressures</i> 	<p>Pages 13 to 18</p>
<p>How we will achieve our vision: Strengthening the impact of work to prevent, reduce or delay need for high cost care and support</p> <ul style="list-style-type: none"> • <i>Communities & families to do more for the vulnerable</i> • <i>All our work will be person focused</i> • <i>Change the way that people can access our services</i> • <i>Reduced spend on support for schools and settings</i> • <i>Improved use of digital technology, analysis and use of data to better plan, target and commission support</i> • <i>Convene a broader dialogue with business</i> 	<p>Pages 19 to 22</p>
<p>How we will achieve our vision: We will support our workforce to transform</p>	<p>Page 23</p>
<p>Appendix: Case studies to illustrate how support to children, families and adults will change by 2020</p>	<p>Pages 24 to 25</p>

WHY CHANGE IS NEEDED

Across Cambridgeshire, demand from people who are eligible for adult social care, older people and mental health services or children and young people's services continues at a level that exceeds the available budget.

Increased demand and complexity of need

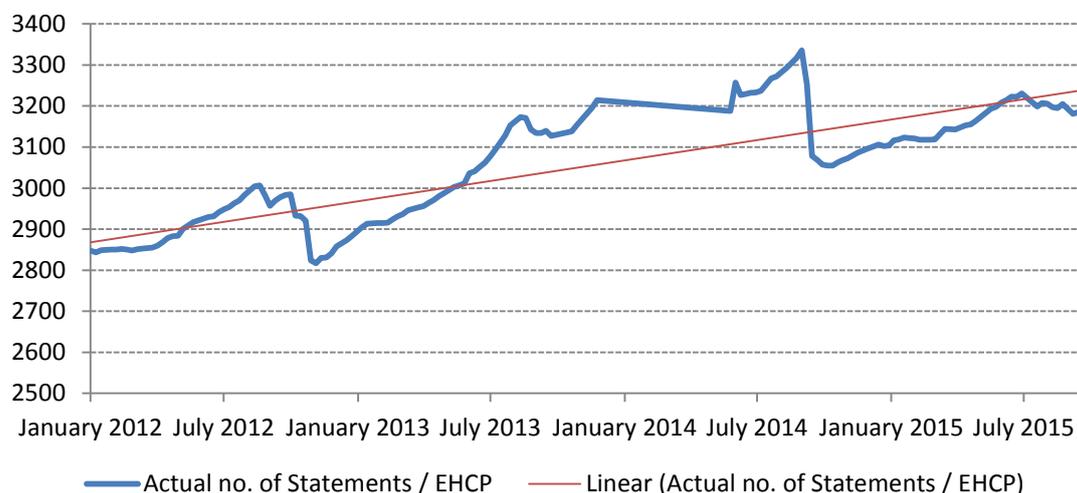
We have a rapidly expanding population of frail older people within Cambridgeshire who have increasingly complex needs and support requirements. The number of children in the County is growing and is accompanied by a rising acuity of need. This includes an increase in the number of Looked After Children and level of complexity in children with statements of Special Educational Need (SEN). Services at all tiers are experiencing high levels of demand.

Children and young people

In five years' time, total primary school pupil rolls are forecast to be around 9% higher than current numbers in Cambridgeshire as a whole; and 15% higher in Cambridge City.

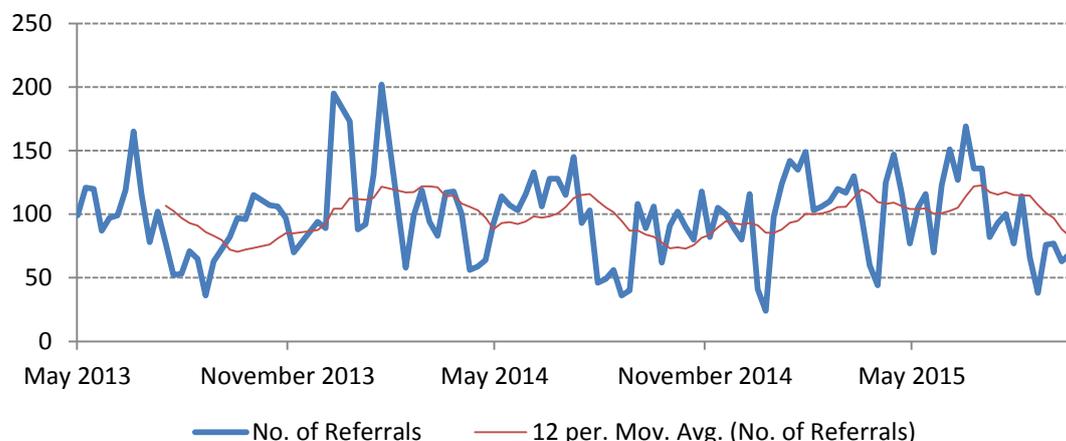
This growth in children numbers is accompanied by rising demand for higher need services. For example, statements of SEN, of which there were 2,850 in March 2012 and around 3,150 in March 2015.

The number of statements / EHCP is increasing (Jan 2012 to Sept 2015)



