

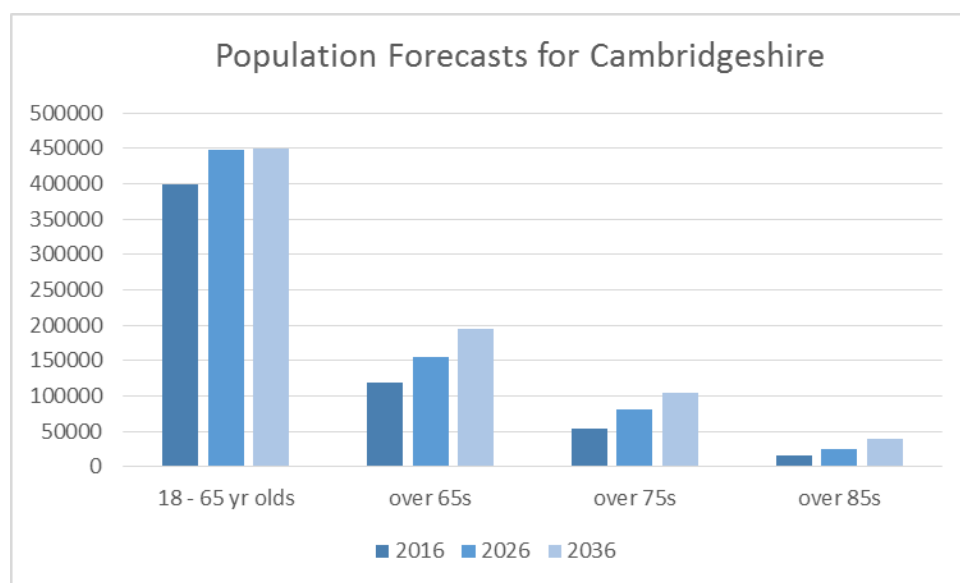
Cambridgeshire Adult and Older People Self-Assessment 2016/2017

Executive Summary

Introduction

The purpose of the self-assessment is to provide a summary of where we are doing things well, where we think we can improve and how we see ourselves as a Council dealing with the opportunities and challenges ahead. We think there are significant opportunities for us to develop and improve the way we support people who need adult social care, working closely with all our partners.

Cambridgeshire is a fast growing county and the population aged over 65 is expected to increase by around 60% between 2016 and 2036. The number of people over 75 is expected to nearly double over the same period and the number of people over 85 to more than double.



Source: 2015-Based Population Forecasts

This growth will impact on our services. In the next 10 years we expect to see an increase of 30% in the number of people over 65 living with dementia and an increase of over 80% living with the condition by 2035. The number of people aged 65 and over with a limiting long term illness whose day-to-day activities are significantly limited is forecast to rise by nearly 30% over the next 10 years and by nearly 70% over the next 20. There will be around 20% more people over 65 living with depression by 2025 and around 50% more by 2035.

There is already significant pressure on accommodation for older people throughout the county, particularly in the areas of dementia and nursing care provision and we know that some people have to wait to go into the accommodation that best meets

their needs. Increases in the population will increase this challenge over the coming years.

We know that in years to come demand for adult social care services will continue at a level that would exceed our available budget without a significant step change in the way we do things and that is what we plan to do. The Council has secured significant efficiencies in the adult social care budgets in the last few years and we are confident that our services are now efficient. A number of strategies have been deployed to date to increase financial control, manage demand and deliver services within budget. However, we know the Council will not be able to continue to make savings in the same kind of way in the longer term. So alongside the projects underway at the moment we are developing a plan for larger scale transformation over the longer term.

