SERVICE DIRECTORS REPORT -ADULT SAFEGUARDING AND COMMISSIONING, INCLUDING OUTCOMES OF ADASS REGIONAL SELF ASSESSMENT

To:	**Adults Committee**
Meeting Date:	**16 January 2020**
From:	**Will Patten, Director of Commissioning and Charlotte Black, Director Adults and Safeguarding**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** *Key decision:* **No**
Purpose:	**The report provides an update on progress on Adult Social Care across commissioning and operational delivery, including the outcomes of the self-assessment of Adult Social Care in Cambridgeshire, which provides an overview of Adult Social Care**
Recommendation:	**The Committee is asked to:**

       a) note and comment on the contents of this report.

       b) consider the self-assessment for Cambridgeshire Adult Social Care and agree a public facing summary for inclusion on the Council website.

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1. BACKGROUND

1.1   This paper provides an update on Adult Social Care - across commissioning and operational functions, including the outcomes of the recent Cambridgeshire self-assessment of Adult Social Care.

1.2   As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment. The self-assessment covered a wide range of themes. Cambridgeshire County Council submitted a self-assessment on 31 October 2019 and this paper summarises the key themes that have emerged through that process.

1.3   The self-assessment process also includes a peer challenge by a buddy or peer Local Authority in the Region as part of the ADASS performance improvement process and this will be provided to Cambridgeshire and Peterborough by the Director from Southend and will take place on 9 January 2020. In addition ADASS arranges an external challenge session by an expert peer and this will take place in late January / early February 2020. Following this challenge an action plan will be developed and brought back to the committee for consideration.

1.4   There is a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. Appendix One provides a public facing overview to be shared more widely as the Local Account.

2. MAIN ISSUES

2.1   The following is a summary update on Adult Social Care, including the findings of the self-assessment as submitted in October 2019.

2.2   **Self-Assessment Outcomes**

2.2.1   **Risks, challenges and innovation**
The following are identified as the key risks and challenges for 2019/20:
- There are a range of risks around the social care market in Cambridgeshire including: The risk of provider failure; increased costs of residential and nursing placements impacting on budget; and availability of domiciliary care across certain geographies
- The Transition to a new IT system, Mosaic and the complexities experienced in the financial migration. The Council migrated its care record system from AIS to Mosaic in 2018/19. Although the core migration went well, there have been some difficulties with the financial migration of care packages and some disruption to reporting capability.
- The challenges of working across the health and care system at a time of significant financial challenge has impacted on the ability to maintain a joint strategic approach. We continue to work hard with NHS partners to maintain a joint strategic approach and are working across the health and care system as part of the Sustainability and Transformation Programme (STP) and through the development of the Long Term Plan.

2.2.2 **Innovation and Achievements**
The following were identified as the top three innovations and achievements in 2019/20:

- The Adults Positive Challenge Programme- joint transformation and demand management programme across Cambridgeshire County Council and Peterborough City Council leading to culture change, practice change and improved outcomes as part of a whole Council approach
- Improvements in recruitment process and approach have meant teams are working at capacity and need and demand are being managed more effectively. Staff morale is good in Adult Social Care and staff surveys have been undertaken and used to identify any issues that need to be addressed
- Neighbourhood Cares pilots have shown best practice by Adult Social Care, working in a place based way influencing the broader Council Think Communities Strategy and STP Integrated Neighbourhoods work. There has been an external evaluation showing positive impact and benefits of the pilots and there is a continuing legacy of learning across the Council and some really sustainable community benefits for the two communities involved

2.2.3 **Leadership And Governance**
The Council shares a Chief Executive and Senior Management Team with Peterborough City Council and continues to align services where it is identified to be to the benefit of citizens, this includes a shared Executive Director of People and Communities (DASS), Director for Adults and Safeguarding and Director for Commissioning.

The integration of the Adults senior management team across CCC and PCC has led to the development of a shared Adult Positive Challenge transformation programme with shared Vision, Values and Behaviours. It has also enabled us to develop a more sustainable financial position, improved outcomes, reduced duplication and increased consistency and share best practice.

2.2.4 **Vision And Values**
The Adults Positive Challenge Programme covers Adult Social Care across Cambridgeshire and Peterborough, within the programme we have agreed the following vision and outcomes:

Vision
By 2023 local people will drive the delivery of care, health and wellbeing in their Neighbourhoods

Outcomes
- Neighbourhood approach supports independence and resilience
- More people live independent and fulfilling lives for longer
- People receive information, advice and support appropriate to their level of need that will help them remain independent for longer
- People and partners are clear about what the council can and can't do

We will deliver these outcomes by linking in to communities and maximising the impact of every conversation, alongside optimising use of technology and reablement.

2.3   **Finance and Use of Resources.**

2.3.1 Adults Services are forecast to overspend by around £1m (1%). This is a position inclusive of a number of grant and financial mitigations. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ring fenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers of care, we are able to hold a portion as a contingency against in-year care pressures.

The underlying position is an overspend of around £5.4m (3%), that is expected to be recurrent, and is similar to pressures faced by councils nationally The underlying overspend is caused primarily by increasing numbers of older people entering residential and nursing care, alongside increasing weekly costs for care home places, and rising needs of working age adults with disabilities. Prices are rising at around 10% on average each year, with new placements greatly exceeding those that are ending.

The position assumes delivery of a large amount of demand management savings over the rest of the year.

2.3.2 Adult's budgets have generally grown in recent years, despite the Council's financial pressure, due to the need to allow for demand and legislative pressures, but significant savings have also been applied. Recent savings strategies are increasingly focused on demand management, following a number of years of savings made through ensuring existing care packages are appropriate. In this context cost reduction savings have been challenging to deliver and have been achieved over a longer period of time than originally envisaged, reflecting some difference between savings opportunities and the complexity of delivering these while maintaining business as usual work.

2.3.3 The social care precept has been taken up each year on the basis of funding National Living Wage pressures. Overall we are only moderately confident that we can protect quality and availability of services over the next 3 yrs. Transformation funding has been identified for a significant programme of work to manage demand coming into Adult Social Care, trying where possible to 'stand still' in financial terms, mitigating demand increases. The Council has invested in external consultancy support to try to deliver this.

2.3.4 The Chartered Institute of Public Finance and Accounting (CIPFA) benchmarking is used, and we make use of ad hoc regional benchmarking with some statistical and geographic neighbours facilitated by ADASS.

2.4 **Information and Advice, Contacts and Adult Early Help**

2.4.1 During the last 18 months we have been revisiting the information, advice and signposting that is available to people. A particular focus has been on our web page content. Monthly monitoring has evidenced an increase in the numbers of people visiting our web pages and the numbers of visits made (hits). We are seeking ongoing feedback on the website to ensure we continue to make improvements, including promotion of the links to Adult Early Help where appropriate.

CCC: Adults pages web activity

Legend: Unique page hits — Unique visitors
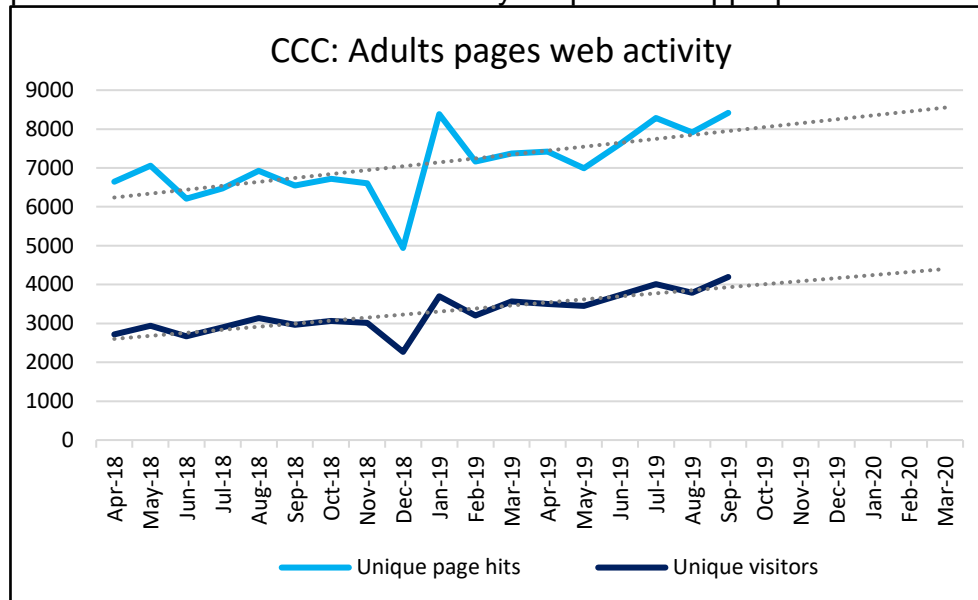
2.4.2 We have also been monitoring the number of contacts to Adult Social Care, which have taken a slight downward trend since January 2019. Given changing demographics and the increase in the number of potential clients, this is likely in part to evidence of the success of the information and signposting which is in place.

All contacts to ASC

Legend: CCC — Linear (CCC)
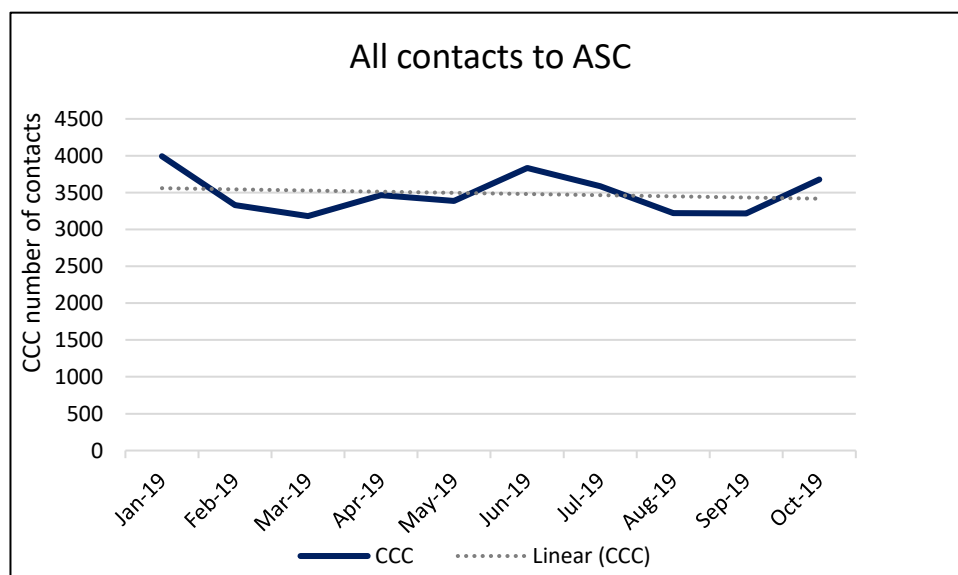
2.4.3 Since April 2016, the Cambridgeshire Adult Early Help (AEH) team have been providing a prevention and early intervention service for people over the age of 18. AEH is a multi-disciplinary team made up of Social Workers, Occupational Therapists,

Welfare Benefit Advisors, Specialist Housing Advisor and Support Coordinators from a variety of backgrounds.