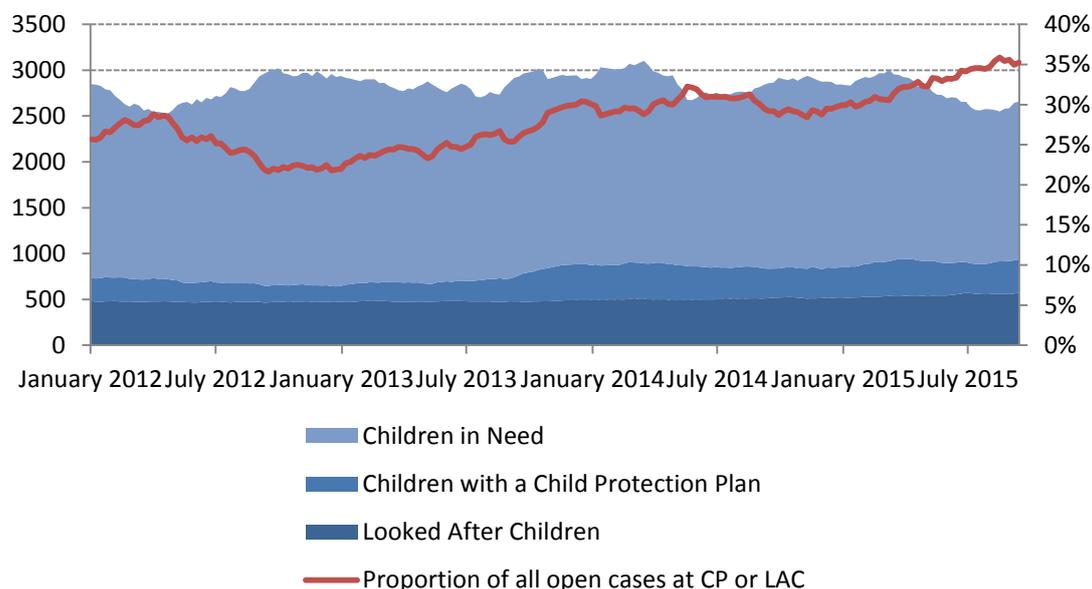
The number of referrals to our children and young people's locality team services for one to one support varies from between 75 and 125 per week (using a 3 month rolling average figure). However, since 2013, services have been remodelled to meet savings targets and the amount of support has been reduced. We recognise that we cannot meet the same demand that we do now and will have to reduce the support we provide.

The three month rolling average suggests referrals to Locality teams for 1:1 support has remained broadly constant



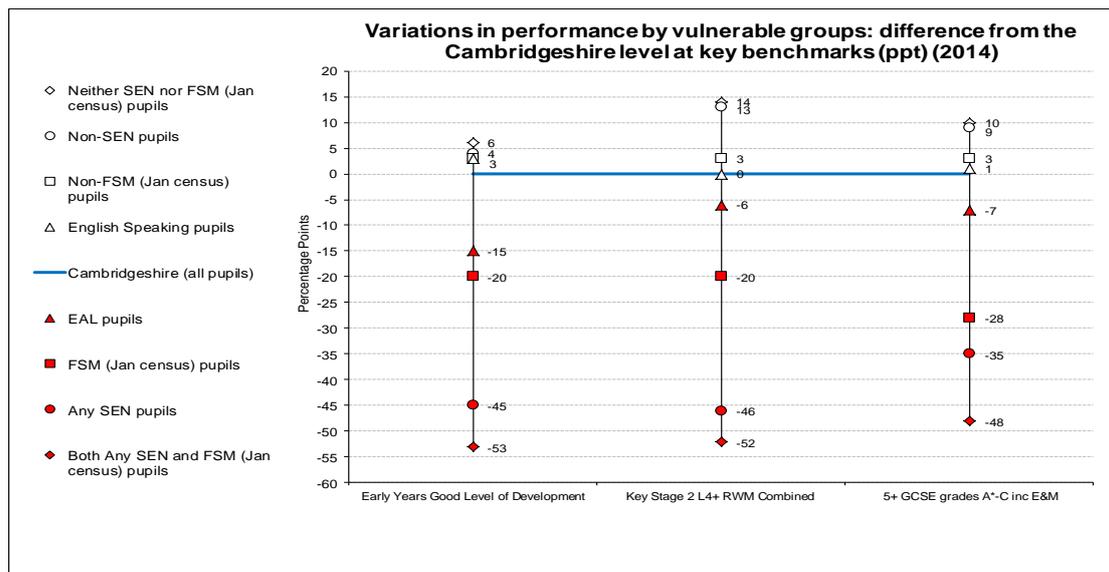
At the highest level of need, the number of open children’s social care cases have varied between 2,500 to 3,000 since mid 2012. Over that time the proportion of these cases at the highest need categories of child protection and Looked After Children has grown, from 25% of all open cases to 35%.

The proportion of high need cases open to Children's Social Care is increasing (Jan 2012 to Sept 2015)



Less than half of children and young people in the county who are aged 11 to 16 years old attend a good or outstanding school. This has fallen significantly in recent years. Around three-quarters of children aged 5 to 11 years old attend a good or outstanding school in Cambridgeshire.

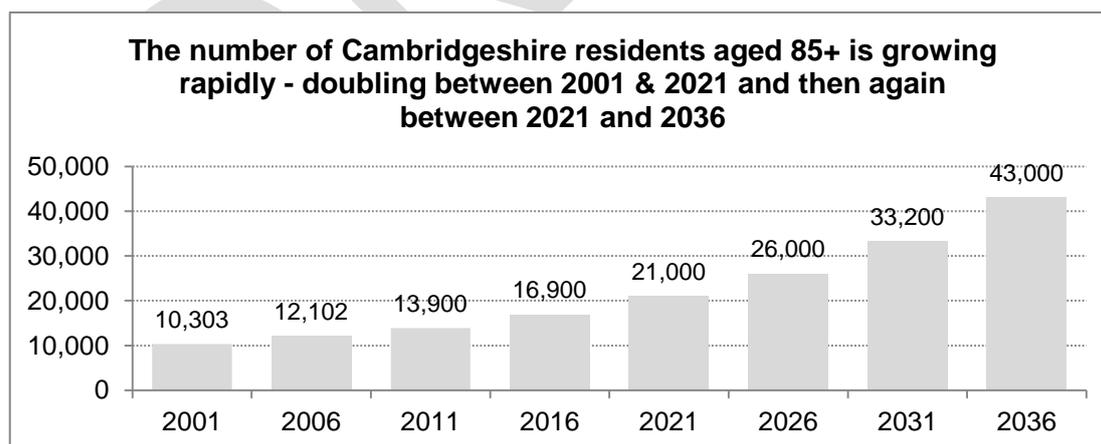
The proportion of children in Cambridgeshire who have special educational needs, access free school meals, or speak a language other than English at home (or some combination of these) who achieve the benchmark is much lower than their non-disadvantaged peers, across all key assessment areas.



