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# Cambridgeshire County Council & Peterborough City Council Sufficiency Statement

Children & Young People with Disabilities  
& Complex Needs

2021 - 2024

Children & Young People with Disabilities & Complex Needs - Sufficiency Statement

**Cambridgeshire County Council & Peterborough City Council**

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# FOREWORD



The Children's Commissioning Team at Cambridgeshire County Council and Peterborough City Council are pleased to introduce you to our first joint Children's Commissioning Sufficiency Statement for Children & Young People with Disabilities and Complex Needs. The Statement is one of four strategies within an overall Joint Sufficiency Strategy, recognising that children and young people with disabilities and complex needs often need to be supported by a range of services, including statutory services, community-based services and services for children and young people with SEND.

The development of this document represents the start of a dialogue between the Councils, providers of care and support for children, young people and their families and stakeholders and parent representatives, to ensure we are offering the best services for those living within Cambridgeshire & Peterborough; and those living out of area.

Due to an increasing population, changes in the complexity of need for children and young people and the increasing demand on resources to provide critical care and support, we need to work differently with providers and build capacity in our communities to meet the needs of our families.

Children, young people and their families, parent carer forums, Governance Boards, Various Forums and schools/settings were all engaged, amongst many other stakeholders, however due to Covid-19 consultation and engagement was conducted at varying points within the development and continue to be considered at different levels and approaches as directed by the relevant stakeholders. Parent Carer Forums and stakeholders specifically requested a formal consultation be avoided during the pandemic, as parents were managing resilience and conflicting priorities.

In addition, this document has been developed with a multitude of existing co-produced strategies such as the SEND Strategy and consultation for the development of Overnight and Residential Short Breaks and therefore the outcomes for this document have been aligned and are in conjunction with existing priorities children, young people and their families have told us.

Quotes from children and young people accessing services, particularly those accessing commissioned services are also woven throughout the document and as the lead for this area of work I, alongside parent carer forums are committing to a full and proper consultation on the outcomes of this document, a cycle of continuous review and I ask my colleagues Pinpoint and Family Voice to jointly provide a Foreword representative of the consultation outcome.



# Executive Summary

Cambridgeshire County Council and Peterborough City Council are committed to securing the best possible outcomes for those children and young people with disabilities and complex needs who require care and support in our communities. Within this statement we have analysed all relevant information to determine what needs there are within our population and what actions will be necessary to secure positive outcomes and sustainable good quality provision. Though like all local authorities, both Councils have seen significant impacts in funding, however meeting the needs of vulnerable groups will always remain a priority for the Council.

There are 10,963 children and young people with learning, physical and or sensory disabilities living in Cambridgeshire and 4,139 in Peterborough. The overall population is growing across Peterborough and Cambridgeshire and the nationally accepted prevalence of disability in childhood is 8%. Alongside population growth, the complexity of disability across Cambridgeshire and Peterborough is increasing, as is the life expectancy of those with complex health needs and this is scrutinised in detail within this statement.

We therefore need to respond to this increase in both population and complexity of need with a robust local offer of community based provision that bolsters family resilience, provides parents and carers of children and young people with disabilities the necessary breaks to continue in their caring roles, as well as provide children and young people with opportunities to make friends, enjoy their communities, experience new opportunities and gain the skills they need to live as independent life as possible; now and in the future.

We will do this by working with children, young people, parent carer groups and stakeholders, as well as critically our provider market, to continually look to ensure sufficient provision is available, providing interventions at the right time, for example through the development of Technology Enabled Care, Direct Payments and Short Breaks, as well as ensuring those who need support outside of the family and/or their communities are being supported by local, good quality Providers who understand our need and can work with both Councils to deliver.

In the penultimate section of this document the actions are collated, each forming a detailed Action Plan to ensure timely delivery for the children and young people supported by Cambridgeshire County Council and Peterborough City Council.

# 1 Introduction

## 1.1 Purpose

This sufficiency statement focuses on the care and support needs of children and young people with complex, profound and multiple disabilities [up to the age of 18] and their families in Cambridgeshire and Peterborough. Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) use the working definition of disability as defined under the 1989 Children Act (Section 17) to understand eligibility and need for services.

*“a child is disabled if he is blind, deaf, or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed”*

CCC and PCC work in partnership with Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG) to ensure the needs of children and young people with disabilities and complex health needs are met. Sufficiency information for children and young people with Continuing Care needs will be specifically considered within this statement.

This statement provides an overview of need and outlines how CCC and PCC intend to offer care and support in the future within the resources available, to help children and young people with disabilities achieve their aspirations and ambitions as independently as possible.

Current service delivery is founded on the following principles and outcomes; these have been co-produced with parent carers and children and young people with disabilities.

Children and young people with disabilities and complex needs can:

- Learn new skills, to prepare for adulthood and become as independent/autonomous as possible.
- Lead a happy, healthy and fulfilled life with increasing confidence and self-esteem.
- Be respected and involved alongside their parent/carers and have choice and control in decisions about their lives, service design and delivery.
- Access and enjoy universal and targeted services where possible and be included and participate in their community.
- Have regular, planned, enjoyable and accessible activities where friends can be made.
- Be supported to remain in their family where it is safe to do so (or to remain local) by providing Short Breaks to parent/carers resulting in increased family resilience.
- Access and enjoy services that are child centred and appropriate to age and or development.
- Access and enjoy commissioned services which are sustainable and of good quality whilst ensuring value for money

## 1.2 Covid-19

The full impact of Covid-19 has yet to emerge. We know, parent carer and family resilience has been impacted and this has led, and may continue to lead, to an increased need for Short Breaks and longer-term care. Children and

young people's mental and emotional health will also have been impacted upon, and as such demand for Short Breaks and support via the Transforming Care pathway will also increase. It is evident that during Covid-19 the uptake and offer of Short Breaks reduced for a variety of reasons. However, this has identified an opportunity to support families understanding of Technology Enabled Care (TEC) and how this could provide support that is needed, without the need for this to be face-to-face.

## 2 Eligibility

The duty to assess the needs of children and young people with disabilities is undertaken by both CCC and PCC respectively through their Social Care and, or Early Help services. Both CCC and PCC have eligibility criteria to access Short Breaks.

### 2.1 [CCC eligibility criteria for Short Breaks](#)

### 2.2 [PCC eligibility for Short Breaks](#)

In CCC, there are two routes to access Short Breaks, one through a social work assessment and the other through a self-assessment based on the receipt of higher rate Disability Living Allowance or Personal Independence Payment. This is called the [Short Break Local Offer](#).

In PCC, distinction is made between targeted and specialist services; targeted services (such as Community Short Breaks Large Groups) can be accessed via self-referral and evidencing diagnosis. Specialist services are accessed following Social Care assessment and referral to relevant decision-making panel.

## 3 Legislative Context

Below are the primary policies and legislation that have shaped children and young people's disability services over the last 30 years:

- Children Act of [1989](#) and [2004](#)
- Children and Families Act [2014](#),
- Chronically Sick and Disabled Person's Act [1970](#)
- United Nations Convention on the Rights of the Child (UNCRC) [1989](#)
- Equality Act [2010](#)
- Mental Capacity Act [2005](#)
- Carers and Disabled Children Act [2000](#)
- Aiming High for Disabled Children [2007](#)
- National Framework for Children and Young People's Continuing Care [2016](#)
- The Breaks for Carers of Disabled Children Regulations [2011](#)

Legislative impact more recently has come from the Children and Families Act [2014](#), and the Special Educational Needs and Disability (SEND) [Code of Practice \(0 to 25\) \(2015\)](#). The Children and Families Act 2014 represents the biggest legislative change for over 20 years to children's education and social care; this places the child/young person and their parents central to decision making. Other relevant duties and responsibilities include:

- Local Authority, Health and Social Care colleagues working jointly to commission services to deliver integrated support for children and young people with Special Educational Needs 0-25.



- Working with local partners, parents and young people to co-produce and publish a Local Offer of Special Educational Needs (SEN) services and provision.

## 4 Local Authority Policy & Strategy

In line with national legislation, CCC and PCC have developed relevant policies and procedures for children and young people with disabilities, as hyperlinked below. Reference to Special Educational Needs, Early Help and Children in Care can be found within the relevant statements in the wider Children's Commissioning Strategy.

[The SEND Strategy](#)

[The SEND Pledge](#)

[CCC Local Offer](#)

[PCC Local Offer](#)

[CCC 0-25 Disability Service](#)

[PCC 0-25 Disability Service](#)

## 5 Participation, Engagement & Co-Production

In preparation for this sufficiency statement, Children's Commissioners liaised with Parent Carer Forums, Pinpoint (Cambridgeshire) and Family Voice (Peterborough) regarding how to best represent the views of parents, carers and young people. Due to the time of writing, Parent Carer Forums advised that families would most likely be focused on the direct impact of COVID-19 on their current provision alongside the pressures of coping in such unprecedented times. It was therefore agreed to progress the sufficiency statement based on previous engagement; including SEND Strategy and previous commissioning consultations. Therefore, feedback from parent, carers and young people will

be paramount following publication in further shaping services on a continual basis and informing the strategic direction for provision.

Existing engagement measures include Parent, Carer and Young People's Forums, Provider contractual arrangements, as well as the Local Offer website and operational staff. Parent, Carer and Young People's Forums also support appropriate commissioning activity including supporting evaluation of tenders and collating specifications.

For those young people receiving a residential care service [Regulation 44 Reports](#) are reviewed. These include the views of parents, carers and young people:

### Cambridgeshire Service Feedback

“He said he enjoys coming to Woodland Lodge and spends most of his time drawing on an iPad and playing games on a laptop, and his favourite game is Fortnite...He said the food is good and he gets on well with the staff. He could not think of anything that the home could do to make it better.”

“I'd just like to say a big thank you for all you do for my child as he really enjoys himself.”

“She could not think of anything that would make the home better, and added that she likes the way the staff in the home keep in touch with the school so that they are all helping her son together.”

“He showed me how he could do a variety of jumps drops, and he was regularly checking I was watching, and checking on the feedback, from myself and staff. He seemed in a very positive frame of mind.”

“She said that the home has provided a life line to her over the pandemic and that he has been going regularly. She said that he is happy to go, and he really likes his keyworker and the staff try to arrange for him to be on shift when he stays.”

“He enjoys his stays and his mother is happy with the care provided. She brought him in recently for holiday activities and she said that he was very excited and rushed into the home when he arrived without stopping to say goodbye.”