2.4.4 Their approach is to carry out a proportionate assessment using a strength-based conversation/motivational interview, either by telephone or through a home visit. They focus, not only on presenting needs, but the person's wider wellbeing, aspirations and existing support to help people make informed choices about the direction of their own care, maintenance or increase of independence and planning ahead to avoid crisis.

2.4.5 With the person and, where appropriate, their family carers, a Community Action Plan is developed that is then used to coordinate a variety of support options that can include information and advice, introductions to community-based services or specialist support agencies, equipment and technology, reablement and other goal focused services.

2.4.6 The team work together with colleagues across social care, health and mental health to maximise the person's wellbeing, gain appropriate help and support and avoid escalating needs, for example, hospital admission.

2.4.7 The role of the team is to show curiosity and creativity in improving outcomes, We have begun to regularly report on the outcomes of Community Action Planning. For the two month period around 40% of CAPs had some follow up community action planning, 23% led to a referral to reablement, 7% led to a referral to Occupational Therapy, 1% to a direct referral for TEC, 3% were closed with no need for further input and only 23% went on for an assessment for possible long term services.
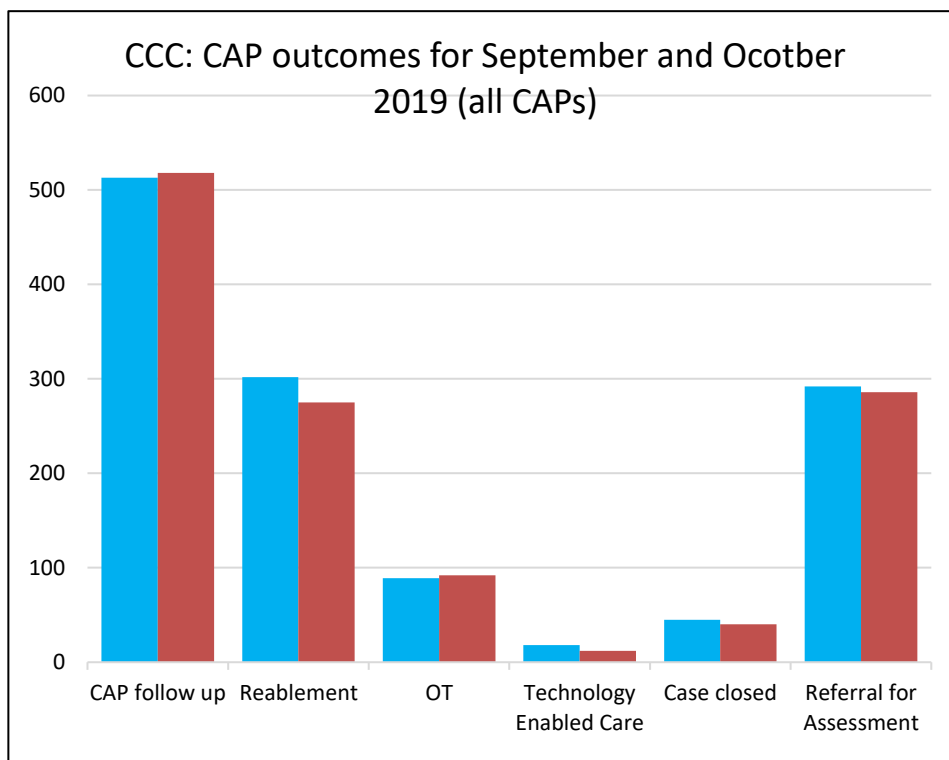
2.5 **Supporting people to stay well in their own homes - community focus**

2.5.1 The Adults Positive Challenge (APC) Programme is focused upon designing a new approach and service model for Adult Social Care in Cambridgeshire and Peterborough which will continue to improve outcomes for individuals and communities whilst also being economically sustainable in the face of the huge pressure on the sector. The fundamental principle of this strategic change is a model which is based on putting choice and independence directly into the hands of individuals and communities.

2.5.2 Alongside the Adult Positive Challenge Programme we have also just completed a pilot based on the principles of the Buurtzorg model of care. The 'Neighbourhood Cares' models in Soham and St Ives was designed to test a community model that supports personalised support and care. The aims of the pilot were to:
- shift as much resource as possible to the front line;
- free up staff to have more direct contact with people enabling them to do the right thing, at the right time in the right place and improve job satisfaction because they can see the difference they can make;
- improve the quality and continuity of care and support to people;
- increase capacity where we currently have capacity gaps, particularly in home care;
- reduce the cost of care;
- Set ourselves up for the future, learning from the pilot sites to form the basis for the wider transformation of the whole system.

2.5.3 An external evaluator, York Consulting Ltd, was appointed to provide ongoing evaluation of the pilot and the findings will support system partners in defining and developing an agreed model of neighbourhood delivery. The final report was presented to Adults Committee in December 2019.

2.5.4 Outside of this pilot, our focus on supporting people with long term care and support needs in their own homes and communities has started to see a trend towards increased home care numbers and decreased residential care home numbers in our activity tracking.

CCC: Long-term packages of care

CCC: Home care packages
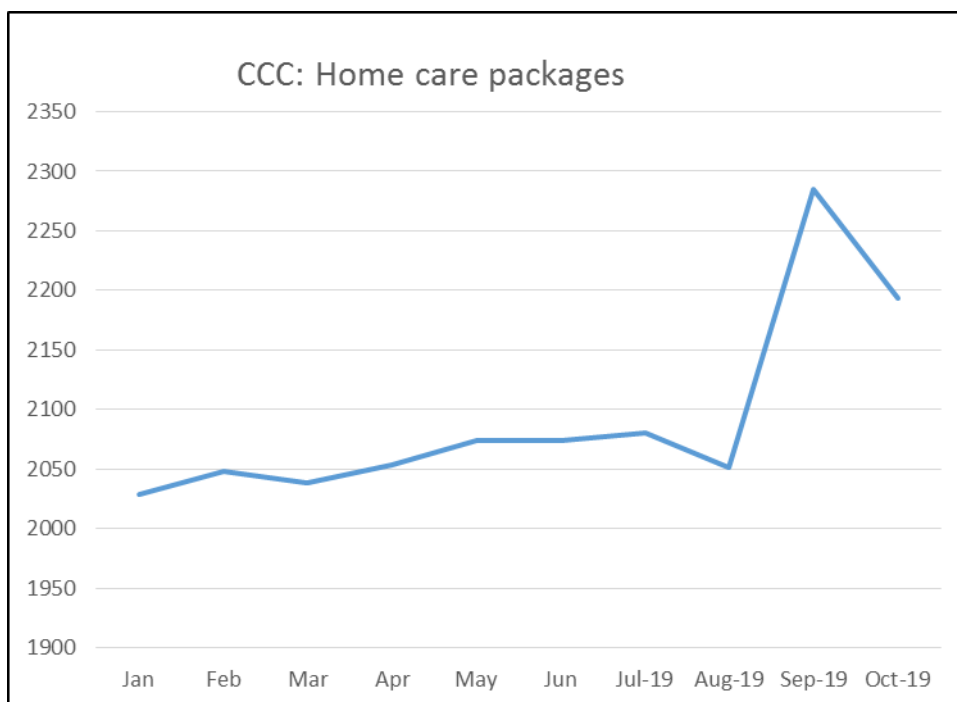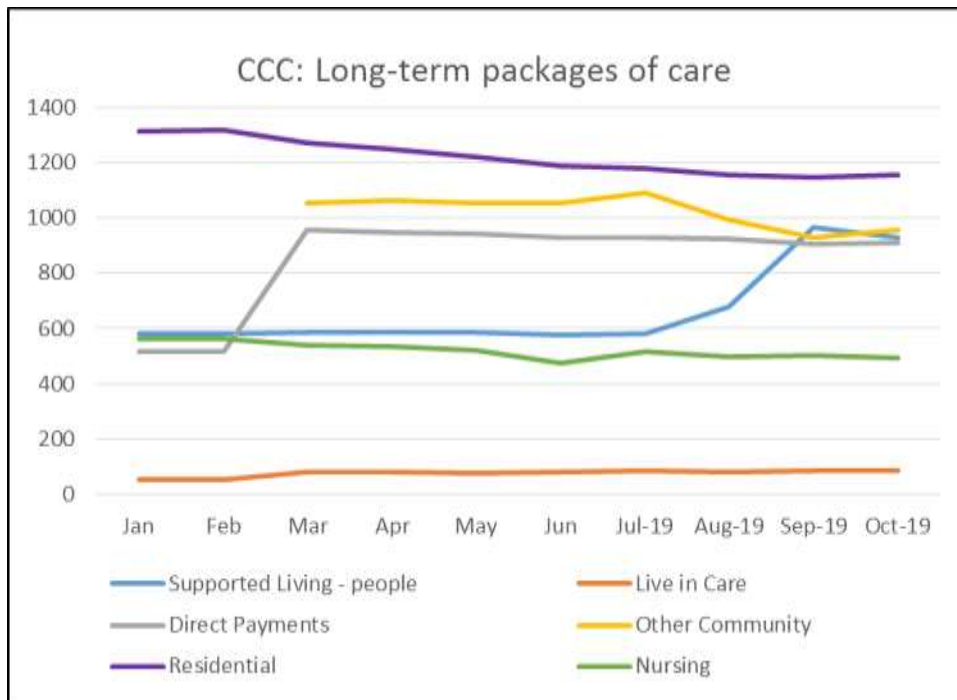
2.6 Supporting people in crisis

2.6.1 As part of Cambridgeshire's Reablement Service, we provide an Enhanced Response Service (ERS), responding to urgent Lifeline calls where no named contact is available and where it is not a medical emergency. ERS has increased the numbers of calls it responds to from around is 300 calls a month to an average of around 425. The last two months have seen a further increase to October 625 and November 540 all of which avoid an ambulance call out.

ERS can assist to support people who have fallen but have not injured themselves and respond to one-off urgent personal care or support needs and to silent calls. The Service is listed on the MiDoS directory of services, so now the Ambulance Triage Centre can allocate appropriate 999 calls to ERS. ERS is releasing capacity for the Ambulance Service to meet their priorities, but is also meeting urgent social care needs with a targeted one-hour response time. The Reablement Service manages staff very flexibly in order to ensure ERS can quickly and effectively respond to urgent needs. Where these needs require further social care interventions, the service can respond to this quickly and avoid admission and crisis through the Reablement Service.