Adults and Older People

There are demographic pressures on the resources to support people with learning and physical disabilities. We are seeing more people presenting with complex needs and managing this pressure within a reduced budget is becoming increasingly demanding.

Older people, particularly those over 85, use health and social care services much more than 65 to 85 year olds on average. There has been significant growth in the number of over 85 year olds in the county since 2001. Over the next 20 years, we are expecting the over 85s population to grow exponentially, doubling from 2001 levels by 2021 and then more than doubling again by 2036.



Changing legislative requirements

In adult social care and support for older people, the Care Act is driving significant change for Councils. It reinforces how important it is to support carers to meet the needs of people who are 'cared-for', introduces the expectation that we work more broadly to support people's overall wellbeing and sharpens expectations around safeguarding duties. These reforms are

well aligned with our strategy, but in many areas they will create new cost pressures by widening the number of people we both work with and provide assessments for, and by establishing new expectations in relation to carers.

Expectations around the newly announced national Living Wage will significantly increase the cost of commissioning domiciliary care, residential homes and other care for older people and those with disabilities and mental health needs. These budget pressures are likely to run to multi-million pound additional costs over the next few years.

There have been, and continue to be, a number of significant changes to the education system in recent years, which have resulted in an increasingly diverse and autonomous school system and a changed role for the Council. These changes include the expansion of the academies and Free Schools programme and raised expectations by the Office for Standards in Education (Ofsted) of schools, settings and Councils. In the context of standards generally being below the national level (despite recent improvements); the recent decline in the proportion of children attending a good or outstanding secondary school; and significant gaps in achievement between vulnerable groups and their class mates, there is an even greater need for schools and settings to work together to drive school improvement.

Budget reductions

Alongside the increasing and changing demands on services, we are tasked with making over £100m in savings over the next five years. This is 29% of the gross budget for children, families and adults services over this period. We need to respond to demand pressures totalling £45 million and inflationary costs of £28 million. This follows a five year period, since 2011, through which the Council has already budgeted to save £196 million.

There are no more 'painless' budget reductions to implement, for example, through efficiencies, reducing duplication or removing less effective services. **If we do not make any changes to our services or the way we deliver them, we will not be able to meet the increasing demand for those who need our support over the next five years.**

WE ARE BUILDING ON SOLID FOUNDATIONS

To seek to mitigate the impact of budget reductions requires us to transform the support we provide to a better model and improve outcomes quickly and efficiently. People do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead they want to live with and be supported by their family and friends at home in the community, and remain connected to their communities and interests.

Over the past few years, we have started to transform the way we work to improve outcomes for people so that they are supported and safe within their families and communities, and to reduce the cost to the public purse. We cannot do this in isolation and must work in partnership within the wider system across the health and care sector to transform support for people.

Across Cambridgeshire, there is a long history of organisations developing integrated services for children, young people, families, adults and older people. A diverse range of organisations impact on outcomes for children, families, adults and older people in Cambridgeshire. These include District and City Councils, housing providers, and the voluntary and community sector. A high level of dependence also exists on the independent sector.

Integrating services to improve outcomes for older people

Our joint Older People's Strategy (with partners across the health and care system) sets out the significant opportunities to design and implement a better system of services for older people. The collective vision is for older people to be more independent, more active and more engaged in their communities for as long as possible, knowing that they can rely on services which are flexible, creative, coordinated and focused on keeping them well if needed. The key features of an integrated system to improve outcomes for older people that we must continue to work towards are:

- 1. A series of community based programmes and support that help people to age healthily**
- 2. A recognised set of triggers of vulnerability which generate a planned response across the system**
- 3. A universal network helping older people and their families to find high quality information and advice**
- 4. An aligned set of outcomes for older people**
- 5. An integrated front door with an agreed principle of 'no wrong door'**
- 6. Shared assessment process, information sharing between health, social care and other key partners**
- 7. A shared tool that describes levels of vulnerability**
- 8. A locality based Multidisciplinary team approach (MDT)**
- 9. Co-located staff**
- 10. Joint commissioning and aligned financial incentives to deliver outcomes**

The Cambridgeshire Executive Partnership Board is leading the development of a person-centred and integrated system of support across the adult social care and health system. The shared 'Better Care Fund' with health partners is allowing us to consider how we can redesign all of the care and health services in Cambridgeshire into the most coherent system, shifting support into community-based and preventative early help and away from high-cost, acute specialist and crisis management support.

Through the implementation of Transforming Lives (our new model of adult social work), our social work will be more proactive, preventative and personalised and will aim to enable residents to exert choice and control and ultimately to live more healthy, fulfilled, socially engaged and independent lives. We will work with our partners to facilitate support for people, families and communities to be socially and economically productive. Similarly, within Adult Mental Health we are embarking on transformative change through personalised care that enables individuals to remain as independent as possible within their communities.

Our approach to early help for children and families seeks to reduce the number of people requiring costly specialist services through preventative activity and enabling families and communities to take control and succeed independent of ongoing public services. It has a specific focus on making sure children are ready for and attend school and make expected progress, young people have the skills, qualifications and opportunities to succeed in the employment market, and the number of families who need intervention from specialist or higher threshold services is minimised.

Integrating resource to support high demand or troubled families

The Together for Families programme is driving a new collaborative approach to support families with complex needs and where support must be coordinated across organisations to help families overcome the most challenging issues, such as substance misuse, worklessness, criminality, anti-social behaviour, domestic abuse, mental health difficulties and many others. The 'Think Family' concept (described below) is at the heart of this model and will be extended to other services. For example, our work with vulnerable adults through the *Making Every Adult Matter* project and work to reduce the number of frequent attenders to emergency hospital facilities.

- 1. One Lead Professional** – to co-ordinate work with the family.
- 2. One thorough family assessment** – considers needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues.
- 3. One overarching family support plan** – whilst we recognise that some agencies have to use a particular plan due to statutory requirements, there should be one overarching support plan managed by the Lead Professional and reviewed regularly with the family and professionals involved through team around the family meetings.
- 4. A team around the family** – professionals endeavour to ensure all relevant professionals are involved in their team around the family.