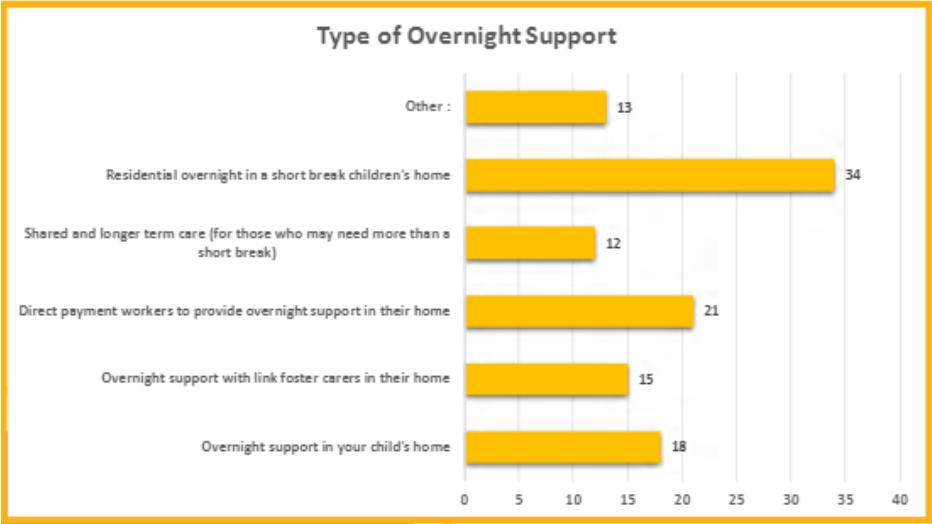
### 5.1. Cambridgeshire

Between April and October 2019, Cambridgeshire undertook a [consultation with parent carers](#), children & young people and staff about developing overnight support for children with disabilities. This included face to face group discussions, telephone calls and a well-received questionnaire. The following were key messages from the consultation about the future direction of overnight support:

- Having a range of options is good
- More options for Direct Payments welcomed
- Technology can be really helpful - but people need to know about them and develop confidence in them
- Focus on the overnight support being positive for the child as well as break for family
- Make sure that overnight support helps with developing skills and independence as relevant to each child and young person
- Clear information about what's available and decision-making process is needed; the workforce to know about this as well
- General views on quality, reliability, information and choice reinforced those shared in previous sessions and information gathering

Table 1 (representing the views of 74 Cambridgeshire parent carers) and illustrates preferences with regards to overnight Short Breaks. This demonstrated that, whilst residential options remain a priority, having a variety of options was the primary concern for many parent carers. Note: participants were able to select more than one option.

Table 1 – Overnight Short Break Preferences



CCC commission a range of in house and external Domiciliary Care Agencies and Activity Community Short Breaks all via framework contract arrangements.

Examples of feedback from parent carers is outlined below:

“

How positive it is that some clubs are able to use staff flexibility to deescalate behaviours that challenge in young people

How children are supported to try new activities, including some activities out of their comfort zone behaviours that challenge in

How happy and very relieved they were that some clubs developed online activities

How accessing just one week of support or activities within the 13 weeks school holidays makes a big difference to families

How positive it is that agencies and clubs ask the right questions when collating information for support plans, giving them confidence in the Provider

”

5.2 Peterborough

Prior to the commencement of the new Community Short Break services in April 2019, there was a robust recommissioning exercise. The model for the new Community Short Break offer was largely informed by feedback from parent/ carers, in the form of Short Break Surveys and a number of Focus Groups. A representative from Family Voice was also involved in the shaping of the specifications and the evaluation of the bids.

The key elements that informed the design of the Community Short Break offer, and reflected within PCC's Short Break Service Statement, were:

- Having a range of services suitable for a variety of ages and needs; including befriending/mentoring, social development, sports, arts/crafts, dance/music, gaming and cooking
- Activities both out in the community and at a centre or 'hub'
- Activities at weekends, during school holidays and after school
- Ensuring that those supporting children & young people are skilled and experienced in managing with a variety of needs, diagnoses and behaviours
- Opportunities for socialisation and play opportunities for children and opportunities for socialising and independence for young people
- Opportunities to spend time in a safe and friendly environment outside of the home, where there are opportunities to encourage autonomy and prepare for adulthood
- Opportunities which mirror those that exist for children & young people's mainstream peers
- Ensuring that there is accessible information about Short Breaks and what's available in Peterborough

These key elements led to an increased offer during weekends and in school holidays. A Small Groups Community Short Break Service was created to enable those needing more intensive support to have opportunities for socialisation. Children and young people are referred to One to One Community Support and Small Groups for time limited periods, to support close review of outcomes before transitioning to Large Groups and/or universal services.

## 6 Data & Needs Analysis

The data and analysis of current service provision was collated to understand the current and projected needs of children and young people with disabilities across Cambridgeshire and Peterborough [June 2020]. The collation of this data has illustrated some limitations within reporting mechanisms. Therefore, elements have been informed by qualitative and anecdotal feedback from professionals, staff, providers and Parent Carer Fora representatives.

### 6.1 Population & Composition

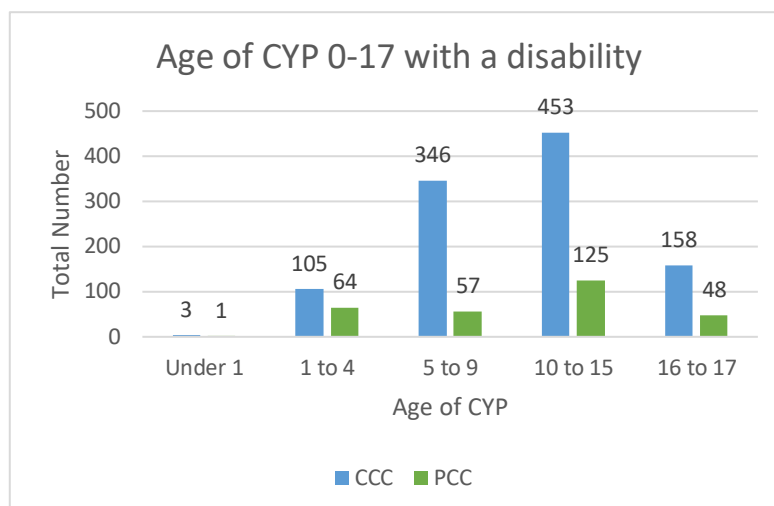
Table 2 – Population & Rate of Disability

	Overall	0-25	0-18	0-18 with disabilities	Open to Social Care
Cambridgeshire	654,781	195,768	137,038	10,963	1,108
Peterborough	203,478	66,326	51,734	4,139	295
Total	858,259	262,094	188,772	15,102	1,403

There are 10,963 children and young people with learning, physical and or sensory disabilities living in Cambridgeshire and 4,139 in Peterborough. The overall population is growing across Peterborough and Cambridgeshire and the nationally accepted [prevalence of disability in childhood is 8%](#). Alongside population growth, the complexity of disability across Cambridgeshire and Peterborough is increasing, as is the life expectancy of those with complex health needs.

### 6.2 Children & Young People with Disabilities Open to Social Care

Fig.1 illustrates the age range of children and young people with disabilities open to Social Care in Cambridgeshire and Peterborough with a status of 'Child with Disabilities' (as at June 2020). Within both CCC and PCC the most prevalent age range is between 10-15 years. This may be due to the complexity of needs increasing as children approach adolescence leading to an increased need for Social Care involvement and support.



### 6.3 Demographics

Table 3 illustrates the main legal status of children and young people with disabilities open to Social Care. Most needs are met under the [Chronically Sick and Disabled Persons Act](#). In Cambridgeshire this cohort access the [Short Break Local Offer](#), a preventative and Early Help service. If more specialist support is needed children are supported by Social Workers and can access increased Short Breaks through a Social Care assessment. The Short Break Offer across Cambridgeshire and Peterborough meets a wide range of needs.

Table 3 – Legal Status of CYP June 2020

Legal Status	CCC	PCC
Child in Need	174	90
Child Looked After/Child in Care	62	48*
Child Looked After/Child in Care & Child in Need**	3	6*
Child Looked After/Child in Care & Child Protection**	1	0
Child Protection	12	9
Other CSC	28	17
Chronically Sick and Disabled Person's Act – through Early Help with Social Work support	182	125
Chronically Sick and Disabled Person's Act – through the Short Break Local Offer	646	n/a

\* Whilst there are approx. 370 children and young people in care in Peterborough, 54 are recorded as having a disability of some kind. 10 of these 54 are open to the 0-25 Disability Social Care team.

\*\*Those with a legal status of 'Child Looked After' or 'Child in Care' and 'Child in Need' are usually children and young people in receipt of what is locally referred to as Shared Care, where the care of the child/young person is shared between the local authority and the child/young person's parents; with the child/young person having over 75 overnight Short Breaks a year. These children and young people often have complex physical or behavioural needs and are looked after/supported within a Residential Children's Home or with a Link Carer.

### 6.3.1 Need/Diagnosis

Table 4 – Primary Needs

Table 4 demonstrates the most common diagnosis/needs of children and young people up to 18 years with disabilities open to CCC and PCC 0-25 Children's Disability Social Care Services.

*\* Data from Liquid Logic, the Councils' case management recording system, June 2020. There is a difference in the categories available across Liquid Logic within Peterborough & Cambridgeshire.*

A child or young person can be identified as having a disability/need within more than

one category. A more detailed qualitative analysis revealed that Learning Disability is the primary need of those open to the 0-25 Disability Social Care services across Cambridgeshire and Peterborough. The highest secondary needs are Autism, Behaviour, Communication and Mobility. In Cambridgeshire the data suggests that the predominate need of those receiving the Short Break Local Offer is Autism with a close second highest need being a Learning Disability. In Peterborough, a Short Breaks Database is kept to provide an overview of Short Break usage; this reflects a prevalence of Speech, Language and Communication needs across those children and young people accessing both targeted (direct access) and specialist Short Breaks.

	Cambridgeshire		Peterborough	
	Number of CYP	Percentage of CYP	Number of CYP	Percentage of CYP
Autism	174	38%	76	25%
Learning	169	37%	96	33%
Mobility	61	13%	52	18%
Behaviour	73	16%	38	13%
Communication	70	15%	25	9%
Consciousness	6	1%	5	2%
Disabled under DDA but not in other categories	13	3%	26	9%
Eating & Drinking	21	5%	N/A*	0%
Hearing	13	3%	17	8%
Incontinence	8	2%	4	1%
Medication	5	1%	N/A*	0%
Personal Care	13	3%	10	3%
Vision	25	5%	13	4%
Hand Function	N/A*	0%	3	1%
Other	102	22%	10	3%
Blank	13	3%	25	8%

*\* Data from Liquid Logic, June 2020. There is a difference in the categories available across Liquid Logic within Peterborough & Cambridgeshire.*

	Peterborough		Cambridgeshire	
	No. of CYP	Percentage	No. of CYP	Percentage
White British	183	62%	339	73%
Any other White Background	9	3%	23	5%
White European	17	6%	0	0%
Gypsy Roma	0	0%	2	0.4%
White & Black Caribbean	5	2%	8	2%
White & Black African	8	3%	11	2%
Any Other Mixed Background	10	3%	19	4%
Indian	4	1%	2	0.4%
Pakistan	43	15%	1	0.2%
Bangladesh	0	0%	5	1%
Any other Asian Background	4	1%	7	1.5%
African	5	2%	7	1.5%
Chinese	1	0.3%	0	0%
Any other Black Background	0	0%	3	0.6%
Any other Ethnic Group	4	1%	9	14%
Information not provided	2	0.6%	19	4%

### 6.3.2 Ethnicity

The predominant ethnicity across PCC and CCC, within the cohort of children and young people open to 0-25 Disability Social Care Teams in PCC and CCC is White British. In Peterborough Pakistani is the next highest ethnic group, in Cambridgeshire it is 'Any other White Background'. There is a plethora of research in terms of the impact of and interplay between ethnicity and childhood disability which this sufficiency statement does not propose to explore.