We are looking at the way all aspects of adult social care are organised and delivered, focussing on reducing demand and containing cost as well as designing systems that make sense to those delivering and receiving services. The Council has committed to invest in this transformation and has commissioned some external support. This will include the following activities: analysis of management and financial information, best practice and business processes. It will also include engagement with service users, carers and staff. We hope this will help us to identify what is driving cost leading to the development of a demand management strategy. This will shape how we do things in the longer term. Alongside this work we have also committed transformation funding to shorter term developments – for example to develop our assistive technology service, to create 2 pilot Neighbourhood Cares Teams applying Buurtzorg Principles, to increase Adult Early Help capacity, and to develop additional capacity within the older people's service to manage risk and demand.

We want to make sure that adults are able to live in their own homes and communities for as long as possible and we are piloting a number of approaches that see family networks and communities working with professionals to wrap themselves around people who need care and support. We have adopted this approach in recognition that most people prefer to live without professionals being involved in their daily lives and are therefore working to ensure professionals work alongside people, their families and communities to help them build strong systems of self-help.

The Local Account provides some information about where Cambridgeshire currently does well in the measures used by the government to assess our performance and it highlights some of the projects and work we are doing to innovate and work in new ways so that we can support all those that have eligible care needs within the budget available to us.

The Way we Work – some examples

During 2016/17 we saw a reduction in the number of people in receipt of long term services and we think this is due at least in part to the success of our transformation work and the establishment of better short term and early intervention services which prevent, divert and delay people's need for council's services where this is possible and appropriate. These services include Adult Early Help, Reablement, Assistive Technology and Telecare. This year our recently formed Adult Early Help team has received an increasing number of referrals. 80% of these referrals have resulted in people being helped to regain independence so that they do not then need a further referrals to long term teams or formal statutory assessments.

More of the people who use services in Cambridgeshire are using short term Reablement services than in other parts of the country and more interventions end with people not needing on-going longer term support than the national average – in Cambridgeshire during 2016/17, almost 60%. We know that in Cambridgeshire the age at which people first come into contact with our Reablement services is relatively old, at over 80, so it may not be surprising that when we look at the proportion of older people who are still at home 91 days after discharge from hospital into Reablement or rehabilitation services Cambridgeshire does less well than some other authorities.

Our Assistive Technology teams have introduced new technology to help understand care needs better. For example the "Just Checking" project places monitoring technology in people's homes. This technology helps identify when there is a change in a person's usual routines, which might indicate a need for different care or for a change in care, so that that person can get the help they need quickly.

The Community Navigator project also contributes to the prevention agenda by helping people find support in their communities and to retain independence as long as possible. In 2016/17 nearly 9000 navigations were completed with clients compared to just over 2400 in 2013. Over 90% of clients fed back that Navigators had made a positive difference to them.

Where we do well

The Learning Disability Partnership has been effective in meeting the NHS England target of having fewer than 15 people in hospital placements per million population. We will continue to work to ensure that people are placed as near to home as possible.

The Multi-Agency Safeguarding Hub (MASH) is now well-established and received almost 6500 referrals during 2016/17 which is an increase of 35% on the number received in 2015/16. We believe this is due to a better understanding of the need to refer safeguarding concerns across services working with adults. Around 30% of contacts result in the identification of safeguarding concerns.

Our Adult Early Help (AEH) Team went live on 11 April 2016 to directly implement the principles of the Transforming Lives model, improve the customer experience by meeting support needs at first contact, and to reduce the number of referrals to longer term and more expensive services.

Around 330 referrals were made onto the Adult Early Help (AEH) team from MASH. These were for people for whom a contact had been made to report a safeguarding concern but which resulted in the identification of some further support needs not requiring safeguarding action. Alongside this we have seen a steady increase in referrals direct to the AEH team during 2016/17 due in part to our growing presence as a preventative service amongst the public and professionals. Overall the Adult Early Help team provided support to approximately 4000 people during 2016/17 and completed just over 900 Community Action Plans. The team carried out just over 400 home visits with this approach developing through the year and supported 80% of our customers to maintain their independence through tier 1 and 2 support. Preliminary analysis of repeat contacts with the team indicate that around 8% of people who have support from AEH are supported again. Only 2% of clients return to AEH and need to be referred onto longer term services.