- 5. Limiting transfers of families between services** - one coordinated intervention is more effective than services taking it in turns. Transfers between teams consume time, energy and incur cost.
- 6. Commitment to putting family needs at the centre and overcoming professional difference** – professionals are open and reflective about their thinking and practices understand the perspective of other professionals to enable better multi-agency working.

We need to do more as a system

We need to do more – as a system and to scale – to get the maximum value from our resource towards preventing need and preventing the escalation of need.

Our system of support services should be developed in a way that is based on the real experiences and needs of vulnerable people and their families and carers, rather than organisational arrangements. We need to develop stronger partnership arrangements with the voluntary sector to ensure that people are aware of and can access the support that is available. Work has begun but more needs to be done over the coming years.

DRAFT

WHAT WILL BE DIFFERENT BY 2020 AND THE IMPACT FOR PEOPLE

Considerable reductions to all services for children, families and adults in Cambridgeshire will be necessary over the next five years.

Across the County, a smaller proportion of vulnerable people will have the cost of their care met by the Council and overall we will reduce the amount we spend on those in receipt of services.

We will ask communities and families to do more to support vulnerable people in Cambridgeshire.

We will increase the focus on improving long term planning for those in receipt of high cost care to maximise their independence and support from their families and/or communities, and to minimise the need for formal support provision over their lifetime. We will also reduce the cost of the specialist support people receive.

This will involve very difficult decisions in terms of where budget reductions will fall. Some people who currently receive our support will not continue to do so. In some cases, we will reduce support for people who use our services regardless of whether or not they can achieve greater independence.

We will strengthen the impact of the preventative work we do with people, working with them to prevent need and to prevent an escalation of need for our high cost services. We will use our remaining and reducing resources differently and our preventative activity will have a very different focus to now.

We recognise that problems cannot always be solved quickly and some people will require ongoing support over the course of their lifetime. Where people need our most specialist and intensive services, we will support them. We will strive to make sure that the support provided improves both the quality of their life and is cost effective.

The key principles of our approach

- Our work will be focused on promoting people's independence and progression, based around their strengths, improving their outcomes and reducing spend on high cost support.
- We will promote the responsibility of individuals for their own health and for the care arrangements of older and younger generations in their families and communities.

- We will build strength and capacity between people and the networks available to them (be that in their families and/or wider communities) so that they can meet their own needs.
- We will change the way that people can access our services in order to ensure a more timely response to need.
- Our work will be better focused on short term interventions to reduce, delay or prevent need where possible. It will be arranged and delivered locally and we will coordinate and integrate the support that people of all ages need (recognising that the intervention may be different depending on need).
- We will promote professional judgement and support the flexible and creative use of resources to improve outcomes and reduce anticipated whole life costs.
- In some cases, we will reduce support for people who use our services regardless of whether or not we can achieve greater independence.
- Where we have statutory responsibilities for institutions (e.g. maintained schools), interventions will be as targeted and as brief as possible with the aim of building capacity, promoting self-improvement and achieving a quality, self-sustaining system.

The impact on children, families and adults in Cambridgeshire

We must be clear with local people that difficult choices will need to be made over the next five years in terms of the support that the Council can provide. Now and over the next few years we will make sure that people who use our services - and their families and communities - have the opportunity to consider the impact of proposed budget changes and to be part of their development. This includes talking to people about the reduction of funding for existing support.

Decisions about the support people receive will be made within the context of the overarching vision and strategic principles set out within this strategy, but we must be realistic. It is inevitable that as we better understand the impact of the changes we are making, we will need to react to different pressures and/or change the direction of travel accordingly over the next five years. We will continuously review the impact of the changes we are making and will monitor the delivery of the savings we have to make.

Whilst we will strive to improve outcomes for people, promoting independence and building on networks of support, we recognise that we will not be able to mitigate the impact of a reduced budget on the people we work with. Ultimately, it is inevitable that as services for children, families and adults reduce we will have reduced management and support capacity. **Some people will either have to wait longer for a service or will receive no service at all. In some cases, we will reduce support for people who use**

our services, regardless of whether or not we can achieve greater independence.

There is an unprecedented level of risk contained within this strategic approach. As we reduce the number of people who receive our specialist and intensive support, it follows that more risk will be held within communities and families. This will, in some cases, lead to people being less safe and poorer outcomes for vulnerable people. Our workforce will need to operate within the context of this higher level of risk and will need very different skills from now. We are likely to see an increase in the number of complaints to the Council and the Local Government Ombudsman, for example, as people seek to challenge the difficult decisions we will be making.

A person centred response, with greater focus on support within individual communities and/or networks of support, makes it inevitable that there will be greater differentiation in terms of the support people receive from our services. This is an uncertain environment and we have developed the following commitment to residents of Cambridgeshire, which sets out what people can expect from us when they need support. It also sets out what people in Cambridgeshire can do to support the ambitions of this strategy.

Our commitment to you

We will listen to you and work with you to plan ahead, building on your strengths and any support available to you from family, friends and the wider community. We will be clear about the amount and type of any support that we will provide, which will be personalised and will make a positive difference to you. We will intervene to keep you safe if you are unable to protect yourself.

What you can do

- **Get involved in your community.** You could volunteer with a local community group, charity or sports club.
- **Get online.** Access Council services or check information online. Our website is easy to use and will save you time.
- **Create opportunities to help protect the vulnerable in our communities.** Check on or help a vulnerable or lonely neighbour. If you are concerned about the welfare of a child or vulnerable adult, report it straight away. Consider fostering or adopting a child to provide a stable start in life for them.
- **Be healthy and active.** Take personal responsibility for your own health. Keep physically active and exercise regularly.
- **Plan** for the care of older generations and young ones in your families.
- **Have your say.** Tell us if we get it wrong and if you feel you could help the Council with the services we provide, get in touch and talk to us.