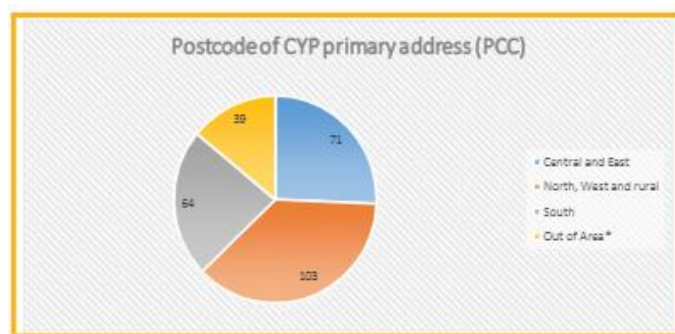
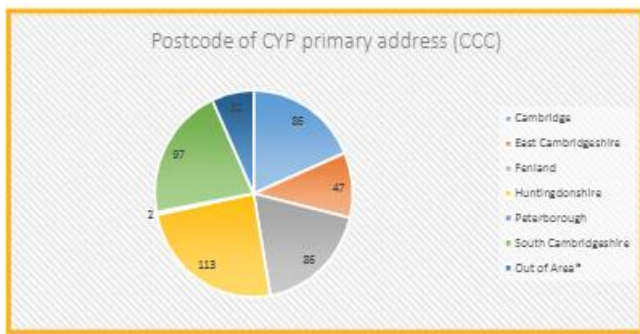
Table 5 – Ethnicity

### 6.3.3. Where children and young people live

Pie Chart 1 highlights that in Cambridgeshire the highest density of the population of children and young people with disabilities open to 0-25 Disability Social Care is in Huntingdonshire. The density within Cambridge City, South Cambridgeshire and Fenland are fairly evenly spread, with the lowest population being in East Cambridgeshire. Pie Chart 2 highlights that in Peterborough the highest density of population is within the **North, West and Rural**. Consideration is needed when interpreting this information in terms of how geographically large the districts are in comparison to each other.

Pie Chart 1 – Postcode CCC

Pie Chart 2 – Postcode



\*'Out of area' refers to children and young people in care living within foster placements or residential care outside of Cambridgeshire and Peterborough.

\*\*North, West & Rural refers to the areas of Barnack, Bretton, Eye, Thorney, Newborough, Glinton & Castor, Gunthorpe, Paston and Walton, Ravensthorpe, Werrington, West and Wittering.

## 7 Current Service Provision

Whilst there are variations to the Short Break Offers across Peterborough and Cambridgeshire, in recognition of the differing demographics and needs base, the principles of provision remain the same.

Short Breaks are recognised as a vital part of the support which helps keep families with Children and Young People with disabilities together, not just surviving but thriving. Short Breaks provide support and opportunities to children and young people so they can develop their independence, promoting and supporting their physical and emotional health. They also provide respite to parent carers in order to support their resilience and ability to continue their caring responsibilities.

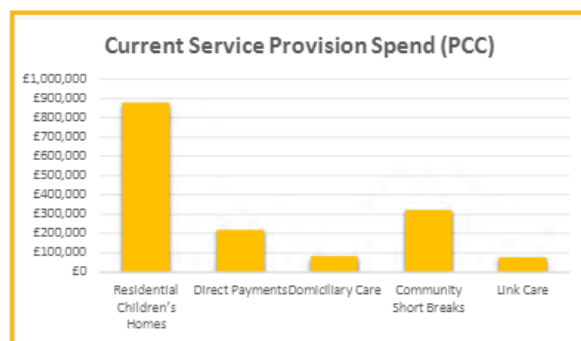
Key to the Short Break offer to families are accessible universal services and Early Help including an initial offer of Technology Enabled Care (TEC) and Assistive Technology (AT). This supports families, and children and young people, to live as independently and autonomously as possible. This is usually the first and primary offer to all families before any internally or externally commissioned services.

Direct Payments are the preferred method of service delivery across both PCC and CCC as they usually give families more control, choice and better value for money. With Direct Payments, care and support can be provided in the child or young person's home, in the home of the Direct Payment Worker/Personal Assistant (PA) or in the community. If Direct Payments cannot meet need, then specialist, internally or externally commissioned services are offered. If overnight Short Breaks are an assessed need, Link Care or Direct Payments for overnight care are considered; these options provide flexibility to families and place care and support within the home and local community.

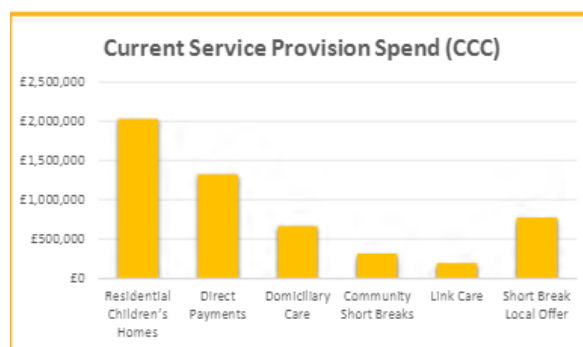


Residential Short Breaks are usually allocated to children and young people where other support options cannot meet need. For example, children and young people with the most complex needs in terms of behaviours that challenge, complex health or physical needs, or where there are challenges within the family environment.

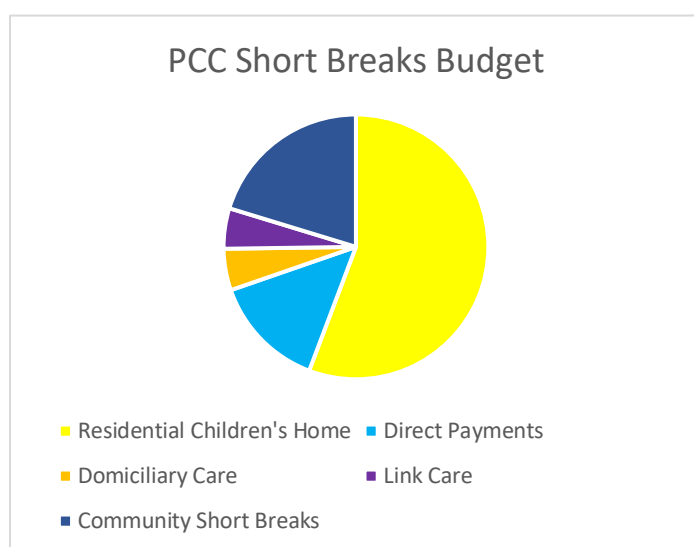
**Fig 2 & 3 - Current Service Provision Budgets/Spend**



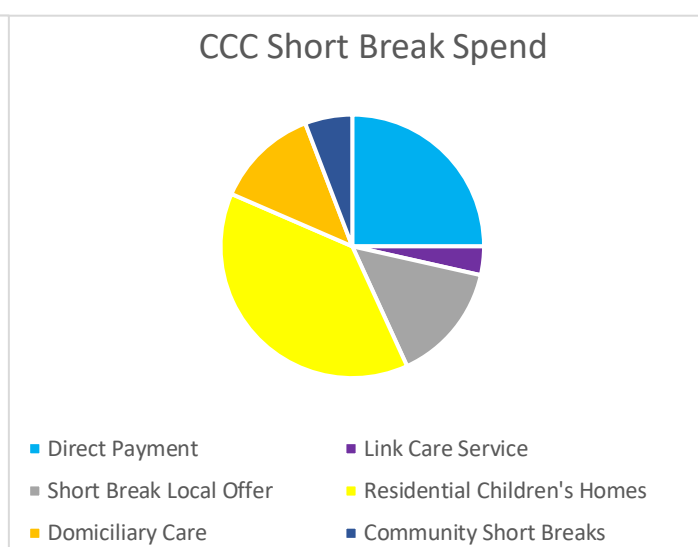
**Fig2 – Service Spend PCC**



**Fig3 – Service Spend CCC**



**Pie Chart 3 Short Breaks Spend PCC**



**Pie Chart 4 Short Breaks Spend CCC**

Within both CCC and PCC, there is a single budget area for Direct Payments, Community Short Breaks and Domiciliary Care; this is therefore used flexibly to meet need across each financial year. This flexibility is required to ensure that the assessed needs of children and young people can be met, and to ensure parental and young person choice. Currently, due to the nature of the services, budgets for Residential Short Breaks and Link Care are ring fenced within both CCC and PCC. Having said this, overall budget flexibility allows Children's Commissioning to reflect upon evolving needs of children and young people and develop new models of provision; thereby encouraging providers within both local and national markets to engage.

## 7.1 Direct Payments and Personal Budgets

A Personalised Budget is an agreed amount of money that can be taken as a Direct Payment and/or commissioned service. A Direct Payment is a sum of money allocated to families on behalf of their disabled child/young person to



meet assessed needs and outcomes as set out in their care/support plan. Direct Payments give families greater flexibility, choice and control to arrange services that best suits their needs. In the last few years there have been changes to the Direct Payment Policy within both PCC and CCC to support families to use their Direct Payment for overnight care and support. This change took effect in 2018 in PCC and 2019 in CCC.

### 7.1.1 Direct Payment Support Services (DPSS)

To support families to manage a Direct Payment, both Local Authorities commission a Direct Payment Support Service (DPSS). The remit of the DPSS includes giving advice on being an employer and supporting with recruitment. DPSSs are also responsible for managing a Personal Assistant (PA) Register. In Peterborough and Cambridgeshire, families can choose to manage the Direct Payments themselves or choose an agent, such as the DPSS, to do this on their behalf.

[CCC Direct Payment Support Service.](#) The contract value across adults and children's social care is £161,500

[PCC Direct Payment Support Service.](#) The contract value across adults and children's social care is £125,000

Despite the existence of PA registers, there is currently a limited number of PAs within both authorities available to work with children and young people. Commissioned one to one support services are often at capacity, supporting those that require a more specialist service or those with more complex needs.

Developing an understanding of Direct Payments within the communities across Peterborough and Cambridgeshire may help to fill this existing gap in provision, as would supporting a PA career pathway and offering training to ensure that those interesting in becoming a PA can develop their understanding of a range of needs. Ensuring that there are a range of free and accessible hubs/venues available where PAs can take young people could also have a positive impact on the market.