The AEH team uses a strengths based approach when speaking to customers, and works with individuals to explore their natural and local community based support and to develop a joint assessment and action plan. Onward referrals can be made to other services particularly partner Voluntary Organisations who are well placed to provide proportional support to maintain the independence of the customer and the team works in close partnership with other services such as Assistive Technology and Telehealth, Sensory Services, Welfare Benefits and Reablement as well as external providers such as Community Navigators, the Carers Trust, Age UK and others.

Although Adult Early Help has been transforming intake for Older People's and Physical Disability services, we can see there are opportunities to build on this approach in Learning Disability services. We know that we need a better approach to identifying young people not known to a children's disability service – those young people with an Education Health and Care Plan (EHCP) EHC plan who have a learning disability (with or without diagnosis) or autism (with or without diagnosis) who are likely to need services as an adult. The Council is currently working with the Cambridgeshire Clinical Commissioning Group to develop a multi-disciplinary service for people on the Autistic Spectrum, linked to the Cambridge Lifespan Asperger Syndrome Service (CLASS) clinic which offers a specialist diagnostic assessment for adults who may have Asperger Syndrome (AS) or High-Functioning Autism.

Where we need to improve

Delays in Transfers of Care:

A delayed transfer of care from acute or non-acute hospitals (including community and mental health services) occurs when a patient is occupying a hospital bed after they have been identified as fit, and determined by a multi-disciplinary team to be safe to be discharged. Delays to an appropriate discharge attributed to social care can be caused by a lack of available services in the community which can take over the care of people ready to leave hospital, such as home care, suitable residential or nursing placements especially if someone has complex needs. In Cambridgeshire there is a weekly validation process in which hospital and social care managers agree what the cause of any delay is and whether it is attributable to the NHS or the local authority. We look together at the information this generates so that we can identify problems and work to find ways of reducing the number of people who experience these kind of delays. We are also working with NHS colleagues to develop a 'discharge to assess' approach which would be coordinated by a single point of contact working with hospital based multi-disciplinary hubs. The purpose is to ensure that decision making is efficient and there is flexible use of resources available in the community to meet needs.

In Cambridgeshire, around a quarter of the delays from April 2014 to date were attributed to adult social care only (24%), and nearly a third (31%) were attributable to both adult social care and NHS. In 2016/17 there were between 480-600 bed day delays per 100,000 people per month but the overall picture was one of broadly stable numbers of delays - in health and social care systems nationally, performance steadily worsened during the year. At the end of 2016/17, the rate of people delayed where delays were attributable to adult social care in Cambridgeshire was below the England average whilst the rate of people delayed overall was higher than the England average.

One of the approaches used by central government to promote integrated working, and improve system flow, has been to establish the Better Care Fund. Although, this did not involve the provision of any new money, it required the NHS and Social Care to work together, pooling resources where appropriate, to provide joined up solutions. The Better Care Fund recognised the importance of housing and other community activities to the delivery of integrated care, and as a consequence District Councils now play a significant role in the planning and delivery of the Better Care Fund in Cambridgeshire. The Better Care Fund has led to our development of

- Home improvement options for disabled adults and children
- Social Prescribing and more joined up and co-ordinated voluntary and community services
- Intermediate care to support people coming out of hospital
- A new Older Peoples Accommodation Strategy

In Spring 2017, in recognition of severe pressure in the Adult Social Care System, the government agreed to provide additional funding to Local Authorities to support Adult Social Care via an Improved Better Care Fund. Because delays in transferring care impacts so significantly on both the experience of individuals and on the overall pressure on hospital beds, the Care Quality Commission have been tasked by the government to undertake whole system reviews of this type of patient flow in 20 local

authority areas during the winter of 2017/18 and to hold us to account for the use of this money to reduce delays in transfers of care and to stabilise the home care market. National targets have been set by government to reduce delayed transfers of care to 3.5% of the hospital bed base.