HOW WE WILL ACHIEVE OUR VISION:

A focused approach to reducing the cost of care and support

A care budget is a sum of money that is used when a person has eligible needs, following assessment by a social worker or care manager in the case of social care, and the Social and Education Transport team in the case of transport budgets. The amount of money paid out of the care budget depends on an individual's needs. A significant amount of our total budget for children, families and adults services is for this type of support, which is often statutory. It includes support for older people, adults with mental health needs, adults with a learning disability and/or a physical disability, Looked After Children, and Home to School Transport to mainstream and special schools.

Specialist services are costly and often represent a long term commitment. The current most expensive 25% of adult social care packages (2200 packages) cost £97m per year, or 70% of the total committed budget. In children's services, the top 25% (140 packages) cost £13m per year, or 50% of the total committed budget (not including any transport budgets).

To reduce the total budget spent on such support, the Council can only seek to help reduce the number of people requiring care through prevention and early help, and/or reduce the amount or cost of the care we provide to meet the needs of people receiving care. Ultimately, this will mean changing expectations about what care we fund and who is eligible for support. Small scale improvements are already being made, but more needs to be done. We have developed revised models of the care budgets to inform reductions in the proportion of service users, the length of time they are supported for and the cost of care over the next five years. These proposals are the most stretching reductions possible whilst still being deliverable. The level of risk attached is unprecedented.

Our general approach to reducing high cost care and support by 2020

- We will develop flexible and creative support plans, moving away from purchasing only traditional 'care packages' or 'placements' and towards funding the most cost-effective support plan – whatever it might be.
- We will devolve budgets as far as possible to service users and front line professionals to increase awareness of individual spend and to put more people in control of their care and the use of the personal budgets available to them, focusing on independence and progression.
- We will expect front line professionals to make decisions on the basis of the lifetime costs of support for individuals and consider what can be done early on to reduce that cost over the longer term. This may include reducing long term spend with lump sum upfront funding.
- We will put resource into facilitating discussions with the market to provide creative solutions to support people.

- Our services will support people across all ages, so that we work with those open to our services as a child to minimise the need for formal support provision over their lifetime.
- We will continuously review our high cost support, considering where spend has been reduced and the impact this had on outcomes for people.
- Wherever possible, we will avoid allocating extra funding to demand-led care budgets to support them in responding to increased demographic pressures. Instead, we will develop strategies to meet new needs within existing resources which will include further development of preventative activity. This requires new thinking and preventative activity that looks very different to now and is described in the subsequent chapter.
- The scale of housing development within the county is considerable. Over the next twenty years we expect 50,000 additional homes to have been built in Cambridgeshire. We have considerable experience of the high needs that originate in new communities as they become established. We will consider how we use resource to provide preventative services within new communities, focusing on supporting the development of self-supporting communities from early occupations of these sites.

This strategy includes case studies to exemplify the support that some of our more vulnerable children, families and adults in Cambridgeshire might receive by 2020 and how that differs from now.

How we reduce the number of Looked After Children and the cost of their care

Over the next five years we will seek to reverse the recent trend for rising numbers of children who are in care, so that the Looked After Children population will decrease, despite the growth in the 0 to 18 population.

We will prevent need escalating and find alternatives to care wherever possible. We will focus on brokering family solutions and identifying kinship carers who can take responsibility for children when their parent cannot, in preference to making a formal care placement. We will be clearer than ever with parents who ask us to take their children into care that they cannot give up their responsibilities as parents and that we will only bring children into care where this is absolutely necessary for their safety. Our range of edge of care services and wider services for children, families and adults will make children at risk of coming into care their first priority and provide the rapid, tenacious and intensive support for families which we know keeps children out of the care system.

We will change the mix of care placements and arrangements we make – with fewer residential placements, fewer children with independent foster care agencies and fewer children placed out of county. We will use funds creatively and flexibly to meet need at a lower cost. This might mean spending significant sums of money to fund more support workers to work with families frequently to avoid the placement cost. This flexible approach will include

support for children who are being supported by Children's Social Care teams or other specialist services, when we see their circumstances deteriorating and need(s) increasing, to avoid a high cost placement.

How we will reduce the cost of support for people with a physical and/or learning disability

We will change the way that the needs of disabled children and adults are met and will review and reassess all existing support for people within a new policy framework to reduce the cost of that support and develop greater independence where possible. We will do as much of that as possible next year (2016/17) and in the subsequent year.

Our new policy framework will be based on a robust assessment and care and support plan that is tightly focused on meeting eligible needs to support someone's wellbeing. Care and support will not provide for a particular lifestyle, but will be focused on managing risks to wellbeing. For example, we will provide single person accommodation and support arrangements only where there is an identified need, not simply where it would be preferred.

Choice and control over the day-to-day will not be unlimited, but will be planned for within reasonable limitations that would apply to someone living without a disability. Choice will be limited to those services that are the most cost effective. Where someone is supported 24 hours a day for 7 days a week, we would expect that support to provide day-time activities even if they are limited, rather than providing for additional activity. Where a person would like to attend an activity with their support worker that is also attended by other service users who have individual support, we may commission shared support from the activity provider rather than continue individual support.

Our care and support plans have sometimes treated people as isolated individuals. However, 'independent living' does not mean 'isolated living', and the care and support plans we make with people over the next five years will now take more account of the contribution that a natural network of family, friends and the wider community makes to someone's wellbeing. This means personal budgets will take into account all of the support provided by family, friends and community networks and facilities.

Care and support plans will focus on managing risk. Rather than providing a level of support to cover a worst case scenario, we will plan for people to be as independent as possible and use contingency plans to ensure we can respond if extra help is required or something goes wrong. We will model the significant cost of support which will accrue over the lifetime and re-profile that spend to provide greater support up-front to reduce ongoing needs. We will build on the concept of the Disabled Facilities Grant, which provides a source of upfront funding to help make life more manageable in the long run. For example, considering whether a house move or major works to a family home would allow the family to live much more independently thereafter.