Venues & Hubs	
Challenges/Gaps	
Lack of accessible venues to host community Short Breaks and lack of venues/hubs for Direct Payment Workers/PAs to access.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>Map CCC and PCC owned buildings</li> <li>Identify key stakeholders within communities</li> <li>Ensure that commissioning and re-commissioning opportunities make clear the need for Providers to have access to, or operate from, a hub or base</li> <li>Work with partners to developing an Accessible Venue Map across PCC and CCC</li> </ul>	<ul style="list-style-type: none"> <li>Personal Assistants and Domiciliary Care agencies have a range of free or low cost venues to support children and young people away from their home</li> <li>Providers understand the opportunities to expand into CCC and PCC</li> </ul>

Table 6 – Direct Payments

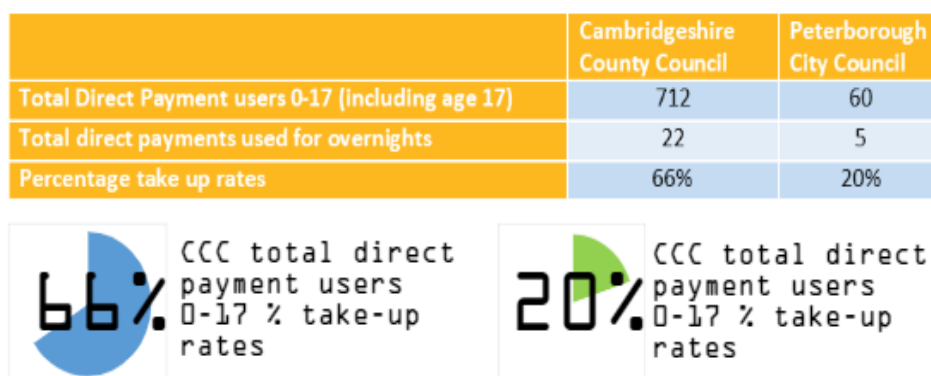
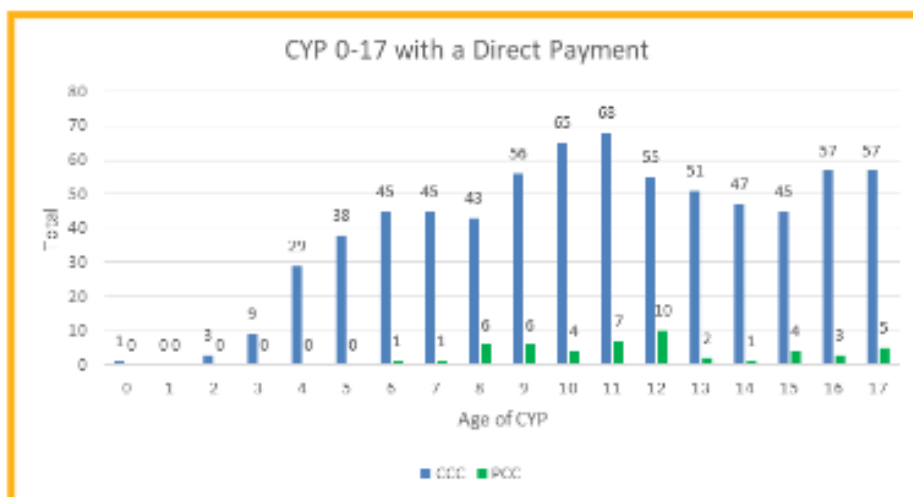


Table 7 – Direct Payments

The disproportionate numbers of children and young people accessing Direct Payments across CCC compared to PCC highlights the difference in the number of cases open overall within each Local Authority. CCC figures encompass those open under the Short Break Local Offer whose needs are usually less complex and as such are not eligible for accessing specialist services. Whilst Direct Payments are part of CCC's Short Break Local Offer, Direct Payment packages in Peterborough are approved at the relevant decision-making panel following

a Social Care assessment. Direct Payments and Personal Budgets have been established in CCC for many years with a take up rate of 66%. Peterborough has a take up rate of 20%.



Direct Payments	
Challenges/Gaps	
Promoting the use of Direct Payments amongst families and continuing to ensure that they are seen as the first offer in relation to Short Breaks.	
There is a need to increase the number of carers and PAs available to support via a direct payment.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>Updating of the Local Offer</li> <li>Stimulating the PA market</li> <li>Support DPSSs to stimulate the market and to undertake targeted recruitment campaigns.</li> <li>Review whether an all age range PA register meets the needs of families with children</li> <li>All age Direct Payment Board across CCC and PCC to be established.</li> </ul>	<ul style="list-style-type: none"> <li>Increase up take of Direct Payments across CCC and PCC.</li> <li>Local Communities understand the need for increased PAs to join the market</li> <li>Increased PAs in the market</li> </ul>

Take up of Direct Payments peak between the ages of 11 and 12. This may reflect the increased eligibility/referrals within this age group and the tiered offer of support. The decrease in usage for those aged 12+ could be explained by complexity of need; some children and young people requiring support from more specialist provision after entering adolescence. The rise aged 16+ may suggest that young people are outgrowing commissioned services or

their support plan is being changed at this time to better prepare them for adulthood and the transition into adult services. Some services commissioned for children and young people are accessed via Direct Payments into adulthood.

### 7.1.2 Direct Payments Spend

Table 8 – Direct Payment Spend

The overall predicted spend in Cambridgeshire on Direct Payments in 2020 is £1,328,856. Table 10 identifies the range of allocated Direct Payment budgets. In CCC it is evident that most children and young people's allocation is up to £2000 a year which reflects the numbers with Early Help packages (not exclusively) through the Short Break Local Offer. CCC does not currently have a direct payment rate and rates reflects the area the child lives and complexity of need. The basic rate usually starts at £10 an hour acknowledging the minimum living wage.

DP allocation in £	No. of CYP 0-17 CCC	No. of CYP 0-17 PCC
0-1000	255	5
1000-2000	266	11
2000-5000	126	20
5000-10000	30	7
10,000-20,000	19	8
20,000-40,000	10	1
50,000-100,000	1	0
100,000+	1	0

In PCC the annual Direct Payment budget is £220,000 though the annual spend for 2019-20 was £245,168. Table 10 identifies that most children and young people's allocation is between £2000 and £5000 a year. PCC has a standard

Direct Payment rate of £12.60 (Personal Assistant); this can extend to between £15.00-£15.50 for specialist care; for example, employing an agency worker. In Peterborough, the average care package is 2.5-6.5 hours per week.

## 7.2 Domiciliary Care/Home Care & Community Support

	CCC	PCC
<b>Internally Commissioned</b>	£420,784	
<b>Externally Commissioned</b>	£252,720	£80,000

Table 9 represents the proportion of packages commissioned between internal and external home and community support services.

Table 9 – Internal / External Spend

### Domiciliary Care/One to One Support Hours Delivered (Peterborough City Council)

	2019-20		2020-21	
	PCC	CCC	PCC	CCC
<b>Domiciliary Care</b>	3,134	20,555.5	5,086	20,587.5
<b>External 1:1 Support Service</b>	2,913	8,304.31	2,913.30	8,506
<b>Internal 1:1 Support Service</b>	393.5	12,251.19		12,081.5

Table 10 – Hours Delivered

### 7.2.1 Cambridgeshire County Council

CCC has an internally commissioned (in house) Domiciliary Care service as well as procuring from a Home & Community Support Framework Contract of external agencies. Both internally commissioned and externally commissioned Domiciliary Home & Community Support agencies are used to provide and support personal care needs and also to support children and young people with disabilities to access the community as a Short Break. This can create contradiction with the typical business model of Domiciliary care agencies, whose predominate market is delivering personal care to adults in a time and task capacity, rather than extended day to day support. Children and young people needing support to access the community as a short break often have behaviours that challenge and the majority of hours delivered are outside those of school hours.

Families often request personal care support to help children get up and ready for school in the morning, however demand is often far higher than supply and availability. Another pressure where demand is high is supporting young people in the community during school holidays and at weekends.

From a framework of 100 Home & Community Support agencies (covering an all age ranges) on the Home and Community Support Contract, only 16 work with those under 18 years of age. However only 4 agencies, alongside the in house service, are currently actively working with children and young people, delivering on average 27,000 hours of care a year.

Domiciliary Care	
Challenges/Gaps	
<p>There are not enough Domiciliary Care Providers to support children and young people with their personal care needs.</p> <p>Both CCC and PCC require Domiciliary Care agencies to widen their core offer to support children and young people accessing the community.</p>	
Actions Required	Impact
<ul style="list-style-type: none"> <li>Stimulation of the market</li> <li>Review framework arrangements for Home Care/ Domiciliary Care</li> <li>Review brokerage and finance functions to look at synergies and opportunities for integration within existing Commissioning functions</li> <li>Differentiate between Personal Care &amp; Community Support within framework arrangements including costs</li> <li>Work with providers to upskill and review training requirements of Home Care</li> <li>Promotion of TEC and AT within Children's Social Care; increasing understanding within local authorities and Domiciliary Care agencies</li> </ul>	<ul style="list-style-type: none"> <li>More Providers join the market and contractual arrangements across PCC and CCC</li> <li>A fair hourly rate is established differentiating through specialism/task</li> </ul>

### 7.2.2 Peterborough City Council

PCC utilise externally commissioned Domiciliary Care agencies, currently without a dedicated framework arrangement. In Peterborough, Domiciliary Care support is primarily commissioned for the purpose of Personal Care where staff work with families to provide support getting ready, washing or general moving and handling, rather than community support. Community Support is provided by PCC's externally commissioned One to One Support Service or the internally commissioned One to One Support Service.

PCC currently work with 4 Domiciliary Care agencies, 3 of which also support families within Cambridgeshire. The below table reflects the uptake of Domiciliary Care services in comparison with One to One Support Services.

## 7.3 Link Care

### Link Care Budget

	CCC	PCC
Link Care Budget – 2019-2020	£186,500	£77,942

Table 11 – Link Care Budget

PCC and CCC both have internally commissioned Link Care Services. Link Care offers overnight Short Breaks to children and young people with disabilities within the homes of specialist registered foster carers. The aim of the service is to match carers with families and create extended families that are able to offer Short Breaks in a family environment on a regular basis. Most children and young people referred for Link Care are of a younger age range and historically have not in the first instance have complex behavioural needs.

As of June 2020, there were:

13 link carers in Cambridgeshire supporting 25 children & young people  
 2 link carers in Peterborough supporting 5 children & young people

PCC and CCC are currently working together to mobilise an internally commissioned Joint Link Care Service, thereby maximising the capacity for children and young people across Cambridgeshire and Peterborough.

Link Care compliments the Residential Overnight Short Break and Direct Payment offer. The residential overnight Short Breaks homes in CCC are registered to support children over the age of 8 and in Peterborough over the age of 5. As the PCC and CCC work ever more closely, we will look to align access to provision as much as possible.

Currently, Link Care and Residential Short Break options provide services mainly for children and young people with a Learning Disability.