2.7   Reablement, rehabilitation and enabling people to regain independence

2.7.1   Reablement will be considered for all adults after a stay in hospital; It is also considered for people referred via a GP or following direct contact with our Adult Early Help Team. Between April 2019 and September 2019, 1280 people successfully completed a period of reablement.
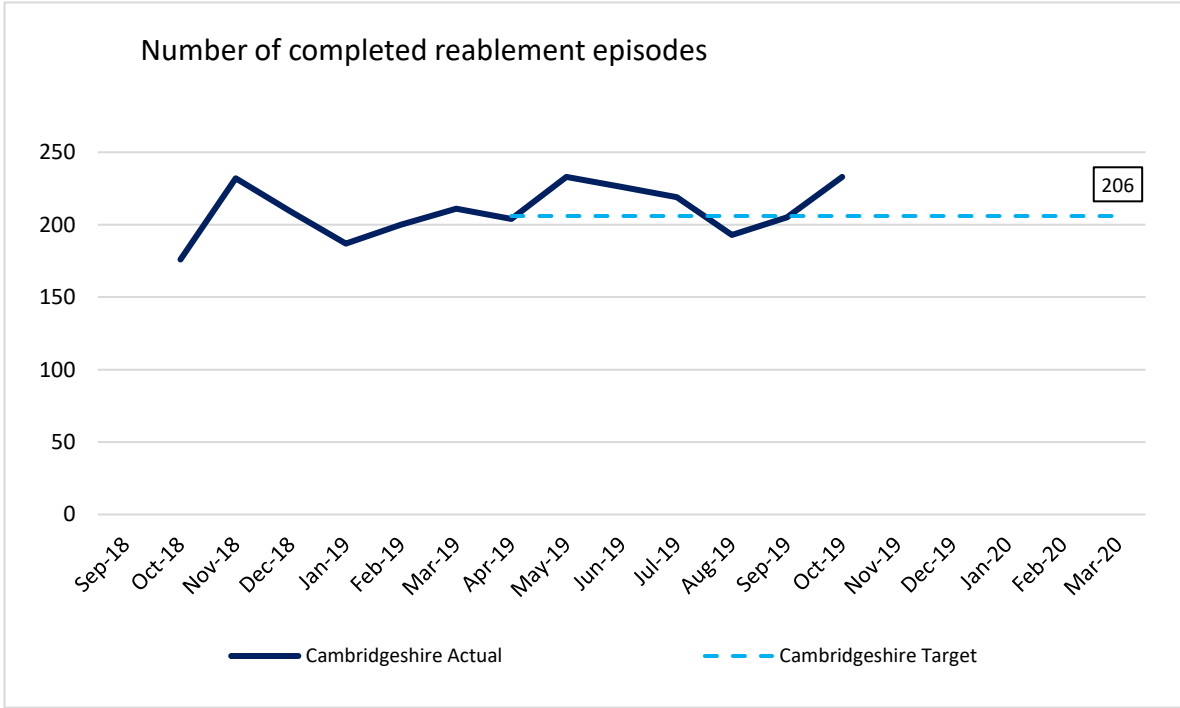
Of these 856 (67%) left the service with no further long term care and support needs.

3. Number of people leaving reablement no care outcomes
(Actual number for CCC, Proportion of completed reablement episodes for PCC)
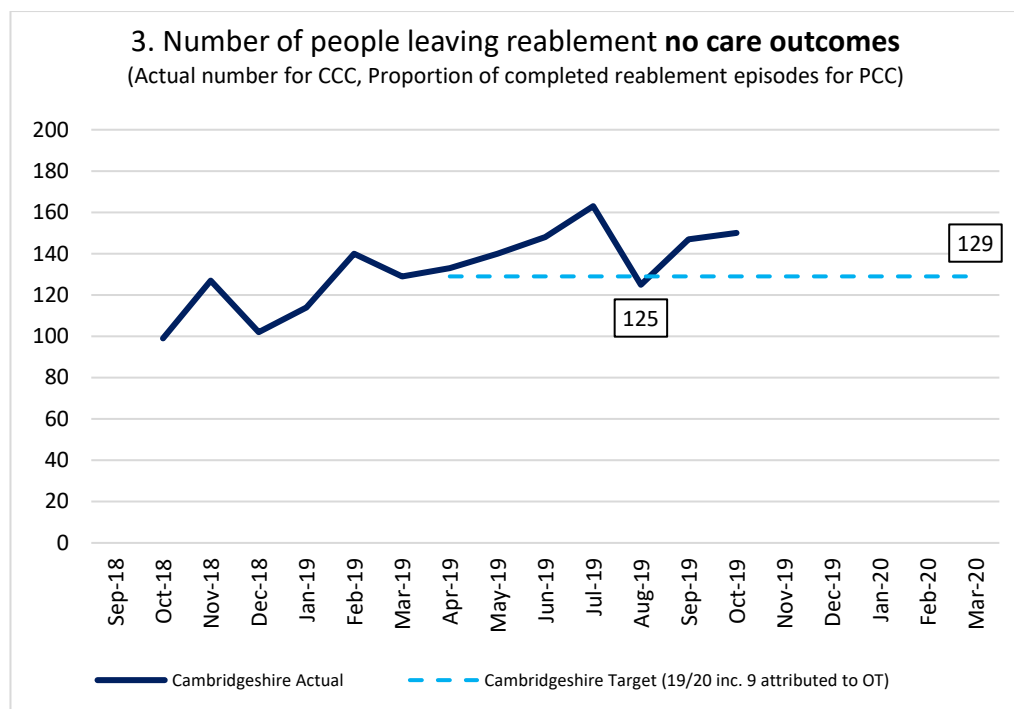
The reablement offer has been further enhanced by the provision of four additional dedicated Occupational Therapy posts

2.7.2   Supplementary services are those which are delivered by the reablement services but are in addition to the standard reablement offer. These services include:

- Domiciliary Care prior to and/or following a period of reablement whilst ongoing domiciliary care is sourced
- Domiciliary Provider of Last Resort: providing domiciliary care in a bridging capacity where there are delays finding care placements. The reablement team is currently utilising c. 20% of capacity for this purpose.
- Reablement Flats specialist care facilities for those who meet the reablement criteria.
- Supply of Technology Enabled Care (TEC) / aids and adaptations / Occupational Therapy

2.8   **Technology Enabled Care**
Over the last 18 months we have increasingly built our focus on provision of Technology Enabled Care (TEC) both as a preventative resource for people and as a supplement to long term care and support plans. Staff have been receiving bite size training sessions to expand their knowledge of the range of opportunities available. This has resulted in an increased volume of TEC referrals, exceeding the target of 333 in most months since April 2019.

1. Number of TEC referrals

221 240 167 244 352 344 299 390 351 36 383 333

— Cambridgeshire Actual   - - - Cambridgeshire Target
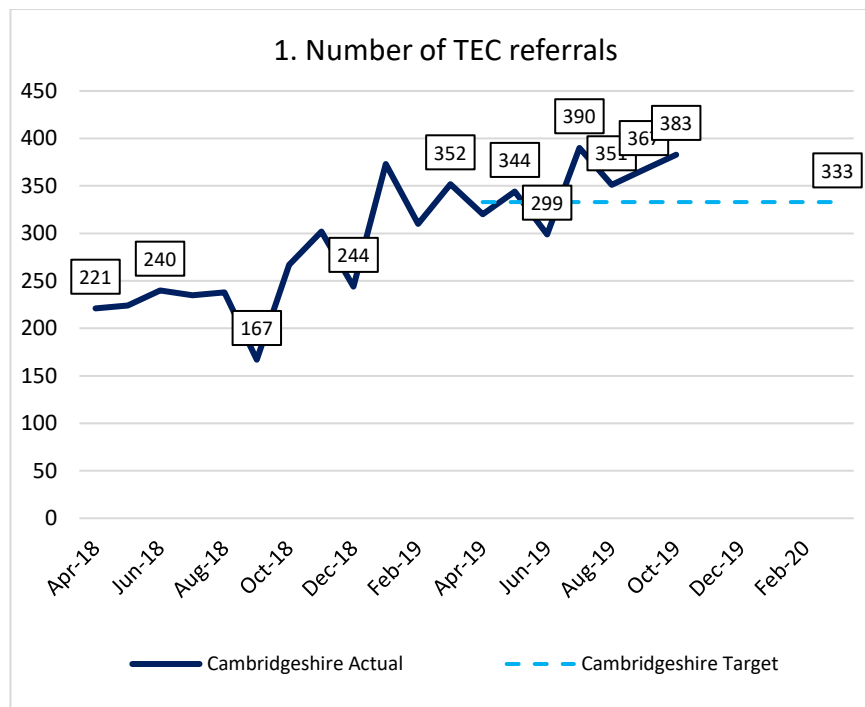
The cost avoidance value attributed to provision of TEC has been linked to the types of equipment and the specific need that it is intended to meet. The most common outcomes are prevention or reduction of the likelihood of long term care and support packages and prevention of hospital admissions. Although we have been seeing an increase in the number of interventions to avoid or delay the need for residential care provision.

5. Cambridgeshire: TEC outcomes achieved by month

■ Residential Care Provision ■ DEE Prevention ■ Reduce/Eliminate Care Package
■ Falls Prevention Plan ■ Medication Management ■ Telehealth Monitoring
■ Hospital Prevention ■ Informal Carer Support ■ Fire Prevention
■ Safety Equipment Used □ Use of Memory Retrieval Aids
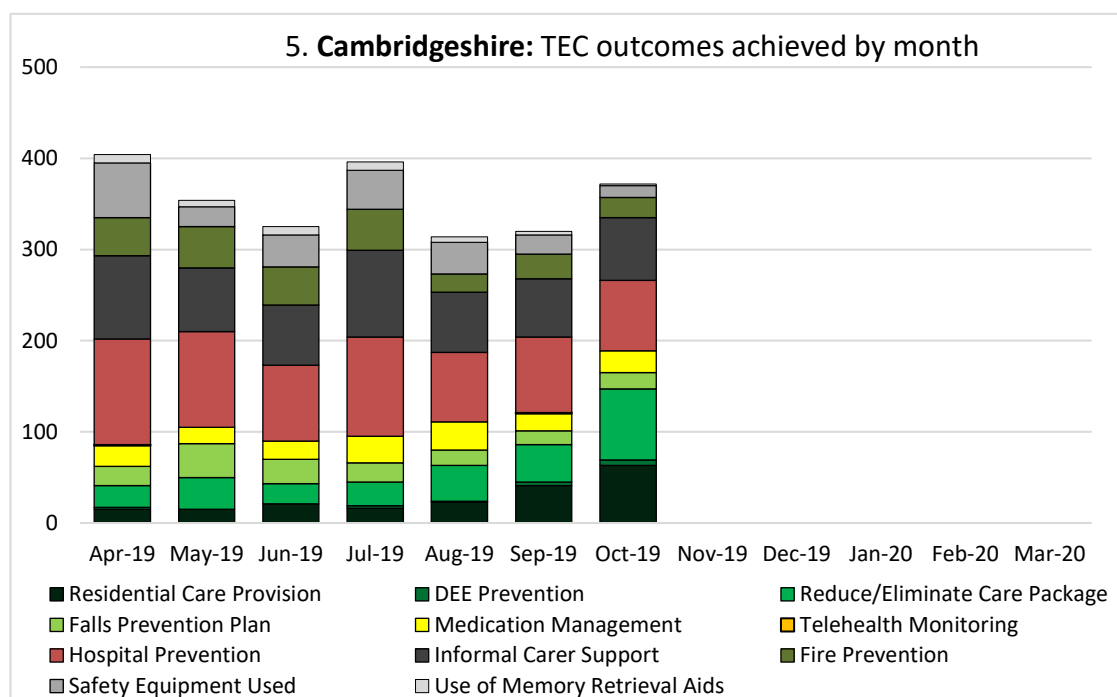
2.9   **Carers**

The statutory carers' assessment function was transferred back to the Council in April 2019 alongside an intensive programme of workforce development promoting the importance of carers and a changed conversation to ensure that we better identify the things that matter most and avoid disproportionate use of lengthy carers' assessment processes.