We are aware that a lack of home care options prevent people getting the most appropriate type of care for them as soon as this is needed and this can cause delay in people being transferred from hospital. This also places demands on preventative and short term services such as Reablement, as people are supported by these services in the interim. This means that those services are unable to focus fully on carrying out the prevention and promotion of independence work they are best placed to do. During 2016/17 we recorded that around a third of the support hours offered by our Reablement services were meeting long term care needs. The retendering of our homecare contract should address the shortfall in home care by doubling the number of long-term Care Home placements available to the Council. This will have a positive impact on delays in discharge as well as freeing up preventative and short term services. We have also introduced the use of short-term interim beds to help people get out of hospital as soon as this is appropriate.

While generally, placement decisions, for patients awaiting discharge, are not delayed for financial reasons, there is some evidence that following particularly high increases in the cost of care in Cambridgeshire, delays can take place while affordable provision is being sought. The Council has established a brokerage service that identifies placements, and negotiates the cost on behalf of both the NHS and the Council.

In some instances patient choice is given as a reason for delays, where people do not want to take up the provision which can be offered to them. Our new arrangements to assess on-going support needs with people in their homes, rather than in the hospital setting. This speeds up discharge and enables a better quality assessment which can better include personal choice of care provider.

Assessments and Reviews:

Our teams are busy and we know that we do not always manage to meet with people to review their care or to complete assessments of need within the timescales we should. Our performance is low as a consequence of three main factors outlined below.

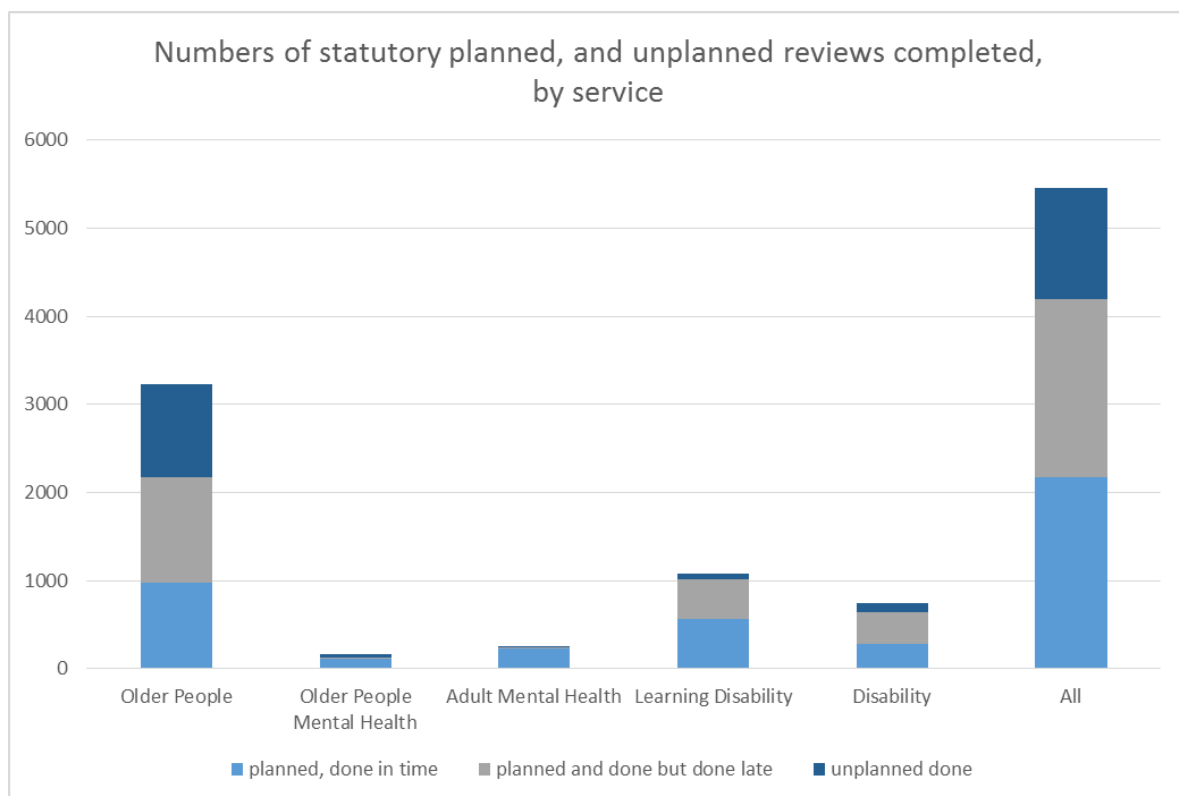
The overall number of urgent and unplanned reviews to be carried out has increased and this has resulted in our review activity being prioritised on the basis of risk and changing needs. For example enabling people to live safely at home for longer can sometimes need us to review their care and support needs more frequently.