#### 7.4 Residential and Overnight Short Breaks

Both PCC and CCC offer Residential Overnight Short Breaks within Cambridgeshire and Peterborough. Residential overnights meet the needs of children and young people when their needs cannot be met within other Short Break provision.



**£2,037,544**

*CCC Residential Home annual spend (+£350,000 CCG)*

**£879,337**

*PCC Residential Home annual spend*

##### 7.4.1 Cambridgeshire County Council

Cambridgeshire's residential children's homes and accommodation based Short Breaks has been, as of September 2020, internally commissioned and run by CCC. The homes are jointly commissioned between CCC and the C&PCCG. The homes meet the needs of young people with a learning disability aged 8-18 years. As well as planned Short Breaks, shared care and long term care options, the service is able to respond to the need for emergency accommodation, subject to a matching risk assessment and available bed.

##### 7.4.2 Peterborough City Council

PCC's Residential Children's Home is internally commissioned. It offers Short Breaks and shared care placements to children and young people with disabilities and complex needs between the ages of 5 and 19. Support of this nature is accessed following a Social Care assessment and referral to relevant decision-making panel.

Table 12 Demonstrated the composition of external spend between internally and externally commissioned spend in PCC, with around 80% of provision commissioned internally.

Table 12 – Internal & External Spend

Internally Commissioned	£249,338
Externally Commissioned	£59,665
Total	£309,003

Table 13 represents the availability of internal provision cumulatively across Cambridgeshire and Peterborough.

Table 13 – Bed Availability and Average CYP

	Residential Children's Home	Nature of Support	Location	No. of Beds	Average No. CYP			
					2017-18	2018-19	2019-20	2020-21
CCC	Haviland Way	Shared care & long term care	Arbury, Cambridge	4 beds	5	5	13	11
CCC	Woodland Lodge	Short Breaks	Huntingdon	6 beds*	48	55	44	41
CCC	London Road	Shared care & long term care	Harston, Cambridge.	4 beds	4	2	2	1
PCC	Cherry Lodge	Short Breaks & Shared Care	Peterborough	6 beds	30	27	27	24

**PCC & CCC Residential Children's Homes**

\*+emergency bed

The increase in number of children accessing Haviland Way reflects a change of policy in 2019 to offer Short Breaks over and under 75 nights. Prior to that, the home only met the needs of those requiring Short Breaks over 75 nights. The decrease in occupancy at Woodland Lodge in 2019/20 follows a strategic decision to offer overnight Short Breaks via a Direct Payment if that is what the family chooses, following an assessment of need for overnight Short Breaks.

In Cambridgeshire, as of June 2020, there were 47 children and young people allocated overnight Short Breaks, 5 allocated shared care (75+ nights) and 1 in long term care. In Peterborough, as of June 2020, there were 24 children and young people allocated Short Breaks and Shared Care at Cherry Lodge. The decrease in PCC figures reflect an increase in complexity impacting upon capacity rather than a decrease in provision; Cherry Lodge had remained at full capacity during these periods.

Within Cambridgeshire, and increasingly within Peterborough, it can be challenging for the homes to support children and young people with a disparate range of needs and complexity. Residential Children's Homes must focus on the compatibility and matching of children and young people. These environments are often at full capacity due to the needs of those being supported, rather than the numbers of beds being used per night. It is noted within Cambridgeshire that the physical layout of at least one of the homes would benefit from being reviewed to best utilise the space to meet young people whose behaviour significantly challenges.

## 7.5 Community Short Breaks

Community Short Breaks are usually defined as 'club' based activities. The activities and clubs referred to here are either internally or externally commissioned by CCC or PCC, it is not an exhaustive list of activities and services that are available within the community, which Direct Payments could be used to purchase.

### 7.5.1 Cambridgeshire

#### Activities and Clubs

The predicted spend for Activities & Clubs in Cambridgeshire is £309,053 for 2020. Activities on offer range from arts and crafts, sports, befriending, learning independence skills and accessing the community supporting young people between the ages of 5-19 years. One of the providers from the Table 15 (below) is based in Peterborough; these Activities & Clubs are designed to meet the needs of families who border the city but have a Cambridgeshire address.

#### **CCC Activities & Clubs**

Table 14 – Activity & Clubs



Out of the 25 clubs on offer, 21 meet the varying additional needs of children and young people with disabilities in terms of learning and physical disabilities. 4 clubs meet the needs of children and young people with autism spectrum conditions but without a learning disability.

Provider	Number of Clubs	Number of CYP
In house-providing a mixed offer of activities	14 Community Club & Holiday Clubs	130 Activity Clubs 196 Holiday Club
External-providing sports based activities	1	10
External-providing youth type activities for young people with Autism	3	36
External-providing Sports activities in Peterborough	6	0
External-providing art based activities	1 plus 1 summer holiday club	13

CCC Activities & Clubs

## CCC Activities & Clubs by Area

### Holiday Clubs

Alongside term time Activities & Clubs, CCC offers a range of Non Term Time Holidays Clubs. These run across Easter, summer and Christmas school holidays in varying locations across the county, for children and young people with learning disabilities and or autism and associated needs. The predicted spend for 2020 is £195,000.

1 external Provider runs an art summer holiday club for children and young people with autistic spectrum conditions

CCC in house services run holiday clubs for children and young people with varying levels of need in Cambridgeshire.

Whilst the range of groups/clubs available run across evenings, weekends and school holidays, the demand for weekend and school holiday provision often exceeds supply.

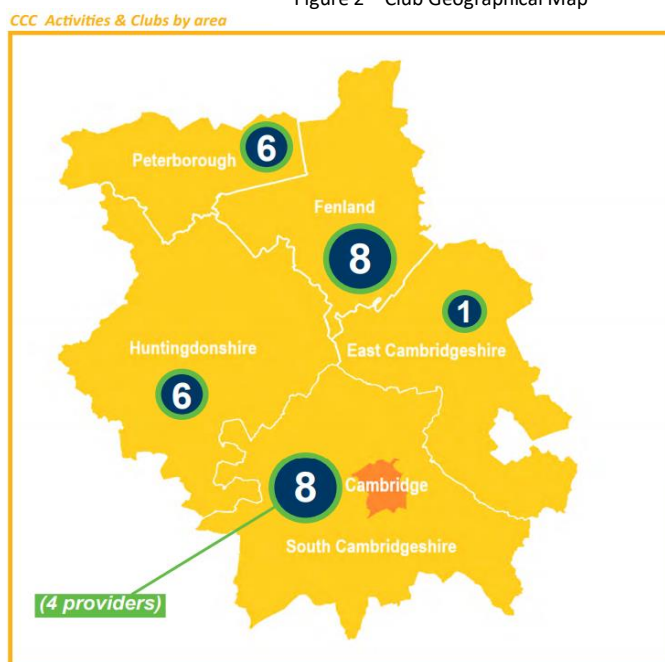
An additional challenge faced within Cambridgeshire is the location of clubs, due to the geographical scale of the county and the cost of Staff and venues in certain areas of the county. There is a lack of supply to meet increasing demand within the Cambridge City, St Neots and Fenland areas.

Within both authorities, there is a limited market of providers able to meet needs. CCC operates an Activities Framework Contract but the number of Providers choosing to be on the framework is limited and requires stimulation of the market with both local and national providers, including upskilling those organisations already working with children and young people across Peterborough and Cambridgeshire.

There is a need for a generous mix of both internally and externally commissioned services, that offers families a wide range of services to choose from, but also a mixed economy of provision that enables both Councils to meet the wide range of needs that children and young people have.

A wider array of Activity Clubs/Large Groups would also provide a greater range of options in terms of the nature of activities, instead of being specifically arts/crafts or sports focused, children and young people's preferences, and often outcomes, relate to the socialisation aspect of this nature of support. Having services specific to those preparing for adulthood would also create more appealing Short Break options for those aged 15+ and reduce pressure on adult services if young people are accessing provision with greater levels of independence.

Figure 2 – Club Geographical Map



## 7.5.2 Peterborough

Table 15 outlines the services which make up PCC's Community Short Break offer and the number of children and people who access each activity. The overall budget for Short Breaks in Peterborough is £1,277,241 this includes Cherry Lodge, Link Care and the Community Short Break offer.

### PCC Community Short Breaks – Providers, Attendees & Contract Spend

Table 15 PCC 1:1, Groups & Spend

Service	No. of Providers	Per Annum Spend	No. of CYP accessed (2019-2020)	Numbers of CYP accessed (2020 April-June)
Large Groups (7-11 years)	2	Provider 1 – £24,891 Provider 2 - £24,898	25	Group has changed to Small Group Holiday Only*
Large Groups (11-19 years)	2	Provider 1 – £24,891 Provider 2 - £24,898	51	8
Small Groups (7-11 years)	1	Provider 1 - £47,982	15	5
Small Groups (11-19 years)	1	Provider 1 - £47,982	14	5
Small Group – Holiday Only* (7-19 years)	1	Provider 1 – £24,891 (cost as above)	2	0
One to One Support (7-19 years)	1	Provider 1 - £50,000	25	16
Sleep Management Programme (4-19 years)	1	Provider 3 - £74,420	163	44
<b>Total</b>			<b>£319,962</b>	

#### Large Groups: 7-11 years & 11-19 years

Large Group Services are targeted access services, accessed via self-referral evidencing diagnosis. The type of service is akin to CCC's Activities & Clubs. Large Group Services run across both term time and non-term time. During the tender process, there were 2 lots available within both Large Groups 7-11 and Large Groups 11-19 to allow for more than one provider, thereby giving a variety of services. The 2 providers ensure that the dynamics of the group allow each child/young person to work towards a set of overall aims whilst in a peer group context.

#### Small Groups: 7-11 years and 11-19 years

Small Group Services are accessed following a Social Care assessment and referral to relevant decision-making panel. These services offer more intensive support, described as specialist. Small Groups services are a new addition to PCC's Community Short Break offer, as of April 2019; they provide an opportunity for children and young people to transition on to one-to-one support. Many children and young people require opportunities for socialisation but cannot manage within a 'large group' environment such as a youth club.

#### One to One Support Service

This externally commissioned One to One Support Service is accessed following a Social Care assessment and referral to relevant decision-making panel. These services are designed for those children and young people aged 7-19 years



with disabilities whose needs can only be met with dedicated one to one support. These packages of support are implemented for fixed periods of time, throughout which all activities are outcomes focused.

### **Sleep Management Programme**

The Sleep Management Programme is an integral part of PCC's Community Short Break offer. The Sleep Management Programme must be completed by families prior to considering overnight support. Support from the Sleep Management Programme can also positively impact upon costs faced by the NHS and CCG, including specialist health services, mental health support, melatonin prescriptions and consultant appointments

This Sleep Management Programme service is for a priority age range of CYP aged 4-19 yrs with disabilities. The provider works with families on a one-to-one basis to:

- Provide specialist bespoke and evidence-based packages of sleep focused support
- Provide conflict resolution for individual families regarding sleep issues
- Provide sleep management workshops for parents and professionals to increase awareness of good sleep practices

### **Peterborough Pathways**

Within PCC's Short Break offer is Peterborough Pathways, an internally commissioned One to One Support Service. Peterborough Pathways has recently been rebranded as it was previously known as PCC's Outreach, in connection with PCC's Residential Children's Home, Cherry Lodge. Going forward, Peterborough Pathways will provide time limited and specialist support to children and young people with complex needs, particularly of a behavioural nature; thereby utilising the specialist skill set and experience of Cherry Lodge.