Alongside tracking the number of carers assessments we undertake, we are also tracking the numbers of carers accessing universal carers' support, the number of community action plans completed for carers and the number of conversations we have with carers outside of a formal assessment.

1. **Cambridgeshire:** Number of carers accessing support

- Carers assessments completed
- AEH community action plans
- Conversations with Carers that do not become a full assessment
- All contacts to commissioned providers
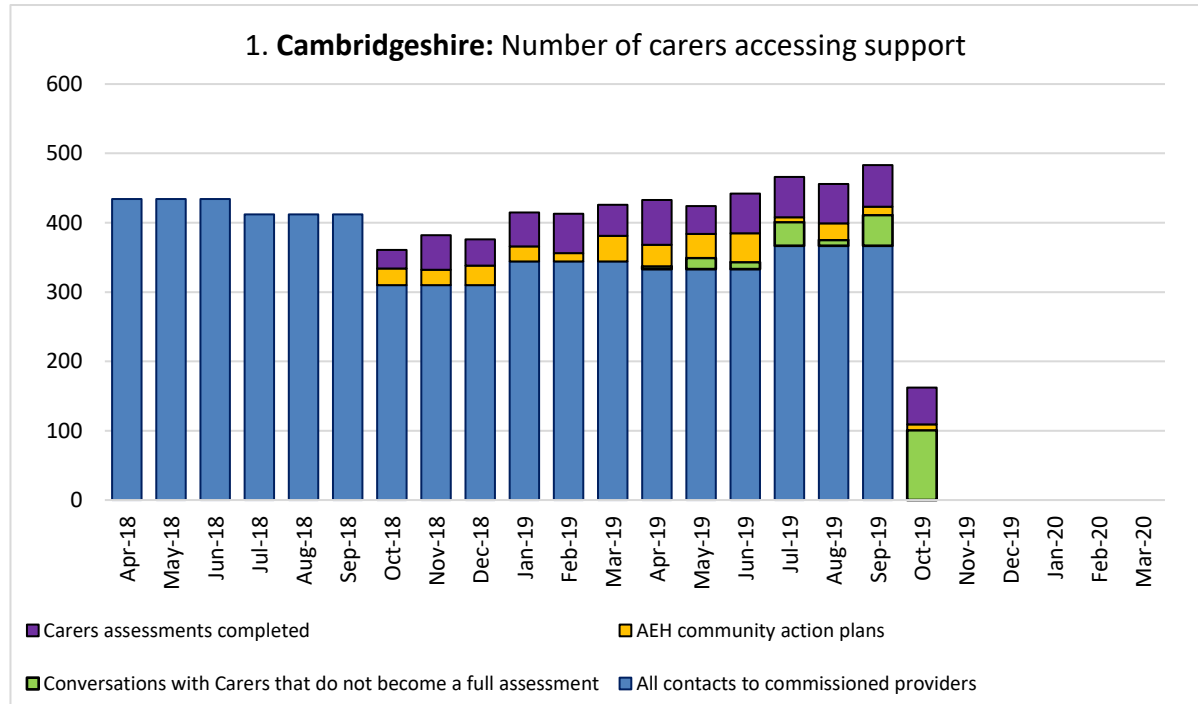
2.10   **Safeguarding**

2.10.1 Overseen by the Cambridgeshire and Peterborough Safeguarding Adult Board (SAB), a multi-agency safeguarding policy has been developed in conjunction with all key stakeholders.

2.10.2 At the forefront of our safeguarding work is the Multi-Agency Safeguarding Hub (MASH); a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council and CPFT that supports joint working on child protection and safeguarding adults.

2.10.3 The Adult MASH team's main responsibilities are:
- Triage of adult safeguarding referrals;
- Screening-out inappropriate referrals therefore saving time for care teams;
- Ensuring appropriate immediate action is taken;
- Either carry out a section 42 (s42) enquiry or identify the key team or organisation that will carry out the enquiry;
- Work with the person in the right way for them and their situation, to get the outcome they want and need following the principles of Making Safeguarding

Personal and avoiding unnecessary formal safeguarding investigations, known as section 42 enquiries.
- Collate and share any relevant information with the key team or organisation undertaking the s42 enquiry;
- Provide advice and support to care teams on safeguarding issues; and
- Oversee the collection of safeguarding management information.

2.10.4 There is a monthly manager audit of the MASH to ensure continuous monitoring.

The MASH team collate and report on performance; this monitoring process includes the number of contacts/concerns raised, their source and whether they progress to Safeguarding Adults S42 Enquiry.

Between April 2019 and October 2019 there have been 6,627 safeguarding concerns triaged within the MASH, an average of 947 per month, compared with the average of 965 in the previous 6 months.

Number of Adult Safeguarding concerns received by CCC Adult MASH *(Source: CCC Mosaic)*

	2018/19						2019/20						
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Mosaic received	1,087	988	865	968	874	1,010	1,057	989	854	930	991	831	979
Manual received	755												

Of those concerns triaged in the MASH between April and October 2019, 782 progressed to become an enquiry. So far this year and 849 safeguarding enquiries have been fully completed.
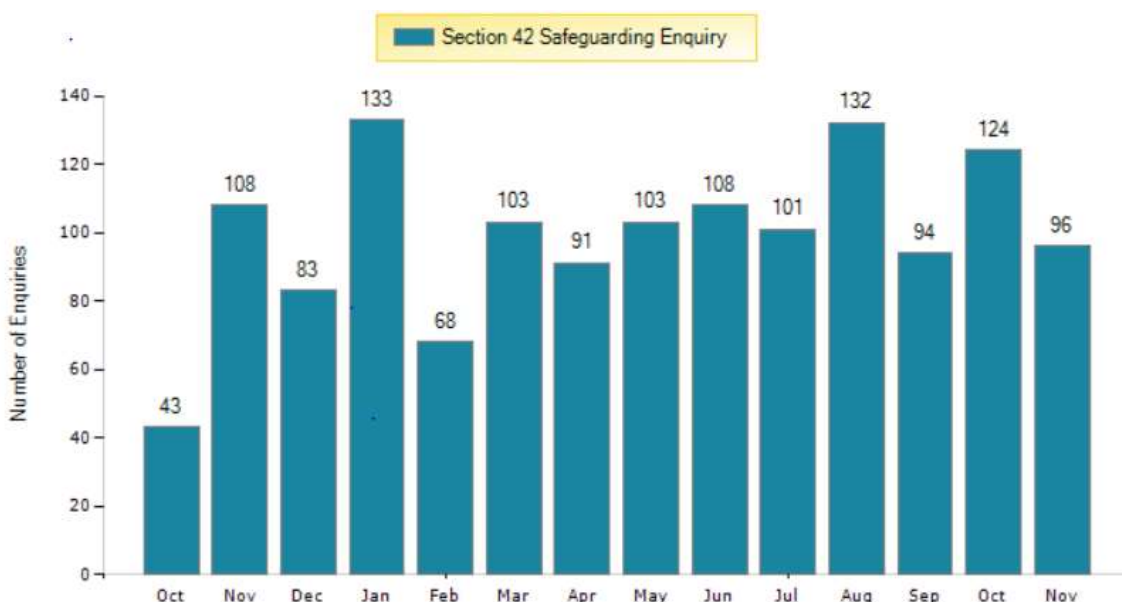
2.11   **Performance And Outcomes – Adult Social Care Outcomes Framework.**

2.11.1   Each year the Council compares itself to other local Authorities based on national metrics which are published by NHS Digital. Below are the key headlines from that comparison

2.11.2   Cambridgeshire has comparatively lower numbers of contacts for support and achieves a good balance of outcomes, with low numbers resulting in long term support and high numbers resulting in short term or universal services.

2.11.3   Permanent admission rates to residential care remain low and below the regional average. This is despite geographical variances in availability for domiciliary care and personal assistants.

2.11.4   Direct Payments take up is poorer that other Councils which has driven the decision to retender the support service.

2.11.5   The transfer to a new care management system in October 2019 did cause some reporting challenges around long term care packages. The need to create assessments for all migrated cases at the point of review also impacted on the percentage of cases receiving a review in the year. Reviews are a clear area of focus for the Council in 19/20 and there has been a considerable amount of work with managers to look at how we carry out and target reviews to make most impact.

2.11.6   Achieving targets related to increasing employment amongst people with Learning Disability has also proved challenging with much of the support activity being targeted at people who are not eligible for long term care and support.   This has been a focus for work during 2019/20 and we are starting to see an increase in projected numbers with a focussed working group.

As part of this work we have been successful in a bid for £120K funding from NHS Digital for a project to research and promote social media and mobile applications that will support young adults with learning disabilities with key enablers to employment such as access to public transport.

2.11.7   Cambridgeshire had significant cha*ll*enges around transfers of care in 2018/19 for both social care and for health reasons. There has been a significant focus on this from the system and whilst there have been improvements in 19/20 although challenges remain in both health and social care. For social care the key issue is the shortage of capacity for domiciliary care to return people to their own homes.