The impact of Transforming Lives has led to the development of more person centred care and support plans and requires a review process that places more

emphasis on making plans to meet a person's care and support needs creatively and in a way that they value, rather than just reviewing the services they receive. This can involve spending more time with individuals to get the plans for their support and care right and for many people this process also involves carrying out a re-assessment that is compliant with the Care Act.

In all client groups the usual review cycle has not been maintained. We have interrupted the annual cycle for many people so that we can review support plans and start taking new approaches to meeting needs. New approaches have helped us realise the savings needed to achieve the business plan.

Overall and across all our services for adults and older people, almost 4200 planned statutory reviews were completed of which 52% were completed by their due date. In addition over 1200 unplanned reviews were carried out. Around 85% of these unplanned reviews were for users of our older people's services.



Source: ASCOPMH Performance Dashboard 2016/17 end of year

On average we know that during 2016/17 there were just under 3000 reviews overdue at the end of each month across all our teams. However, during the course of the year these numbers reduced in most services. This is clearly seen in older people's services where there were 1800 overdue reviews at the end of April 2016 and around 1150 at the end of March 2017.

New social care assessments should be completed within 28 days of the referral for support. Almost 1900 new statutory assessments were carried out during 2016/17 and of these 63% were done within timescale. 90% of all new assessments are carried out by our older people's services.

Use of Direct Payments:

The Council is monitored on the proportion of people who use our services and who choose to take up direct payments. Compared to other authorities a lower proportion in Cambridgeshire do than nationally or in other similar authorities and we have not increased the proportion since last year. In 2015/16 23.6% of Cambridgeshire service users used direct payments, and in 2016/17 23.3%. National comparison figures are not yet available for 2016/17 but in England as a whole in 2015/16 this proportion was 28.1% and the average for other similar authorities was 30.5%.

Employment and Accommodation for vulnerable groups:

We are also monitored on the proportion of adults with learning difficulties or mental health difficulties who are living in their own homes and who are in employment.

A small percentage point gap has persisted for the last couple of years between the rates of people with learning difficulties who are in employment in Cambridgeshire and people with learning difficulties who are in employment nationally although Cambridgeshire percentages have increased by 0.5% in each of the last 3 years. A 5 percentage point gap persists between proportions of people with learning difficulties who are living at home or with family in Cambridgeshire compared to in England as a whole.

For adults in touch with secondary mental health services rates of being in employment are very slightly below national rates. Rates of living independently for these service users is also lower in Cambridgeshire than nationally but this gap has closed since 2014/15 with a gap of around 25 percentage points in 2014/15 reducing to a current gap of only 6 percentage points so the direction of travel is positive.