Care plans will focus on short-term interventions to achieve specific outcomes that enable people to be more independent. For example, if dedicated support for a period could help someone gain the confidence to travel and live independently, succeed in employment, make connections in their community or develop other skills which improve quality of life and reduce ongoing care needs. We will consider commissioning this kind of help by outcomes, inviting external providers to work with families to increase their independence.

Many of the adults with disabilities supported by adult social care services were previously supported by children's services. It is vital that we help children and families plan for their later lives and anticipate the different support they will receive in adulthood. In line with our new statutory duties around Education, Health and Care Plans, it also means bringing the education, health and social care (for both children and adults) services together with the family and the child or young person when we are making a support plan. People with a physical or learning disability should expect a local school to be able to support their education, to access activities and facilities in their community, and to have a progressive outcome-focused plan focused on increasing their independence. The plan will be based around them continuing to live at home wherever possible.

How we will reduce the cost of support for frail older people

Over the next few years, despite significant increases in the older people population, we will seek to maintain the same amount of people using our services as now. We will divert as many people as possible away from our services, whilst helping needs to be met. We plan to mitigate a significant proportion of the demand pressure by offering new forms of early help, which will result in a quicker response and reduce the number of people passing into the statutory teams for full assessment and a care package. How this early help will work is set out in the subsequent section of this strategy.

We will meet the needs of older people through more creative and alternative arrangements which reduce reliance on residential provision in particular. We will help people to make the right sustainable choices about where they live. We know that living in appropriate housing can help to minimise needs as people grow older. We need to make sure that for people who choose to, there is a high quality option for moving house that allows their future needs to be met and fits with their lifestyle and plans for their retirement.

We will ensure that housing discussions are based on a flexible set of accommodation options, ranging from appropriate housing for those without care needs to temporary accommodation for some, and higher need permanent accommodation for others. We will work with partners in housing and health services and the commercial sector to make sure that a wide range of suitable housing options are available and, if necessary, built. We will share information with partners to ensure that development work is guided by evidence about future demand for services and where we can support the market to develop solutions. This is likely to result in mixed developments containing residential care provision, extra care and other specialist

accommodation, and more general housing built to an appropriate standard to support people to live independently for longer. These developments will be combined with new communities where it is sensible; but we will make the most use of public sector assets wherever we can as it could also provide an income to offset the need for further budget reductions elsewhere.

We will seek to change the mix and size of packages of support, reducing the cost of the care organised to meet the needs of older people assessed as eligible for social care. Through the transforming lives model of social work, teams will work to design support and care packages which seek to minimise the reliance on traditional forms of formal care, maximise independence and wherever possible keep people living in their community and at home rather than in full time care settings. We are exploring the *Shared Lives* model of respite care for older people, which will place people with carers (usually retired social care or health staff) who provide care in their own homes.

How we will reduce the cost of support for adults with mental health needs

Despite the population growth and demographic pressure on demand for social care for people with mental health needs, we will work to retain the current number of people who use these services over the next five years.

We will reduce overall spend by decreasing the proportion of care costs which are allocated to residential care. We will undertake a thorough review of all existing high cost placements, and in particular those made out of the area, to identify alternate options. We will seek to reduce the weekly cost of residential packages and reduce the number of weeks people spend in residential care before moving into more independent living arrangements. We will make sure that reviews happen regularly, and that there is a focus on increasing people's independence and moving them into less expensive support, such as supported housing.

How we will reduce the cost of Home to School Transport (to both mainstream and special schools)

We have considerable pressures to our budget in delivering our statutory requirement to provide Home to School transport for children and young people to mainstream and special schools. We will reduce this spend over the next five years, whilst fulfilling our statutory obligations.

We will change the way we contract home to school transport. Where it could result in a better value service, for example one that incorporates after school activities, we will encourage schools to take on responsibility for procuring their own transport funded by the Council on the basis of a fixed fee per pupil. We will review different forms of provision, including direct provision by the Council and/or looking to better integrate home to school transport resources with community transport.

The expectations of parents will need to change, particularly where children are transported (sometimes individually) in costly taxis. Some families will be

given the ability to make their own decisions about how best to get their children to and from school through the provision of Personal Transport Budgets. These personal budgets will be used to pay for car travel, public transport, sharing travel with other parents or wider family networks or overcoming barriers that have prevented them from accompanying their children to school, such as childcare for younger siblings. We will also make routes safe for walking so that funding can be withdrawn.

We will consult on the removal of all post 16 transport subsidies, including for disadvantaged students. The Council has a duty to facilitate access to further education and learning for students aged 16 to 19. This does not extend to include financial support; such arrangements are discretionary. We will consult on ceasing to provide financial support to any new student over the age of 16 beginning a course of study effective from 1 September 2016, including those living in low income households. In recognition of the impact of such a change on individual students, their families, post-16 providers and transport operators, it will be essential to undertake a wide-ranging consultation with those who might be affected and all other interested parties.

Responding to inflationary pressures

Year on year, inflation increases the real costs of providing and commissioning services for children, families and adults. These increased costs are not currently matched by increased funding from central government and so represent an additional financial pressure. We are considering the approach we take towards inflation over the next five years and whether and/or where it is possible to manage inflationary pressures within existing budgets or at lower rates.

This approach would create considerable challenges and risks for Council services and those we commission through independent providers and the voluntary and community sector. The impact is most significant when considering the costs of packages of care support for older people, vulnerable adults and children in care and for our transport responsibilities. Care is primarily delivered by independent providers who bear the cost of any under-funding of inflation and are required to run as a business. The Council has not been in a position to fully fund estimated inflationary costs of providers for the last five years, some of which saw actual reductions in fees paid. Continuing this trend potentially threatens the financial sustainability of some providers at a time when demand for care is increasing. There are some opportunities to address this, but it is our biggest risk in terms of securing adequate supply of care in terms of the budget we have.

We will continue to work with providers to identify further ways to reduce costs and therefore future inflationary pressures. This includes ensuring that we scale our contracts to secure economies of scale and also provide downward pressure through competition. We will work with partners to jointly procure services and ensure that our service specifications reflect the reality of the resources that we have available, whilst ensuring that safe provision is secured. A Procurement Strategy will set out our work in more detail.