2.11.8   Figure one below provides a summary of Cambridgeshire's performance in 2017/18 against the Adult Social Care Outcomes Framework (ASCOF)

Cambridgeshire County Council - Adult Social Care Outcomes Framework

			18/19 Cambridgeshire is better
			18/19 Cambridgeshire is the same
			18/19 Cambridgeshire is worse

Ref	ASCOF - Indicator	2016/17	2017/18	2018/19	REGIO	CIPF	ENGL	Measure	Rank	DOT
1A	Social care related quality of life (Score)	19.4	19.7	19.7	19.3	19.3	19.1	Bigger is Better	10	→
1B	Service users with control over their daily life (Percentage)	81	81.2	83.2	79.4	79.1	77.6	Bigger is Better	6	↑
1C1A	People receiving self-directed support (Percentage)	97.5	98.8	100	85.2	87.5	89	Bigger is Better	1	↑
1C2A	People receiving direct payments (Percentage)	23.3	23.6	23.5	25.9	31.4	28.3	Bigger is Better	104	↓
1C1B	Carers receiving self-directed support (Percentage)	90.5	95.1	96.4	93.4	81.5	83.3	Bigger is Better	108	↑
1C2B	Carers receiving direct payments (Percentage)	90.5	95.1	96.4	78.4	68.6	73.4	Bigger is Better	79	↑
1D	Carer-reported quality of life (Score)	7.7	7.7	7.6	7.3	7.2	7.5	Bigger is Better	47	↓
1E	Adults with learning disabilities in employment (Percentage)	3	2.6	4.8	8	6.4	5.9	Bigger is Better	82	↑
1G	Adults with learning disabilities living in own home / with family (Percentage)	71	71.2	78.6	76.3	73	77.4	Bigger is Better	76	↑
1I	Service users with as much social contact as they would like (Percentage)	47.7	47.6	51.4	47.2	46.2	45.9	Bigger is Better	18	↑
1I	Carers with as much social contact as they would like (Perecentage)	36.6	36.6	35.1	27.2	29.4	32.5	Bigger is Better	43	↓
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)	5.5	6.9	2.5	14.9	14.2	13.9	Smaller is Better	2	↓
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)	521.1	467.9	330.7	518.1	541.5	580	Smaller is Better	12	↓
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)	73.4	72.4	56.5	81.2	81.9	82.4	Bigger is Better	150	↓
2B2	Older people receiving reablement services after leaving hospital (Percentage)	2.3	2.7	2.8	2.8	2.2	2.8	Bigger is Better	75	↑
2C1	Delayed transfers of care (Per 100,000)	17.8	17.4	20.4	10.5	11.8	10.3	Smaller is Better	152	↑
2C2	Delayed transfers of care attributable to social services (Per 100,000)	5.2	4.9	5.6	3.2	3.5	3.1	Smaller is Better	137	↑
2C3	Delayed transfer of care attributable to both (per 100,000)	N/A	1.1	0.6	0.5	1.4	0.8	Smaller is Better	101	↓
2D	The outcome of short-term services: sequel to service no care needs (Percenta	92.9	93	91.2	86.3	79.8	79.6	Bigger is Better	15	↓
3A	Client satisfaction with care and support (Percentage)	64.7	63.2	64.2	64	64.5	64.3	Bigger is Better	52	↑
3B	Carer satisfaction with social services (Percentage)	35.1	35.1	38.9	37.6	36.3	38.6	Bigger is Better	67	↑
3C	Carers included or consulted in decisions (Percentage)	65.8	65.8	75.9	69.6	69.6	69.7	Bigger is Better	25	↑
3D	Service users who find it easy to get information (Percentage)	73.3	70.8	69.6	69.7	69.8	69.7	Bigger is Better	85	↓
3D	Carers who find it easy to get information (Percentage)	59.3	59.3	61.1	61.2	60.6	62.3	Bigger is Better	90	↑
4A	People who use services and feel safe (Percentage)	68.2	73.5	75	70.4	70.7	70	Bigger is Better	16	↑
4B	People who say the services they use make them feel safe and secure	83.7	83.2	85	85.2	88.5	86.9	Bigger is Better	96	↑

Note CIPFA averages = median average

CIPFA comparator Councils are: Buckinghamshire; Essex; Gloucestershire; Hampshire; Hertfordshire; Leicestershire; North Yorkshire; Northamptonshire; Oxfordshire; Somerset; Staffordshire; Suffolk; Warwickshire; West Sussex; Worcestershire

2.12   Commissioning And Quality

2.12.1 **Place Based Commissioning**
Commissioning recognises the need to embed best practice learning from the neighbourhood cares to inform our future approaches to commissioning to support wider place based delivery agendas (e.g. Think Communities, Integrated Neighbourhoods) whilst ensuring best value and improved outcomes for people. Whilst we recognise that commissioned home care capacity at a global level across the county may be sufficient, we see capacity mismatch due to variances such as geographical variances, timings of care etc.

However, we also recognise the need to ensure there is a place based infrastructure to inform and drive forward approaches to commissioning services and delivering social care. We need to draw in local strategies and assets to support this and place based boards are a key catalyst for supporting new local models of development.

In terms of next steps, we are considering a local place based pilot for commissioning of domiciliary care, potentially within Huntingdonshire, which would build on the learning from neighbourhood cares and approaches from other areas, such as Wigan, Oxfordshire and Thurrock. We will be working with the local place based board to inform development and design, ensuring working with the wider market to co-develop a local solution that meets the needs of the local population and understand better how a local place based model of commissioning can support delivery of outcomes and financial benefits.

2.12.2 **Market Management**

Quality of Care
The Council complies with Care Quality Commission (CQC) regulations and continues to work with local providers to ensure quality provision. The below provides an overview of CQC ratings across Cambridgeshire, which that Cambridgeshire is performing comparatively better than both statistical neighbours and national averages. 87% of Cambridgeshire care homes are rated good or outstanding, compared to 79% amongst statistical neighbours and 77% nationally.

Ratings – adult social care

Care Quality Commission

This map shows the overall ratings of active adult social care locations in Cambridgeshire. There may be multiple locations in one position so not all locations may be visible.
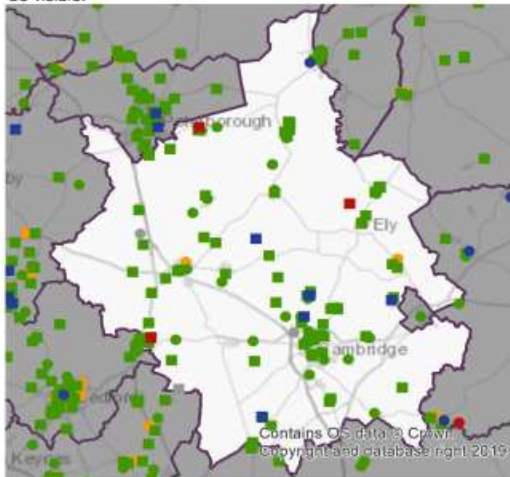
CQC data accessed on 18/07/19.

Nursing homes - see circles on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	13% (6)	78% (35)	4% (2)	4% (2)
Comparators	3%	19%	69%	5%	4%
England	2%	21%	68%	4%	4%

Residential care homes - see squares on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	3% (3)	2% (2)	86% (74)	6% (5)	2% (2)
Comparators	1%	13%	80%	4%	3%
England	1%	13%	79%	3%	4%

Domiciliary care agencies - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	9% (8)	67% (60)	2% (2)	22% (20)
Comparators	0%	8%	68%	4%	19%
England	1%	10%	65%	3%	21%

Community care services - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	0% (0)	86% (12)	0% (0)	14% (2)
Comparators	0%	6%	62%	4%	29%
England	0%	5%	69%	4%	22%

*R.I. = requires improvement
Numbers in brackets are the number of locations.

Adult Social Care Workforce
Across the Eastern Region, the latest Skills for Care data shows us that the number of adult social care jobs across the Eastern region has increased by 8.6% since 2012 (by 13,500) jobs and increased by around 1.4% (2,000 jobs) between 2016 and 2017. The turnover rate in Cambridgeshire was 33.9%, which was similar to the region average of 33.9% and higher than England at 30.70%. Not all turnover results in workers leaving the sector, over two thirds (71%) of those recruited came from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Cambridgeshire had on average 6.8 years of experience in the sector and 65% of the workforce had been working in the sector for at least three years. 21% Skills for Care estimates that in Cambridgeshire, 8.4% of roles in adult social care were vacant, this equates to around 1,100 vacancies at any one time. This vacancy rate was similar to the region average, at 9.7% and similar to England at 8.0%.

The average number of sickness days taken in the last year in Cambridgeshire was 3.9 (4.9 in Eastern and 5.1 across England).

An estimated 77% of the workforce in Cambridgeshire had a British nationality, 15% had an EU nationality and 8% had a non-EU nationality, therefore there was a higher reliance on EU than non EU workers.

The Council continues to support the development and sustainability of the adult social care workforce in a number of ways, including:

- Exploring alternative models of delivering care, for example investing in reablement as the provider of last resort, exploring place based models of delivery and commissioning alternative options such as TEC, direct payments
- Education and development, such as working with LGSS to support the development of the social work degree apprenticeship
- Working with the wider system, for example the STP, to develop system wide workforce strategies
- Working with providers to support planning and mitigations for Brexit

2.12.3 **Brokerage, quality improvement and contract management**
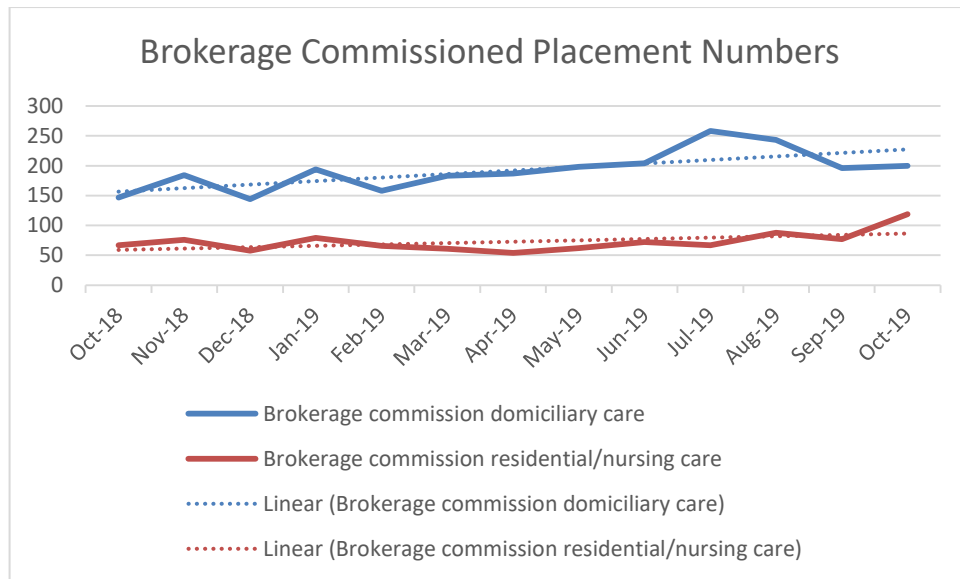The brokerage team has continued to maintain improved performance in the following areas:
- Reduction in the average time to broker care; and
- Increased utilisation of block bed capacity

This is despite increased demand for placements and a number of provider issues which have impacted on capacity in the market. There are now permanent brokers based in each of the acute hospitals who work closely with the discharge planning teams. These posts have been well received and helped improve flow and responsiveness.