## **7.6 Family Support - Cambridgeshire & Peterborough**

CCC's internally commissioned in house Community Support Service provides Family Support subject to a social work assessed need. The service works with children aged 0-18 years and gives advice and support in relation to routines and behaviours. In addition, they offer a sleep service by specially trained staff who support families overcome difficulties with night waking, settling to sleep, co-sleeping, night time routines and behaviours that challenge during the night. The Family Support service is usually delivered on a one-to-one basis, but the service also delivers workshop sessions. Within the service there is the equivalent of 3.4 fulltime staff employed to meet the needs, of which approximately 20 hours a month is used to support sleep management. Family Support within Peterborough, aside from Sleep Management (detailed above) is described as High-Level Family Support. Specialist providers are commissioned on an ad hoc basis to work with families for a time limited period to do intensive pieces of targeted work focused on routines and behaviour, with specific outcomes.

## **7.7 Positive Behaviour Support**

Positive Behaviour Support (PBS) is an evidence based approach that aims to enhance quality of life as both an intervention and outcome for people who display challenging behaviour. CCC and PCC have an internally commissioned arrangement with a PBS Support Service. This provides intensive support for children/young people who are at risk of exclusion and out of area residential placement, or in-patient admission as a result of severe challenging behaviour whereby schools, respite and family are unable to manage behaviour. The aim of the PBS is to work with the child/young person and their wider network to enable them to remain within the family home. The PBS service is allocated to work with 4 children and young people from Peterborough and 8 children and young people from Cambridgeshire. There is currently a 2 year arrangement in place at a cost of £700,000. Going forward, it is anticipated that this service will be an integral part of CCC and PCC's Short Break Offer.

Positive Behaviour Support	
Challenges/Gaps	
<p>The Positive Behaviour Service needs to expand and evolve to meet needs of identified children with a Learning disability and or Autism.</p> <p>A need to develop a small team of community support workers trained in Positive Behaviour Support to support the PBS Service.</p>	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Collaborative working between C&amp;PCCG and CCC and PCC</li> <li>• Review remit and capacity of the PBS Service</li> <li>• Understand how the PBS Service can support an Intensive Therapeutic Residential Service.</li> <li>• Work with the PBS service to ensure methodologies of PBS as an ethos/approach are utilised across internally and externally commissioned services</li> <li>• Ensure work undertaken by PBS service has multiagency commitment</li> </ul>	<ul style="list-style-type: none"> <li>• Children and young people will be supported in the least restrictive way</li> <li>• Reduced reliance on adult services</li> <li>• Children and young people will be supported locally</li> <li>• Reduction in children accessing out of county placements</li> <li>• Reduction in number of disabled children with behaviour that challenges becoming Looked After</li> </ul>

## 7.8 Technology Enabled Care (TEC)

CCC has a Technology Enabled Care/Assistive Technology Service that works across children and adult's services. Families are often sign posted to the service at the Council's Early Help offer to support families to remain independent and not reliant on paid support. Upon a social work assessment and or prior to specialist services being offered a

referral (with consent) is always made to the TEC/AT Service. TEC/AT is an established pathway within adult social care services with this having gained pace over the last 2 years within children's services.

In PCC, children and young people with disabilities and complex needs are supported by the Children's Social Care Occupational Therapy (OT) Team and Children's Health OT Team. Both teams provide advice and information on moving and handling issues, seating at home, housing needs and provide assistive equipment and adaptations.

TECHNOLOGY ENABLED CARE (TEC)/ASSISTIVE TECHNOLOGY (AT)	
Challenges/Gaps	
<p>The use and offer of TEC in homes for those under the age of 18 is somewhat new as a standard offer from CCC and PCC</p> <p>Most publications suggest TEC is for adults</p>	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Ensure that there is sufficient funding to support the anticipated raise in requests for assessment and equipment.</li> <li>• Ensure that TEC is widely understood by families and professionals and advertised as a service for children</li> <li>• Update the Local Offer and Staff Training</li> </ul>	<ul style="list-style-type: none"> <li>• Less reliance on paid support</li> <li>• Less reliance on adult social care</li> <li>• Young people are supported in the least restrictive way</li> </ul>

[PCC - Local Offer Health](#)

[CCC Technology Enabled Care](#)

# 8 Future Demand

The Children's Commissioning Team works with Providers and in house services to ensure services evolve to meet ever changing needs. Local and national data sets are not widely available for children with disabilities unlike areas of Special Educational Needs (SEN) and Children in Care (CiC) where statutory returns are required by Central Government on an annual basis. Moreover, Joint Strategic Needs Assessments (JSNA) which mention disability are usually adults focused.

## 8.1 Population Growth

Table 16 outlines the predicted growth of the 0-18 population across Cambridgeshire and Peterborough; the 8% prevalence rate (as per the Department for Works and Pensions Family Resource Survey) has been applied to try and get a better understanding of the number of children and young people with disabilities across both counties. It does not specifically predict the number of children or young people who would be eligible for Short Breaks as these are accessed following an assessment of need. However, taking this into account it is anticipated across Cambridgeshire and Peterborough that the number of children and young people open to 0-25 Disability Social Care will increase and therefore so will the demand for Short Breaks.

Table 16 – [Population Forecasting Cambridgeshire & Peterborough 2016-2036](#)

### Population Forecasting Cambridgeshire & Peterborough 2016-2036

Year	0-4	5-14	15-17	Total 0-17	% increase on 2016	8% prevalence rate applied, indicating number of CYP with disabilities*
2016	53,810	101,870	28,550	184,230	-	14,738
2021	56,630	113,540	30,530	200,700	8.94%	16,056
2026	60,230	119,190	35,580	215,000	16.70%	17,200
2031	59,560	122,650	35,660	217,870	18.26%	17,430
2036	57,670	121,960	36,830	216,460	17.49%	17,317



predicted % increase from 2016 to 2036 in 0-17 population in Cambridgeshire & Peterborough

2579

predicted increase of number of CYP 0-17 with a disability in Cambridgeshire & Peterborough from 2016-2036

## 8.2 Autism

The projections in Table 17, from Public Health's 2020 Autism Needs Assessment created by Public Health bases prevalence rates at 1.5% for 5-10 year olds and 1.2% for 11-16 year olds. The Autism Needs Assessment has utilised both local and national data sources to estimate the numbers of children and young people with autism and how these numbers will be impacted in the future. Whilst the below indicates that these numbers may decrease, this

conflicts with other research; such as that undertaken by the Council for Disabled Children (CDC). The CDC found that the numbers of children with complex forms of autism have more than doubled since 2004, to 57,615. In interpreting this data, it is important to note that prevalence rates for autism can be affected by a variety of reasons, including diagnosis rates and the definition of autistic diagnosis.

Cambridgeshire	2019	2020	2025	2030	2035
5-10 years	720	720	680	640	620
11-17 years	600	620	680	660	620
Total	1320	1340	1360	1300	1240
Peterborough	2019	2020	2025	2030	2035
5-10 years	280	290	280	260	260
11-17 years	200	210	260	260	240
Total	480	500	540	520	500
Totals	2019	2020	2025	2030	2035
Cambridgeshire & Peterborough 5-17 years	1800	1840	1900	1820	1740

Table 17 Prevalence Rates/Projections

Public Health have collated an Autism Needs Assessment; this provided further understanding of the needs of people living with autism in Cambridgeshire and Peterborough. The Autism Needs Assessment also outlined a

Autism	
Challenges/Gaps	
There are not enough services for children and young people with a diagnosis of autism, and no learning disability.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>Stimulation of the market</li> <li>Development of an all age PCC and CCC Autism Strategy</li> <li>Seek Providers on to the Activity Framework contract in CCC to meet needs specifically in Huntingdonshire and Fenland</li> <li>Explore the need for overnight short break provision</li> <li>Undertake needs analysis on activities/groups and overnight short break across CCC and PCC</li> <li>Expand Personal Assistant market</li> <li>Develop a Commissioning Autism Toolkit</li> <li>Improve integration of services, allowing easier navigation for children/young people and families</li> <li>Focus on how commissioned services provide behavioural support and social skills/relationship training</li> <li>Establish a multi-agency All-age Autism Board for Cambridgeshire &amp; Peterborough to provide strategic oversight</li> <li>Improve clarity regarding the offer for children and young people with autism, including those open to 0-25 Disability Social Care/without an EHCP</li> </ul>	<ul style="list-style-type: none"> <li>Understand the extent of need re service development of activity/group offer and overnight Short Breaks across CCC and PCC</li> <li>More Providers join the Activity Framework in CCC and PCC</li> <li>More choice for families</li> <li>Assessed need can be met and reduce children becoming Looked After</li> </ul>

number of recommendations. Whilst these included increasing the capacity in assessment and post-assessment support, references have also been made to the need for more behavioural support services and social skills/relationship support for children and young people with an autism diagnosis. The Needs Assessment also emphasises the importance of Preparing for Adulthood for children and young people with autism; thereby leading to a greater range of employment opportunities.

### 8.3 Challenging Behaviour

Behaviours that challenge appear to be a key factor in the need for Short Breaks and long-term care. As in the Needs/Diagnosis (Table 4)

behaviour is often referred to as a secondary need of many of the children and young people open to CCC and PCC's 0-25 Disability Social Care Teams. Behaviours which challenge are more frequently cited as the reason specialist support is needed for children and young people with a Learning Disability and or Autism. Qualitative information advises that challenging behaviour is increasingly the reason for a child/young person with an 'Autism only' diagnosis being open to Social Care and needing specialist support. Supporting young people with behaviours that challenge often require carers to be highly skilled, trained and resilient. In addition, it can be difficult to support such needs within the community and as such a hub or a base environment is needed. To ensure least restrictive practices, including increased staffing ratios TEC is a priority need when supporting children whose behaviours challenge. The [Transforming Care](#) pathway can provide significant support to ensure that young people whose behaviour challenge remain in their families or in their community.