HOW WE WILL ACHIEVE OUR VISION:
Strengthening the impact of work to prevent, reduce or delay
need for high cost care and support

Over the next five years and beyond, we will strengthen the impact of the preventative work that we do with people. We will work with people to prevent need and to reduce or delay the escalation of need (through early help) for our high cost care and support services. We will use our remaining and reducing resources differently and our preventative activity will have a very different focus to now.

We will ask communities and families to do more to support vulnerable people

We will shift our focus from meeting all the needs of the individuals we work with to building strength and capacity within people's relationships and the networks available to them (be that in their families and/or wider communities) so that they can meet their own needs.

Communities that are more connected and resilient need fewer public services, create good places to live and improve outcomes. People have an active role to play in creating better outcomes for themselves and others, and will be the starting place for tackling issues. We will consider what communities can do to support people to be safe and independent for longer, alongside how the community can deliver some of the support for vulnerable people that is currently provided through our services. This will mean that there will be fewer people in receipt of direct preventative services from the Council over the next five years.

- Community work to tackle loneliness and isolation in older people would significantly reduce demand for high cost services.
- Training parents to provide training to other parents to support their children would reduce demand on our services and ensure social workers can be focused on supporting people with high needs.
- Investment in community navigators, Shared Lives for older people and different ways of providing Home Care would promote independence and cut spend through reducing the need for high cost support.
- Investment at scale in Assistive Technology would dramatically reduce the number and cost of specialist support over people's lifetime.
- The development of a system of social prescribing, so that GPs and community health providers can link patients with community networks, would ensure that early preventative activities can happen through community networks rather than our own service provision.

- Our libraries will be better focused on providing early preventative support to more vulnerable people within their local communities. They will provide information and advice, and reduce isolation and loneliness.
- We will make decisions about the use of our buildings and assets based upon a set of clear principles about how to best help strengthen the local community.
- Council Members can play a crucial and proactive role in creating a better climate between the public sector, the voluntary sector and local community leaders, promoting local activity to help local people.

We must be clear, however, that there is an unprecedented level of risk within this approach. As we reduce the number of people who receive our specialist and intensive support and reduce the provision currently provided, it follows that more risk will be held within communities and families. This will, in some cases, lead to people being less safe and poorer outcomes for vulnerable people. Similarly, our workforce will need to operate within the context of this higher level of risk and will need very different skills from now.

Our work will be person focused (building on the *Think Family* concept)

Our work will be person focused – starting from an understanding of a person’s needs to the wider network of support available to them. Our workforce will spot problems and seek primarily to harness people’s networks of support and coordinate the delivery of services where appropriate, to promote independence and progression, and reduce spend on high cost care. Our workforce will facilitate and broker support around individuals from across the health and care system and the experience of service users, rather than providing from the menu of Council-funded help.

We will provide short-term input to formalise a person’s network of support for more vulnerable people where it will reduce long term cost. Our workforce will be given greater flexibilities to work around barriers that might constrain thinking or a different response. Our services will be grouped within localities, looking at all of the provision, resource and need within a given area and redesigning this flexibly and creatively to improve the experience of service users and reduce cost. Early help is not just about people whose need is below statutory thresholds. We will ensure better integration with services for people whose need is higher, using the same problem-solving approach to care planning and support towards independence.

We will break down artificial divides within our services based on the age of the people we work with to promote independence and forward planning. For example, we will work with children and young people with physical disabilities to plan for as much independence as possible in adulthood. There are also some areas where we will consider internal structural changes to provide professionals with the tools to work in a person focused way. This includes the distinction between Adult Social Care and Older People’s services, the

benefits of an all age learning service and commissioning arrangements for support to carers (both young and adult).

We will change the way that people can access our services

One of the key ways to manage demand for services is by changing the way that people make contact with us. Our current approach is process-driven and pulls people into contact with our services. We will make changes to enhance the role of our first points of contact to enable them to have deeper, strengths-based conversations with people to help them identify alternative sources of support - from their own networks, partner organisations, voluntary agencies and their communities - rather than assuming that a social care support package is the most appropriate solution in all occasions.

We will establish an early help provision for older people. This will be a structured and purposeful information and advice service, focussing on the individual's personal resilience and networks, building opportunities within their local communities and promoting the use of assistive technology and physical aids. It is anticipated that this will help to delay or prevent the need for people to enter the care system, reducing the need for costly long-term care packages, and enabling older people to remain part of their community. A new team in the Contact Centre will identify people with needs that can be immediately resolved by offering advice and guidance over the phone. For people requiring a face to face conversation, a new booked appointments service will be provided, which will link people into local voluntary and community sector support, universal services and ensure that preventative measures are taken to meet needs more quickly and delay the need for statutory support. Through this small investment we aim to reduce the volume of new referrals to our care team by approximately 40%.

Our relationship with the people of Cambridgeshire will also change. We will move from our current view of seeing people as customers who consume the services that we can offer, to an approach where we see people as active citizens involved in co-developing the solutions that both they and their communities require. Our Councillors will be involved in leading and shaping the development of community based solutions, engaged in and linking people to the full range of support networks.

We will reduce spend on support for schools and settings

Our educational system in Cambridgeshire will be sector-led, self-improving and sustainable. The Council will work in partnership with schools and settings to achieve the best outcome for every child in Cambridgeshire.

By 2020, we will be largely facilitating and brokering school to school support and school improvement initiatives to improve educational achievement; we will be providing services only where we have to, and where it is cost-effective to do so. If provision can be delivered more effectively by someone else, then it will be, and if we can stop doing something without escalating medium and long term cost then we will. We will support others to do things that we have

previously done ourselves. For example, we will build the capacity of governing bodies and early years and childcare leaders so that they can effectively hold schools and other providers to account. We will also support parents to be better able to support their child's learning. We will retain a range of provider services to support educational outcomes, but these will be fully traded and will not all remain as 'in-house' services.