The below table shows a monthly breakdown of the number of brokerage placements over the past 12 months. The key messages are:

- 3,515 placements have been made by the brokerage team between October 2018 and November 2019, 73% of placements were for domiciliary care and 27% were for residential/nursing care
- Of domiciliary care placements, 32% were hospital discharges and 68% were placed from the community
- Of residential and nursing care placements, 46% were hospital discharges and 54% were placed from the community
- Monthly demand has been steadily increasing throughout the year (49% increase between October 2018 and October 2019) and there particular peak in referrals seen in July and August 2019 as a result of the heatwave impacts.

Task Type	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	Total
Brokerage: Commission Domiciliary Care	147	184	144	194	158	183	187	198	204	258	243	196	200	52	2548
Community	83	103	87	128	105	114	134	145	156	191	171	136	139	33	1725
Hospital Discharge	64	81	57	66	53	69	53	53	48	67	72	60	61	19	823
Brokerage: Commission Residential / Nursing Care	67	76	58	79	66	61	54	62	72	67	88	77	119	21	967
Community	38	48	35	27	36	28	27	35	43	38	47	41	70	8	521
Hospital Discharge	29	28	23	52	30	33	27	27	29	29	41	36	49	13	446
Total	214	260	202	273	224	244	241	260	276	325	331	273	319	73	3515

Brokerage Commissioned Placement Numbers

(Chart legend:)
- Brokerage commission domiciliary care
- Brokerage commission residential/nursing care
- Linear (Brokerage commission domiciliary care)
- Linear (Brokerage commission residential/nursing care)

Despite the recent co-location of the CCG Continuing Health Care (CHC) brokers and health care staff, the co-location arrangements have been revisited. This is following the need for the CHC team to maximise clinical oversight arrangements by re-locating the team to a central location. This has reduced the opportunities available to align NHS health and social care purchasing of care.

The contract management team has been transitioning to a more proactive risk based model of contract management with providers. This has improved provider relationships and confidence, and we have had received initial positive feedback from providers on the new approach.

Over the last few months, the team have worked with a number of providers to manage quality issues and contract handbacks. The below provides an overview of existing issues which are being managed by the Council:

- We have increased monitoring in place for 17 providers
- There are suspensions in place for 2 providers (one domiciliary care provider and one learning disability residential setting). This means that the provider cannot accept any new service users.
- There is 1 care home which has a CQC enforcement, which requires prior agreement for all new placements.
- 3 residential settings have recently been supported out of suspension and whilst increased monitoring continues on a reducing basis, there is evidence of sustained improvement.

Over the last 12 months, we have also had a number of provider failures and contract handbacks, including:

- 1 care home closure due to ongoing safeguarding concerns and failure to evidence improvement, despite intensive long term support.
- 1 care home closure as a result of the provider's own business decision. This was not related to any quality concerns.
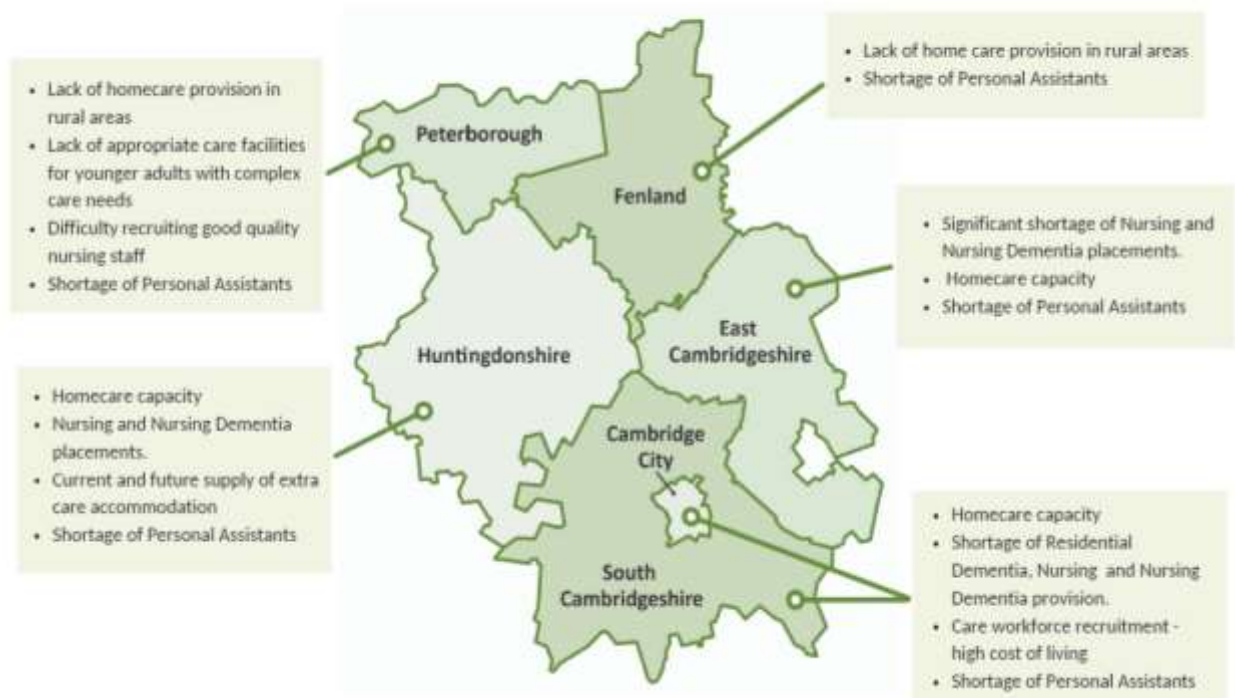
- 1 domiciliary care provider has given notice on their contract. This provider was already receiving intensive support and was subject to suspension of new placements.
- In addition, we continue to find that many providers, mainly in the domiciliary market, seek support for individual service users regarding provision, which in the main are due to changes in need, such that the provider is no longer able to meet. For example, female only or double up care is required and the provider does not have specific capacity available.

In all of these instances, the Council has worked closely with providers, individuals and their families to ensure a managed transition of their care to alternative providers.

2.12.4 **Adult Social Care Commissioning**

Due to an ageing population and significant financial constraint, we are facing unprecedented challenges across the system. Within commissioning, there are number of key challenges demonstrated within graphic below:

Map of Cambridgeshire and Peterborough showing key pressures for each district:

- Lack of home care provision in rural areas
- Shortage of Personal Assistants

- Lack of homecare provision in rural areas
- Lack of appropriate care facilities for younger adults with complex care needs
- Difficulty recruiting good quality nursing staff
- Shortage of Personal Assistants

- Significant shortage of Nursing and Nursing Dementia placements.
- Homecare capacity
- Shortage of Personal Assistants

- Homecare capacity
- Nursing and Nursing Dementia placements.
- Current and future supply of extra care accommodation
- Shortage of Personal Assistants

- Homecare capacity
- Shortage of Residential Dementia, Nursing and Nursing Dementia provision.
- Care workforce recruitment - high cost of living
- Shortage of Personal Assistants

Peterborough
Fenland
Huntingdonshire
East Cambridgeshire
Cambridge City
South Cambridgeshire

In order to meet the significant challenges we face across the health and care system, Commissioning intend to continue to work creatively to support people to remain independent in their communities for as long as possible and meet increasing demand. The Joint Market Position Statement outlines the approach to implementing the following strategic intentions:

- Providing individuals with increased choice and control over the services they receive through commissioning provision which enables an increase in direct payments
- Working in partnership with local organisations, service providers, service users and the general public to design and deliver provision which meets local need

- Working with providers to develop new ways of working in providing support through models such as micro enterprises.
- Exploring how the Local Authority can commission by outcomes

The below provides a summary of the key areas of progress:

Direct Payments: As part of the strengths and assets based approach to care and support planning there is a stated intention to increase the utilisation of direct payments. The direct payment support service is currently being recommissioned, with the focus on increasing the number of personal assistants in the market. Tender submissions are currently undergoing evaluation with a view to awarding in early in the new year. Work will then take place in partnership with both the provider and operational teams to deliver an improved pathway which makes direct payments accessible whilst also ensuring the provider is able to build up a pool of PA provision which meets local need.

Carers Support: The provision of carers support has been reviewed and is in the process of being recommissioned. This is a jointly commissioned service with PCC, following the CCG withdrawing from the tendering and will take a preventative approach to supporting the local carer population. This links closely with the objectives of the Adults Positive Challenge Programme and we will continue to work with the successful provider to ensure that the objectives are jointly owned and priorities are delivered against. The tender is currently at evaluation stage, with award due to commence in January 2020. Again, work will take place following the award of the new contract to ensure both the provider and local authority are maximising all opportunities to provider carers with access with preventative or formal support provision.
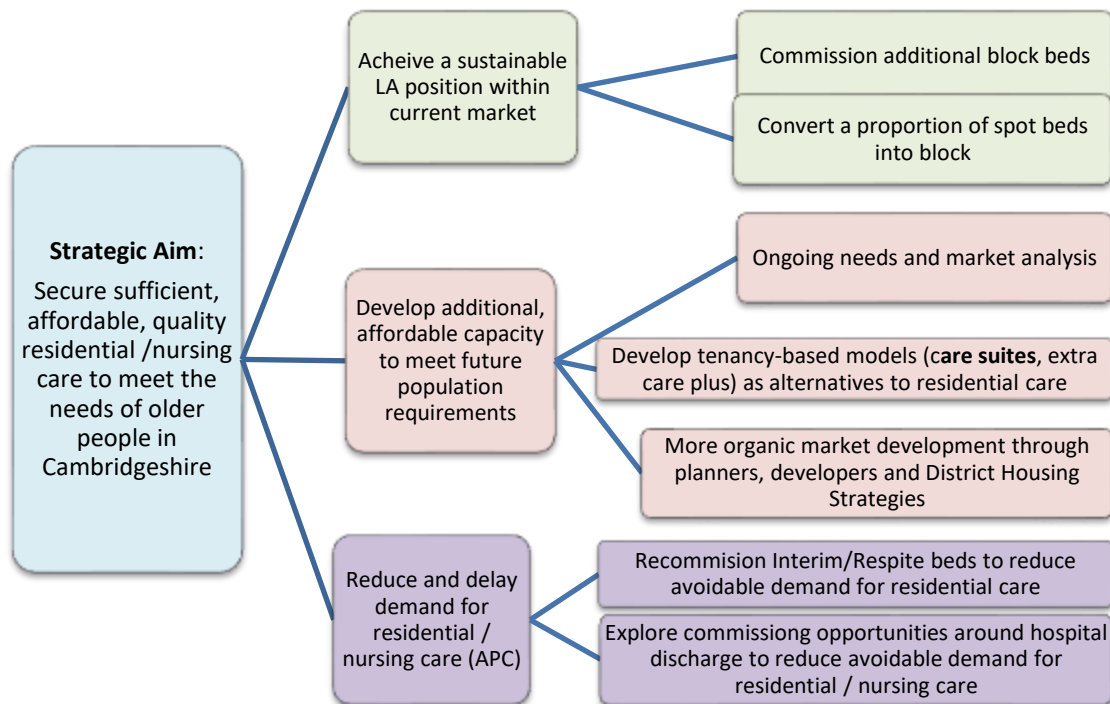
Technology Enabled Care (TEC): Commissioning continue to work with operational colleagues on the development of Technology Enabled Care as part of the Adults Positive Challenge Programme. This has four work streams:

1. Ensuring staff think 'TEC First' when triaging and support planning
2. Ensuring the general public have access to good quality information and advice to make decisions around the use of TEC
3. Aligning the operating model for TEC across Cambridgeshire and Peterborough to ensure a consistent and equitable service is in place
4. Ensuring ongoing innovation through tapping into benefits offered by the latest technology and building business cases based on robust 'Return on Investment' propositions.