Our Staff

We take recruitment and retention of our staff very seriously. Recruitment and retention of care staff and managers and social workers is affected by being in area of high employment and high living costs and continues to be a challenge particularly in the south of the County so the Council has had a concentrated focus on recruitment and retention of staff at all levels. We have reviewed pay scales for staff to make sure we are in line with the average and typical rates across the Eastern Region. We have invested in dedicated recruitment team and a new website and we have reviewed terms and conditions of employment to make sure our workforce

development meets requirements and is attractive to those considering work in the care sector.

We carry out a staff “health check” every year which helps managers give their staff the right kind of support to help them do their jobs well. This year 60% of our social work staff took part in this survey. Although almost all of the staff said they had good support from their manager nearly a third of them said they felt their caseload was too big and they were having insufficient direct contact with service users.

We have developed a robust quality assurance system which has been embedding during 2016/17 and it is evident that is driving improvement in the way our staff work. Over 400 cases were audited this year. These case audits support our understanding of how well workers are adopting the working principles of Transforming Lives and in levels of compliance with the requirements of the Care Act. We have seen an increase in the proportions being graded good or better from 43% in April 2016 to 81% in March 2017. Case audits have also found evidence of some strong practice in regard to safeguarding and we will continue to scrutinise practice in this area with a themed audit in 2017/18.

Registered Local Authority provisions are all currently graded “good” by the Care Quality Commission.

Service User Feedback

We want to hear about people’s experience of their care because this helps us improve and shape our services. Although we have seen a very small rise in numbers of complaints over the last 3 years fewer than 2% of people we support make formal complaints about the care they receive. The number of recorded compliments made by people who use our services in 2016/17 was double that in the year before and is more than 3 times the number of complaints.

Where people do complain it has most often been about service provision or about financial issues.

Reflecting on the feedback we have had from service users helped us to identify that the automatic issuing and tone of debt recovery letters has been an area of concern so we have made changes in this process as a result. We have also reduced complaints about confusing and hard to understand invoices following revision of our contributions policy.

We want to know whether changes in our services adversely affect the experience of service users and so we have started to record complaints which are specifically about the lack of provision of a social care package of care. We will be able to report on this at the end of next year.

We carry out a service user experience survey each year and this year we repeated a carer survey last done in 2014/15. Overall the responses to our user experience

service indicate steady levels of satisfaction with services amongst those who receive support – people in Cambridgeshire are about as satisfied with their support as services users nationally. For carers the picture is rather different with carers being less satisfied than they were 2 years ago and also less satisfied than carers nationally.

In early 2017 we carried out the annual service user experience survey. 600 service users responded and of these

- 65% of said they were satisfied or very satisfied with services
- More than 9 out of 10 people said support had helped them have a better quality of life
- 70% said they had enough choice over their care services
- 80% said they had enough control over their daily life
- 54% said they found it very or fairly easy to find information and advice which is a drop from the previous year
- 70% said they were able to do things they enjoyed with their time

Peer Review

Last year we reported on the findings of a Peer Review which had been carried out by the Local Government Association as part of the East of England Regional Peer Review Programme. The focus of the review was “commissioning for better outcomes” and it made a number of suggestions as to how the Council might improve in this area as well as identifying some strong practice. Reviewers thought that the Council should continue to review the Transforming Lives approach and simplify communications about this so that it better and more widely understood. The development of our Practice Governance and Transforming Lives Board will support this. We also have a number of projects running which are helping to test and embed new ways of working. For example our trial new “neighbourhood cares” teams have been established and we will be evaluating the impact of working in new way during 2017/18.

We were also challenged to review Commissioning roles and functions at both micro and macro levels to make these clearer and more coherent. The Council has undergone significant transformation during the last year and a new Commissioning directorate has been established which brings together previously separated functions.

The review team also thought that we could work even more closely with the NHS to develop a sustainable Home Care market and Our Older Peoples' Accommodation Strategy is now being implemented through a partnership board to do this.

NOTE:

This summary text to be accompanied by a Forward, contact and further information about other documents available and case studies.