Vulnerable children, more than their peers, need school to be a positive experience, to support them to live independently of support services. Being in work, education or training is a good tool to prevent people from needing our more costly services throughout their lifetime. The financial system of school funding significantly affects the capacity of schools to deliver quality education for vulnerable children. We will extend existing arrangements where funding is devolved to clusters of schools, for example to improve behaviour and attendance, and will redesign the financial system that supports children and young people with Special Educational Needs and/or a Disability. Funding in the hands of schools, where possible, will mean that support for children and families should be available more quickly, preventing the escalation of need, and children are able to carry on living at home, local to their family and friends, and benefiting from the resilience that creates.

We will improve our use of digital technology and analysis of data to better plan, target and commission support

We will work with partners to improve how we use digital technology to support intelligence gathering and analysis of data. This will be used to provide information and guidance, to help people to support themselves and make use of the networks of support available to them before reaching crisis points. Working in this way will also help us to identify individuals or communities who are at risk or who might be flagged to the voluntary and community sector as potentially in need of support.

We will convene a broader dialogue with business about social responsibility

We will shape the market to meet need and build effective coalitions between business and public services. We will consider ways to convene a broader dialogue about social responsibility, shared values and inclusive growth.

HOW WE WILL ACHIEVE OUR VISION: **We will support our workforce to transform**

We will be clear with our workforce about how we will support them to transform the way they work over the next five years. Our staff are committed to improving the lives of the vulnerable people they work with and we will do all we can to equip them with the skills to both improve outcomes for people and reduce the cost to the public purse.

Our first priority is to further improve the quality of the workforce, supporting staff to hold and manage risk better without recourse to process. Ensuring a high quality workforce will support us to work in this different way to meet increasing need and expectations with reduced budget. To deliver this we are implementing a new social care recruitment and retention strategy to address the over-reliance on agency workers and ensure we employ and retain the high quality staff we need.

We are also continuing to change our expectations of the workforce through our focus on 'think family' or person-centred principles, which will move the workforce away from teams which focus narrowly on one need or client group and one way of work to a more flexible workforce able to understand and respond to people - their families and network of support - with a much greater variety of needs. This will mean breaking down professional boundaries and helping our workforce to consider, for example, how disability impacts on others in the family and interacts with other needs. Or, how we can ensure our work to keep children safe balances the absolute focus on child safety with an approach which also tackles the wider needs within families. We will develop a common skill set in the workforce across all age functions, recognising that the intervention may be different depending on need.

In addition, this common skill set will include:

- The ability to manage high levels of risk;
- Financial management;
- Analysis and assessment skills – with a view to working out what the key need is;
- Solution and system focused;
- Being innovative and resilient; and
- Ability to influence behaviour change.

We will also make efficiencies to our support services within the Council and reduce our spend on this over the next five years. This includes our back office, strategic and transformation support teams. As changes are implemented to our way of working over the next five years, the need for these functions should reduce over the same timeframe.

This requires a significant change for our workforce and we will develop a five year workforce development strategy to support this change.

APPENDIX

Case studies to illustrate how support to children, families and adults will change by 2020

It is important that people understand the likely impact of the changes set out within this strategy for the levels of support we will provide for children, families and adults across Cambridgeshire. Alongside the examples set out within this strategy, the change in the support we will provide by 2020 is exemplified below.

Support for a blind young woman wishing to be independent who is currently living with over-anxious parents

Currently, this person might have had a significant ongoing care package involving several daily homecare visits. *However by 2020, our changed approach to support will allow us to respond differently. This might include:*

- Time-limited involvement with a focus on progression and independence for the young woman;
- Working with partners around the whole family such as housing provider, independent financial advice, specialist assessor;
- Looking at the 'assets' already around the family e.g. friends and involve them in the care plan; and
- Giving information and linking the family to local voluntary community groups and advocacy (community resilience) and the Carers Trust to develop a contingency plan (for emergencies if the parents can no longer provide care).

Support for an older woman who has had several hospital admissions due to falls and other complex health needs and suffers from recurring urinary tract infections

It is likely that we would currently support this person through a range of services to manage her needs and inevitable ongoing admissions to hospital. *However, by 2020 our changed approach to support will allow us to respond differently. This might include:*

- Provide brief, preventative continence support to help the woman manage the condition (or prevent occurring in first place) to avoid a larger social care package;
- Provide services as part of a multi-disciplinary team with health partners to avoid the need for support from multiple professionals;
- Commission any homecare on an outcomes basis – setting the goal for the provider to return the person to independence and so avoiding ongoing care costs; and
- Monitor through Assisted Technology to enable families and neighbours to know if she has fallen/ needs support meaning even some crisis situations can be managed independently.

A Looked After Child who has been through several disrupted placements.

We would currently support this child or young person by finding placements with the few organisations that can support children with very complex and challenging needs. Such placements are rare and expensive. *However, by 2020 our changed approach to support will allow us to respond differently.*

This might include:

- If it allows risk to be managed properly, to support the child to live at home with a risk management package that could involve workers visiting every day
- To enable the child to attend mainstream school that can offer the support they need; and
- To put together a strong and comprehensive plan that focuses on outcomes and is properly resourced.

A child with a severe learning disability who is not able to travel to school in shared transport and whose parents do not want to take the current 40p per mile allowance to transport their child

We would currently support this child to attend school by contracting a taxi to transport them to and from school each day. This would be very expensive as the taxi could not be shared with other children.

By 2020, our changed approach to support will allow us to respond differently. This might include offering the child's parent a Personal Transport Budget of £5000 a year to transport their own child to school. This is more attractive to the parent as it can be used completely flexibly by the parents as long as the child arrives in a fit state to learn and has good attendance. It allows the parents to share transporting the child with other members of the family or find cheaper alternatives to get their child to school, such as walking or using public transport, with no bureaucracy. The parent benefits from having more contact with their child's school and making informal support networks with other parents at the school. The child benefits from the extra time with their parents whilst making journeys to school and arrives at school feeling calmer.