To date, the work stream is exceeding cost avoidance targets set for this financial year within both Councils. There is also an ongoing focus on the alignment of the multiple commissioned LifeLine contracts.

Older People's Accommodation: The overarching aim of the Older People's Accommodation Strategy is to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community. We are seeking to achieve the above through a multi-faceted plan which will help us gain more control of the local market. This includes reducing demand for residential care, better market management and development of alternative delivery models such as 'care suites' and 'extra care plus'

This plan and approach is illustrated below.

Strategic Aim: Secure sufficient, affordable, quality residential /nursing care to meet the needs of older people in Cambridgeshire

- Acheive a sustainable LA position within current market
  - Commission additional block beds
  - Convert a proportion of spot beds into block
- Develop additional, affordable capacity to meet future population requirements
  - Ongoing needs and market analysis
  - Develop tenancy-based models (care suites, extra care plus) as alternatives to residential care
  - More organic market development through planners, developers and District Housing Strategies
- Reduce and delay demand for residential / nursing care (APC)
  - Recommision Interim/Respite beds to reduce avoidable demand for residential care
  - Explore commissiong opportunities around hospital discharge to reduce avoidable demand for residential / nursing care

The strategy therefore focuses on how we can harness all accommodation options for older people in order to manage the demand pressures associated with traditional residential and nursing care offer illustrated in the graphic below.

Own Home	Sheltered Housing	Extra Care Housing	Care Suite	Residential Care	Nursing Care
• People remain independent within their own property with limited or no support. • Entitled to claim housing benefit through DWP.	• Self contained, independent homes– each with their own front door • A lower age limit of 55 or 60 is common • Typically linked to an emergency alarm service. • Usually an on-site warden, and communal facilities such as a lounge and laundry • Rental and privately-owned sheltered housing is available • Entitled to claim housing benefit through DWP.	• Self contained, independent homes– each with their own front door • Round the clock care is available, and nursing care is sometimes on offer. • The level of support can increase as the person's level of care need increases • There may be additional facilities for the less mobile and communal facilities tend to include social and practical facilities, such as lounges and laundries • A meals service is usually on offer. • Entitled to claim housing benefit through DWP.	• Care suites are for residents above the age of 65 • Round the clock care residential and nursing is provided • Modelled on a care home concept but more enabling and focused on maintaining independence. • Entitled to claim housing benefit through DWP. Therefore the accommodation related cost will not be funded through ASC.	• Typically residential homes offers personal care and ensures residents basic personal needs such as meals, bathing and medication are met. • A home for people who struggle to live independently and need additional support, but aren't (yet) in need of nursing care.	• Nursing Care is similar t residential care, but with trained nurses on duty f those who need regular medical care and attention. • People may have lived residential care or ever the community for a period before going to nursing home.

Through this approach, Commissioning intends to take a more prudent approach to obtaining additional capacity from the market on an incremental basis through the following:

- Securing the use of existing care home provision and maintain control of cost pressure both now and in the future
- Working more closely with the market to stimulate the development of new affordable residential and nursing provision.
- Working to extend the use of extra care so delaying the need for care home placements and engaging with the market to promote increase development of care home provision over time.
- Continuing to develop, test and refine potential alternative delivery models including:
  - Extra Care Plus: This is local concept in which additional night care hours are commissioned to enable individuals with more complex needs to remain living in their Extra Care tenancy rather than transferring to residential care or nursing care
  - Care Suites: Piloting the use of care suites through conversion of existing care home provision within both Cambridgeshire and Peterborough.

All of the above will enable both Local Authorities to maximise market control, add capacity and manage rising cost pressures within the shortest timescales. The outcome of the above will inform an updated assessment of local need allowing commissioning to compare this to available capacity and consider the outcomes of the extra care and care suites pilots. This will ultimately lead to a clear view of future commissioning priorities which may include further development of care suite should the need for further capacity or management of rising costs be required.

Work is already underway within this area, and through a significant level of engagement with the local market and a number of tendering exercises, Commissioning are projecting a significant increase in affordable bed provision available to the local authority by May 2020. The Commissioning Team are also working within both Cambridgeshire and Peterborough to pilot development of care suites through working with providers to convert existing care home provision:

Homecare review: The review of homecare is due to complete in January 2020. The new DPS model had been highly successful in increasing the number of organisation's commissioned by the Council to deliver homecare. However, there is more work to be done to maximise the benefits of this approach and manage pressures resulting relating to capacity mismatch and supporting reduction of bridging packages in the reablement service.

The outcome of the review will confirm an updated vision for homecare and inform the future commissioning approach to delivering against this contract, including recommendations on how to maximise the current capacity as well as the long term development of the market capacity.

Housing Related Support: We continue to review this, to explore new models of delivery that promote best practice and ensure that people accessing housing related support services get the best possible outcomes. To support this, the Council have

commissioned an independent organisation to deliver a comprehensive needs assessment which will underpin an updated strategy. This strategy will not only reflect the progress that has been made over the past year, but will confirm an approach to recommissioning services according to best practice moving forward. This has resulted in an updated completion date of April 2021. An update is being presented to Adults Committee in January 2020.

Prevention and Early Intervention: There is a clear recognition of the need to support moving to an asset based approach to manage demand, which promotes independence and choice, whilst maximising place based community assets. The future commissioning of prevention and early intervention services is a key element to support the delivery of this approach, in line with the principles of Think Communities and Adults Positive Challenge Programme. The tendering of a new prevention and early intervention framework with being progressed. The fact that a number of these contracts are due to end in March 2020 provides us with a unique opportunity to support providers in changing the conversation through the adoption of a new and flexible approach, which will allow communities to pull-down services based on local needs, supporting place based delivery in line with the principles of Think Communities and Adults Positive Challenge.

Integrated Community Equipment Service: this contract is due to be re-tendered next financial year. Discussions with the CCG and PCC to review the current contract and review needs to inform the future commissioning arrangements.

2.12.5 **Mental Health and Learning Disabilities Commissioning**

Recovery and Community Inclusion contract: (co-commissioned with the CCG and Peterborough City Council) The contract is being delivered by CPSL Mind and is branded as 'The Good Life' service. The service aims to connect people with their local community assets as well as supporting people to improve their individual living skills, resilience and recovery. In the initial 3 months of delivery the service has supported the introduction of Good Mood Cafes and Open Door Calm Spaces, which are available in local communicates across the county, as well as supporting 100 individuals with specialist mental health needs. The service is already making a positive impact and additional elements of service are due to roll out in the coming months including a specialist Personality Disorder service, on-line counselling and peer support and a ring-fenced Innovation Fund to support service user led initiatives.

Lifecraft: a service-user led charity within Cambridge, has recently been successful in being granted £49,000 from the Innovate and Cultivate Fund to provide focused employment support to people currently living in Mental health Supported Accommodation, or receiving a Care Package. The project is currently working with around 12 individuals and is offering a range of interventions to support people to move closer to/or obtain employment. As well as a group to support confidence building and employment options the service has already supported 2 people into part-time employment and 1 person into voluntary work.

Mental Health Supported and Residential Accommodation services: Following a review of the current accommodation provision across mental health and autism and agreement by Adults Committee a procurement exercise is about to commence for

residential and supported living services (including those for people with complex needs) for Mental Health and Autism. This procurement should be completed in Summer 2020 and provides the opportunity to widen the provider market for these cohorts as well as adding additional support provision for those with complex needs who are often less able to manage in more standard Supported Living environments.

Carers of Adults with Mental Health Needs: As part of the tender for an All Age Carers Service a specific lot has been included to support Carers of Adults with Mental Health Needs. This service will work as an integrated part of the wider Carers Service but recognises some of the specific challenges faced by this cohort of Carers. This service has previously been commissioned in Cambridgeshire and as part of the tender will be extended to Peterborough with additional funding contributed by Peterborough City Council.

Specialist Mental Health Employment Support: A range of project and commissioned services are currently being delivered. A strategic review of these services will be undertaken during 2019 /20, in conjunction with Public Health and involving key partners from across the system who are involved in increasing the rate and number of people with a mental health problem and/or learning disability/autism in employment. Commissioners will draw together employment based projects to ensure that there is a strategic approach to the improvement required and to ensure that commissioning intentions and strategy can be drawn from the projects. A high level and more detailed pathways to employment will be established. Qualitative and quantitative evidence will be collected to underpin future commissioning intentions around employment.

Community Mental Health Services Transformation: We are moving to the third phase of development of the PRISM, primary enhanced mental health service in Cambridgeshire. This is an exciting phase as it extends the model to work closely with the mental health voluntary sector in partnership with CPSL Mind in their delivery of the Good Life service.

At the same time, a 2-year pilot with £3.5m investment secured by Cambridgeshire and Peterborough CCG will be undertaken in Peterborough as part of a national community transformation pilot to trail blaze, ahead of the national implementation of community mental health transformation initiatives from 2021/2022. Peterborough was selected because of the relatively high level of deprivation and mental health need. The learning from the pilot will inform the third phase of the PRISM implementation.

County Wide Learning Disabilities Partnership Operation Service (CCC and PCC): The LDP is in early discussions with the CCG, CPFT and PCC to establish a County wide LDP model for LDP staff only. This will bring the operations under one universal management structure in order to provide a consistent and collective integrated health and social care LDP service across the County which includes Peterborough. The aim is to ensure the model gives adults with learning disabilities the best experience by combining the good practice across Cambridgeshire and Peterborough. The S75 Agreements that the individual Councils have with the CCG will continue to be distinct. What will be put in place is a management agreement between the Councils and CPFT to facilitate the new structure and operational practice.