## 8.4 Learning Disabilities

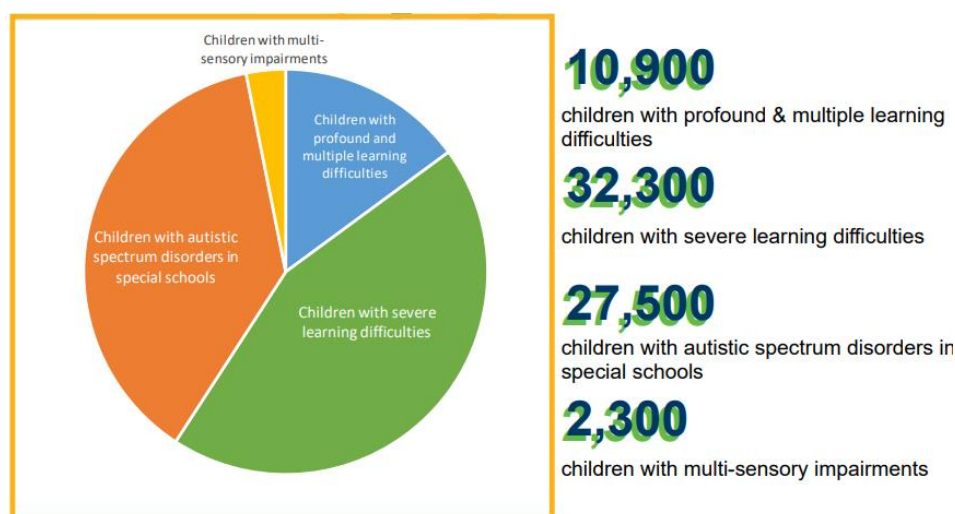
It is challenging to ascertain if the rate of diagnosis of Learning Disabilities for children and young people in Cambridgeshire and Peterborough is increasing. The data and qualitative analysis confirms that the majority of children and young people open to CCC and PCC's 0-25 Disability Social Care teams have a diagnosis of Learning Disability. The NHS also asserts that rates of Learning Disabilities for children, young people and adults are [increasing nationally](#).

Challenging Behaviour	
Challenges/Gaps	
The need for greater provision, both in residential and community settings and in our clinical offer, to support challenging behaviour.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Collaboration with C&amp;PCCG</li> <li>• Further develop the Positive Behaviour Service across CCC and PCC, and extend their remit (to work with CYP with 'Autism only' diagnosis)</li> <li>• Develop a challenging behaviour community of practice; with multiagency and parent carer and young person involvement.</li> <li>• Implement strength based parent support group/community delivered through family days, skill share sessions (in person and online).</li> <li>• Ensure a robust training and support offer to Providers</li> <li>• Develop Family Support services</li> <li>• Explore the development of an Intensive Therapeutic Residential Service</li> </ul>	<ul style="list-style-type: none"> <li>• Local externally and in house commissioned services are equipped to meet needs</li> <li>• Parent carers have opportunities to access support within the home to implement routines and boundaries, alongside</li> <li>• Children and Young People continue to be served locally.</li> <li>• A reduction in out of county residential placements.</li> </ul>

Infant mortality rate is falling nationally. Rates of Learning Disability within Cambridgeshire and Peterborough may be impacted upon by the location of Addenbrookes Hospital, which is within the catchment of both Local Authorities. Given Addenbrookes' expertise in treating those with rare or complex conditions, it is anticipated more babies and children will survive than previously. The increased survival rates are linked to increasing complexity of need, specifically children and young people with complex health, physical, learning and or behavioural needs.

## 8.5 Complexity of Need

A significant factor impacting upon Future Demand is the increasing number of children and young people with complex needs, exceeding the rate of population growth. The Council for Disabled Children and The True Colours Trust published a [report in 2017](#); this followed an analysis of the numbers of disabled children with complex needs and life-limiting conditions in over a decade. This estimated that numbers had increased dramatically by over 50% since 2004, from 49,300 to 73,000 children and young people. [The new figure of 73,000 consists of:](#)



Pie Chart 5 – EHCP Primary Need

This is reflected in the forecasted growth in Education, Health and Care Plans (EHCPs). This indicates that, whilst there is an ongoing need for universal and targeted services to prevent the need for specialist services, the demand for specialist services is also increasing to ensure that children and young people with complex needs, and their families, can access support. CCC and PCC must therefore ensure that there is a range of provision available, reflective of both the

nature and complexity of need/diagnosis across Cambridgeshire and Peterborough.



## 8.6 Children's Social Care Disability Services

**Table 18** below outlines the number of Children and Young People aged 0-18 in Cambridgeshire and Peterborough open to the Children's Social Care Disability Services with predicted growth of CCC at 18.78% and PCC at 14.07%. The impact of this growth will mean that more money will need to be identified to support families across the board in terms of front line staff and more services to meet assessed need.

	Current CCC	Projected CCC (2036)**	Current PCC	Projected PCC (2036)**
Open under 1989 Children Act	280	333	170	194
Open under the Chronically Sick & Disabled Person's Act (CSDPA)	828*	983	125	143

\* 646 of whom are accessing the Local Short Break Offer

\*\* assuming growth in line with population

Table 18 – CYP Open to social care

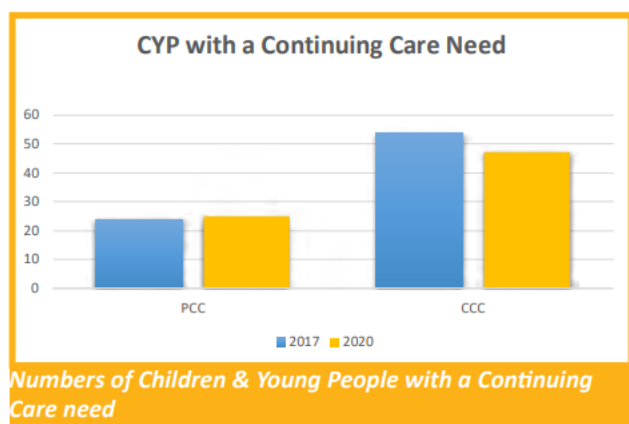
## 8.7 Education Data

There is one other local relevant data set from Education that may enable an understanding of those children and young people who might be eligible for Short Breaks at some point in their childhood, that being the number of children and young people in a local area special school as they are most likely to have complex disability needs/eligibility for services. It is acknowledged that there are also eligible children in mainstream settings with or without an Education, Health and Care Plans but the numbers in comparison are small. There are currently 1260 children in maintained special schools across Cambridgeshire and 500 across Peterborough. It is understood that the likely growth in demand for special schools is consistent with the growth expected across Education Health and Care Plans (see SEND strategy) and therefore education and social care provision needs to be commissioned strategically to ensure that they complement each other in terms of location, capacity, complexity, capability and variety.

## 8.8 Continuing Care

Children and young people who have complex health care needs which cannot be met through universal services are eligible for an assessment through Continuing Care. If an assessed need is established a care package through C&PCCG may be offered often in partnership with CCC or PCC.

### Numbers of Children & Young People with a Continuing Care need



In 2017, Public Health explored potential issues and trends that may impact upon the number of children and young people with Continuing Care needs in future. The review of the predominant diagnoses on the Continuing Care caseload related specifically to Autistic Spectrum Disorders (ASD), congenital anomalies, genetic disorders and complications relating to premature birth. At this time, Public Health estimated that, by 2022, there would be 5 more children and young people on the Cambridgeshire Continuing Care caseload and 2 more in Peterborough; with a further 4 each in Cambridgeshire and Peterborough by 2027.

Fig 4 – EHCP Primary Need

However, 3 years on, despite increases in population, complexity of need and a greater demand on Social Care services, there has not been an increase in the number of children and young people with a Continuing Care need.

The Councils and CCG are evaluating the impact of the continuing care framework and how we collectively implement and in turn jointly commission services as a result. A Decision Support Tool [DST]<sup>1</sup> is used to support the application of the Continuing Care Framework.

As of July 2017 there were 54 children and young people assessed as having Continuing Care needs in Cambridgeshire and 24 in Peterborough. The decrease in these figures contrasts with many of the themes outlined above including general population growth, rates of diagnoses and complexity of need has increased. This may suggest that the rates of Continuing Care referrals has decreased or that fewer children are being assessed as eligible for Continuing Care; this may be due to differing interpretations of Continuing Care legislation and subsequent guidance. Table 22 illustrates that the predominant primary needs, as reflected within the DSTs, for Cambridgeshire and Peterborough are Breathing, Mobility and Challenging Behaviour. It is important to note that children and young people may have more than 1 primary need, for example if they score 'High' in 3 different domains.

**Decision Support Tool (DST) Scores**

As per the Continuing Care National Framework, in order to be found to have a Continuing Care need, children and young people must 'score' high in 3 of the domains or severe/profound in 1 of the domains. The framework also notes that where children and young people have 'moderate' needs in two domains, these are the equivalent of one 'high' level of need. The number of 'moderate' needs are not currently considered when ascertaining Continuing Care eligibility within Peterborough and Cambridgeshire.

	Peterborough		Cambridgeshire		Total	
Domain	Primary Need	Secondary Need	Primary Need	Secondary	Primary Need Total	Secondary Need Total
Breathing	9	1	16	1	25	2
Eating & Drinking	2	3	15	1	17	4
Mobility	6	1	9	2	15	3
Continence & Elimination	1	1	1	5	2	6
Skin & Tissue Viability	1	1	2	1	3	2
Communication	4	1	6	5	10	6
Drug, Therapies & Medicines	1	3	3	3	4	6
Psychological & Emotional Needs	0	5	0	3	0	8
Seizures	3	0	8	1	11	1
Challenging Behaviour	8	0	10	2	18	2

<sup>1</sup> [NHS continuing healthcare decision support tool - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/nhs-continuing-healthcare-decision-support-tool)

In future, the joint commissioning of services should reflect the different support requirements of children and young people with complex physical health needs (such as the Breathing domain) and those displaying challenging behaviour. It can be challenging to meet these distinct needs within a single provision as providers must focus on the compatibility/matching of those they support.

Health Services	
Challenges/Gaps	
Collaboration of the C&PCCG and CCC and PCC to continually review jointly commissioned services and to ensure where possible, sufficiencies are integrated and the totality of resource is combined to ensure the provision of services for health, education and social care.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Development of the Operational Joint Children's Health and Commissioning Board</li> <li>• Work with C&amp;PCCG to jointly commission services specifically for children and young people with complex health needs and or behaviours that challenge</li> <li>• Implement Joint Funding Practice Guidance and Continuing Care Operational Guidance to ensure working standard of consistency when jointly funding packages and placements for children and young people with complex needs</li> </ul>	<ul style="list-style-type: none"> <li>• Joint Children's Health and Commissioning Board hold all parties to account</li> <li>• Fulfilment of statutory legislation and guidance</li> <li>• Cost savings and improvement of services</li> </ul>

## 9 Design of Future Services & Gap Analysis

The context of the gap analysis, and the design of future services, is set within the financial constraints faced by CCC and PCC. As with most local authorities, CCC and PCC are experiencing financial hardship and need to ensure that resources are targeted to those who have the most need and those who the Local Authorities have a statutory duty to support. The cost of delivering Short Breaks is increasing for a number of reasons; including the introduction of Living Wage and the increase in Pension Contributions. Allocated budgets therefore do not reach as far and are hence not able to meet the increasing demand. In addition, families' expectations of services may have also increased in line with the Children and Families Act and the statutory duties within SEND Code of Practice 0-25.



The future model of provision is outlined in Fig 3; this outlines the need for a range of provision. A successful and sustainable offer for children and young people with disabilities and their families is reliant upon: proficient utilisation of TEC, increasing accessibility of universal provision, a choice of community and home based provision, an experienced and responsive residential Short Break provision and the implementation of an Intensive Therapeutic Support Service. Supporting universal and targeted services to be made accessible for children and young people with disabilities ensures they have access to opportunities akin to that of their non-disabled peers. This relies on increasing focus and funding for preventative services and requires better access to information and training for staff within all sectors.

The implementation of an Intensive Therapeutic Support Service will provide Intensive Therapeutic Short Breaks for children and young people who have the most complex of needs, including those young people with autism and associated behaviours that challenge. The service will require resilient, well trained staff, with the addition of a clinical offer that provides therapeutic intervention as part of day to day care and support needs.

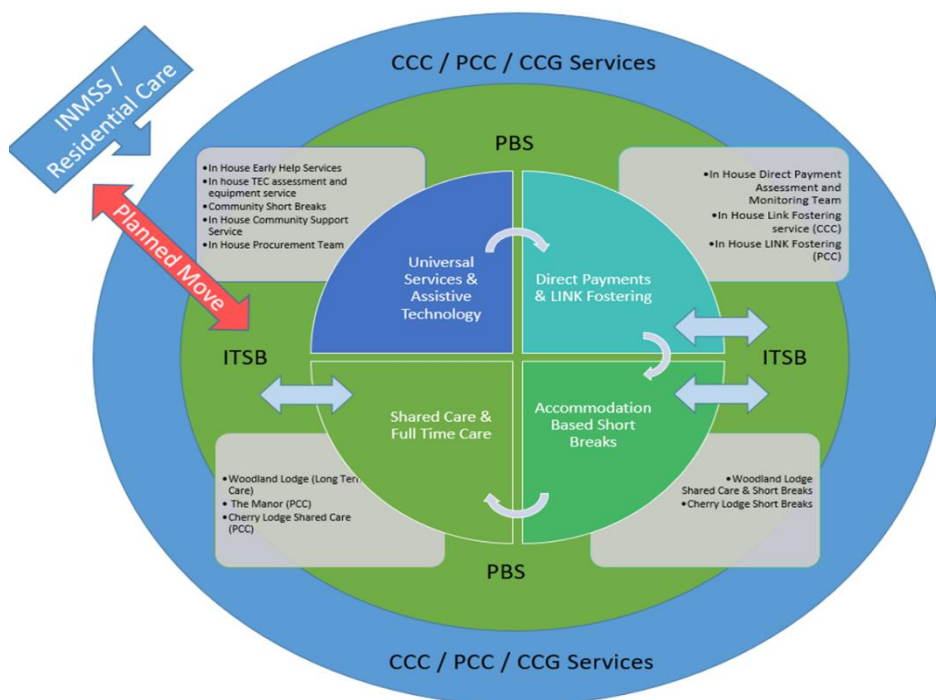


Fig 5 - The model of service delivery across PCC and CCC children and young people's disability services combined

Overnight Residential Short Breaks	
Challenges/Gaps	
A review is required into the composition of residential care and the needs of young people accessing it, to ensure that it is sustainable and is meeting increasing demand, whilst complimenting the direct payment and technology enabled care offer.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Collaboration between CCC/PCC and C&amp;PCCG</li> <li>• Develop Link Care services across Peterborough &amp; Cambridgeshire</li> <li>• Embed Direct Payment Overnight offer to families</li> <li>• Ensure utilisation of Sleep Management Programmes</li> <li>• Make adaptations to existing premises to ensure provision can be fully utilised</li> <li>• Develop an Intensive Therapeutic Offer</li> </ul>	<ul style="list-style-type: none"> <li>• Children can access local provision</li> <li>• A reduction in out of county placements</li> <li>• Young People access the least restricted service</li> </ul>

Key to the model of service delivery outlined above is communication; ensuring families with children and young people with disabilities are aware of the Short Break Offer and therefore get access to the right support at the right time. This has been reflected in many coproduction and engagement activities across Cambridgeshire and Peterborough. CCC and PCC must also develop ways to facilitate dialogue with families to ensure resources are best placed to meet need; thereby informing strategic commissioning for children and young people with disabilities on an ongoing basis.

Younger Children	
Challenges/Gaps	
Developing the accessibility and skill-base within universal services.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Work with Early Years and Early Help across CCC and PCC</li> <li>• Review PCC &amp; CCC Short Breaks offer to ensure that there are services available for those aged 6-8</li> <li>• Review opportunities within Early Years to ascertain where existing provision could meet the demand of younger children with disabilities e.g. Specialist Childminders, After School Provision, Nursery Provision</li> </ul>	<ul style="list-style-type: none"> <li>• Young children are not accessing specialist services</li> <li>• There are specialist short break services from age 6-18 across PCC and CCC</li> </ul>

This section of the Sufficiency Statement outlines the challenges and opportunities within the commissioning of provision for children and young people with disabilities. It also details the Actions Required to respond to these gaps and the impact this would have upon demand and capacity.

Additional challenges and future planning within the gap analysis for CCC and PCC are as follows:

Limited Market	
Challenges/Gaps	
There is a limited market of Providers across CCC and PCC to meet the needs of children and young people with disabilities.	
Actions Required	Impact
<ul style="list-style-type: none"> <li>• Stimulation of the market</li> <li>• Host a Provider event in 2021 to encourage Providers joining existing framework contracts in CCC</li> <li>• Engage with Providers across PCC and CCC to ascertain the barriers of accessing the local market or potential to diversify</li> <li>• Look at how CCC and PCC can collaborate on commissioning activity to make a more attractive offer to the market.</li> <li>• Communicate with Providers what CCC and PCC can offer to their business eg training of staff.</li> <li>• Look for potential diversification among existing organisations</li> </ul>	<ul style="list-style-type: none"> <li>• More Providers join framework contracts in CCC</li> <li>• More choice for families</li> </ul>

Transitions/Preparing for Adulthood (PfA)		Support workers - Demographics	
Challenges/Gaps		Challenges/Gaps	
There are a lack of services specifically designed to focus on independence training, however it is recognised that learning such skills is present in all support packages.		The current cohort of support workers, across all services, is not reflective of the cohort of children and young people who access Short Breaks across Peterborough and Cambridgeshire in terms of requests for Support Workers of a specific age, ethnicity or gender.	
Actions Required	Impact	Actions Required	Impact
<ul style="list-style-type: none"> <li>• Ensure support/care packages are financially viable and can transfer post 18 if appropriate</li> <li>• Review opportunities for travel training and where existing services can integrate with PCC and CCC respective Short Break offers</li> <li>• Ensure that young person specific outcomes regarding transitions and PfA are detailed in referrals to Short Break services</li> <li>• Work with Providers to ascertain where access to universal services could support their transitions offer</li> <li>• Ensuring increased investment into services for children and young people with disabilities; this has a direct positive impact upon the financial position of Adult Social Care.</li> <li>• Undertake commissioning exercise to develop an Independent Travel Training pilot</li> </ul>	<ul style="list-style-type: none"> <li>• Young people reach their potential in learning independence skills</li> <li>• Less reliance of adult social care</li> </ul>	<ul style="list-style-type: none"> <li>• Stimulation of the market</li> <li>• Learn from Providers who are successful at recruiting and implement these methods when recruiting to other internally or externally commissioned services</li> <li>• Ensure that Support Workers feed into the monitoring arrangements, to ensure their views and feedback are captured as part of commissioning arrangements</li> <li>• Targeted recruitment campaign for Direct Payment workers;</li> <li>• Ensure opportunities for Support Workers are attractive, and reflective of the skills and experience required to undertake these roles</li> <li>• Ensure a fair payment rate that reflects complexity of the job and supports resilience across the market.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved choice for families</li> <li>• A sustainable market</li> <li>• A better understanding of Direct Payments within local communities across Peterborough &amp; Cambridgeshire</li> </ul>

# 10 Conclusion

We have analysed all relevant information to determine what needs there are within our population and what actions will be necessary to secure positive outcomes for those group and sustainable good quality provision to achieve this

There are 10,963 children and young people with learning, physical and or sensory disabilities living in Cambridgeshire and 4,139 in Peterborough. The overall population is growing across Peterborough and Cambridgeshire and the nationally accepted prevalence of disability in childhood is 8%. Alongside population growth, the complexity of disability across Cambridgeshire and Peterborough is increasing, as is the life expectancy of those with complex health needs and this is scrutinised in detail within this statement.

We therefore need to respond to this increase in both population and complexity of need with a robust local offer of community based provision that bolsters family resilience, provides parents and carers of disabled children the necessary breaks to continue their caring roles, as well as provide children and young people with opportunities to make friends, enjoy their communities, experience new opportunities and gain the skills they need to live as independent life as possible; now and in the future.

This statement has therefore identified a range of activity that is required in order to both address the need, the demand, the outcomes and opportunities for disabled children within our local area, as well as provide early interventions that mean that for as long as possible and is right for a children or young person, they are able to live both within the families, within the local areas, access their local schools and achieve their absolute potential.

The priorities identified focus on provision of care and support at the earliest time possible, reducing reliance on adult care and support, promoting support within the family homes and local communities and ensuring residential care and out of area care and support is only used for those who absolutely need it. This requires a significant programme of work that allows us to be responsive, engaged, continuously understand our changing landscape and critically, listen to the voice of children, young people and their families in the design, development and evolution of disabled children's services in Cambridgeshire and Peterborough.

# Our Priorities

Over the next 12-18 months, alongside future planning directives, a number of commissioning decisions will impact on sufficiency for children and young people with disabilities and complex needs. These will include:

1.	Increase the range of venues to host community short breaks and provide bases of Direct Payment Workers and Personal Assistants
2.	Promote the use of Direct Payments ensuring there are seen as the first offer
3.	Increase number of Direct Payment Carers and Personal Assistants
4.	Increase the number of Home & Community Support Providers and Workforce, as well as ensure their offer is widened and diverse
5.	Evolve the Positive Behaviour Support service in line with service re-designs and expand the offer to support Autism only
6.	Consider extending PBS through workforce development and training of community-based workforces
7.	Extend and develop the use of Technology Enabled Care in providing care and support
8.	Increase the range of services available for children and young people with Autism and no learning disability
9.	Increase both residential and community-based settings and in our clinical offer, to respond to increases in challenging behaviour
10.	Continue to develop collaborative relationships with the CCG and other health services to joint commission services where it provides opportunities and benefits and where possible ensure the integration of services; and maximise the totality of resources available
11.	Review into the composition of residential care to ensure it is both sustainable and meeting increasing complexity of need
12.	Develop the accessibility and skill base within our universal services
13.	Constantly review the market position for disabled children and consider and apply commissioning approaches to re-design or bridge gaps
14.	Increase the number of services focused on independent training where appropriate