Learning Disabilities: There are currently three employment projects underway, funded through Innovate Grants. The projects are providing support into employment and work is ongoing to learn from the projects to support the commissioning of an Employment Support Framework.

Work continues to increase housing capacity within Cambridgeshire, this includes investigating options for using capital from both the Council and NHSE to build specialist accommodation.

Autism: The tender for Frameworks for Accommodation for Adults with Autism will be opened within the next month, this will allow the commissioning of specialist placements for adults with autism. Work is ongoing to re-commission the Autism Support Service which offers information, advice and support to adults with autism to support independence. The tender will be launched in early 2020.

Transforming Care Partnership (TCP): Currently there are 4 Service Users in Specialist Commissioned Beds and additionally 2 Service Users who do not have a diagnosis of LD, these are Out of County. There are 4 Service Users in Assessment and Treatment beds within County. There are 7 service users on the risk register (3 high, 4 moderate), all with comprehensive risk plans in place. Although the numbers appear small, the cost of care to deliver independence is disproportionately high and albeit there are contributions via the CCG and Continuing Health Care, the financial impact on the budget is significant.

The Transforming Care Partnership is working on several commissioning streams to ensure there are services within Cambridgeshire & Peterborough that can meet the needs of this cohort, both in terms of stabilising and supporting existing placements, namely ensuring there is sufficient crisis response and forensic support, and also in developing new services which those in hospital placements and out of county placements can return to live in and joined up services that offer out of hours and weekend support.

2.12.6 **Joint Commissioning with Health**
The Council continues to work in close partnership with NHS partners with a particular focus on joint commissioning to support prevention and early intervention, system working to address DTOCs and admission avoidance initiatives such as neighbourhood based care.

Partnerships with NHS partners are generally positive and we continue to see good collaborative working on the ground with social care staff supporting multi-disciplinary approaches. ASC is seen as a key part of the wider system and we are increasingly working with partners including health partners in many areas as the Primary Care Networks continue to develop across the North of the system. ASC is a key member and decision maker of the North Alliance and South Alliance Boards and we are actively involved in the local STP and NHS Long Term plan development.

There is a clear strategic vision across the health and care system and all partners are committed to developing integrated models of care at a place based level. The local authority is a key member of STP governance boards. Place based delivery is supported through our local authority think communities approach, which is aligned with wider system PCN and integrated neighbourhood development.

Integrated Commissioning

Despite the significant financial challenges across the health system, we continue to work hard to maintain joint commissioned services, whilst looking for further opportunities to jointly commission via the Integrated Commissioning Board. We currently have a range of jointly commissioned services in place, including:

- Learning Disability
- Mental Health
- Better Care Fund
- Community Equipment / TEC and Occupational Therapy

Mental health: In the last year the S75 for mental health has been overhauled and renewed for 1 year for Cambridgeshire and Peterborough, with a sharper focus on meeting Care Act responsibilities.

Better Care Fund: Local BCF plans for 2019/20 are in place, pending formal approval from NHS England. Plans build on 2017-19 plans and meet national conditions, including maintaining ASC investment. An evaluation of BCF spend and performance is being undertaken in conjunction with the CCG and wider system partners to inform planning recommendations for next financial year.

Performance against the BCF targets is varied. Currently, we are performing well against residential admissions and non-elective admissions. Our main area of concern is meeting the DTOC target, but local performance is showing significant improvement in recent months. Significant IBCF investment continues in this area, with a focus on supporting the high impact change model of delivery.
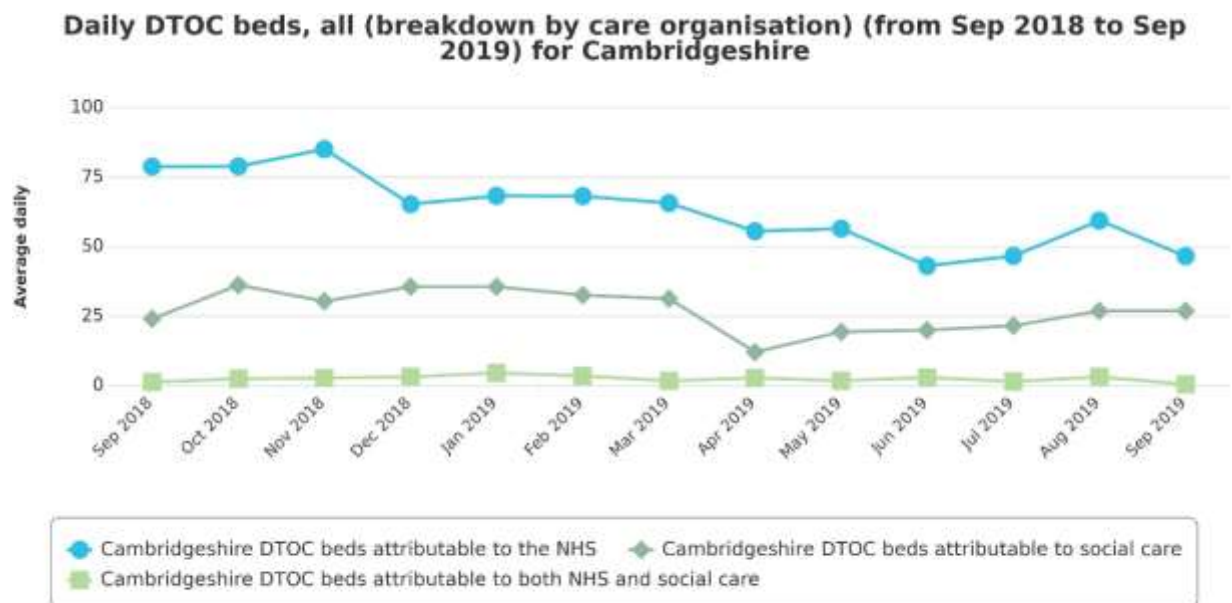
Financial challenges and increasing demand for services continue to be a challenge for the system. However, successful delivery of the residential admissions target for the last few years indicates that prevention and early intervention initiatives are supporting the unnecessary escalation of care needs, supporting people for longer in their own homes.

Learning Disabilities Partnership: following approval from General Purposes Committee, a baseline review of the LDP is being undertaken in conjunction with the CCG. This will inform the approach and risk share arrangements associated with the pooled budget for next financial year. A designated team is being established to undertake the review and recruitment has just commenced, with a view to posts being place by January 2020. The review timeline is to be completed by the end of March 2020.

2.13 **System Working to address DTOCs**

DTOCs continue to be a challenge for the system, though we have started to see significant improvements in this area, a testament to strong multi-disciplinary team approach to managing complex discharges, with the implementation of an integrated discharge service in each acute.

The below graph shows a breakdown of DTOCs by attributable organisation.

Daily DTOC beds, all (breakdown by care organisation) (from Sep 2018 to Sep 2019) for Cambridgeshire

Legend:
- Cambridgeshire DTOC beds attributable to the NHS
- Cambridgeshire DTOC beds attributable to social care
- Cambridgeshire DTOC beds attributable to both NHS and social care

Powered by LG Inform

For September 2019 Cambridgeshire, compared to all single tier and county councils in England, is ranked 126 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 121 on the rate of delayed days attributable to the NHS, and 123 on the rate of delayed days attributable to social care. The below graph shows Cambridgeshire's performance compared to other counties.

The below provides an update on more recent local performance data for each of the acute hospital footprints against the 3.5% national target:

Cambridge and Peterborough System - Delayed Transfers of Care

	CUH			HH			PCH			CPFT - Community		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
27/10/2019	46	343	5.7%	24	131	8.0%	26	118	2.9%	8	55	8.3%
03/11/2019	69	456	7.4%	18	118	6.7%	17	119	2.9%	16	79	11.9%
10/11/2019	55	473	7.5%	24	133	7.2%	19	144	3.4%	13	86	12.9%
17/11/2019	42	347	5.4%	16	127	7.0%	17	138	3.3%	14	90	13.5%
24/11/2019	54	395	6.4%	9	115	6.8%	15	138	3.3%	13	103	15.5%

Demand continues to increase for non-elective admissions, with significant growth factored into local plans. Whilst demand for residential care settings is being maintained at a reasonable level, we are experiencing rising costs of care with is a symptom of a supply led market and increasing complexity of needs.

2.14   **Partnership with Children's services**
As part of the Adult Positive Challenge Programme there is a shared work stream with Children's Services in Preparing For Adulthood.   This focussing on bringing both services together in a focus on delivering the following outcomes:

The young person, their strengths, interests and outcomes are at the centre of support planning processes.
Parent carers / family:
- Feel supported, and know where to go for help before situations escalate.
- Work with staff to develop creative and ambitious support plans, including a focus on outcomes and positive risk taking

Professionals:
- Have a shared understanding of what good Preparation for Adulthood and transition planning looks like and;
- Work together to achieve this, supported by the alignment of systems and processes across education, health and social care.
- Are confident talking to families about this to develop strengths-based, outcomes-focussed support plans.
- Are aware of the range of support options available, including prevention and early intervention provision.

Provision:
- Is commissioned proactively to meet needs.
- Forms a whole-system, graduated support offer.
- Is focussed on progression and promoting independence

There are good links operationally with the young adults team and case by case advice and conversations are happening between teams where needed and particularly in relation to support planning in the transforming lives model, health interventions for those with a diagnosis of LD and in managing risk. The young adults team provide the link into children's services and are the link with education providers.

2.15 **Partnership with Housing services**
We continue to build good and strengthened relationships with District Councils and registered providers, to work collectively around meeting housing and accommodation needs, particularly those who are most vulnerable. Strong corporate representation at the County wide Housing Board, which brings together key stakeholders in the housing partnership together.

2.16 **Partnership with Public Health**
A Public Health (PH) Consultant has been appointed to specifically work with ASC, to provide evidence and evaluation support and to ensure work streams between the two departments are aligned. The Falls Prevention Programme is a shared objective and now sits as a work stream within the Adults Positive Challenge. A current focus is how the Public Health lifestyle services can support the APC, particularly through behaviour change approaches. The re-specification of the Integrated Life Style service is an opportunity for closer working and specific workshops have been arranged to examine if there is scope to support carers. These workshops have taken place with stakeholders including Adult Social Care managers and commissioners. Adult Social Care are also partners in the PH led Stay Well in Winter campaign

Public Health has engaged with ASC in the production of the statutory Joint Health and Wellbeing Strategy to ensure it also supports the ambitions of ASC.

2.17 **Partnership with Mental Health**
There is an aligned commissioning model for Adult Mental Health and Older People's Mental Health across Peterborough and Cambridgeshire Councils and the CCG .This supports joint development and delivery of specialist and primary care mental health and

voluntary sector/community based services.

A section 75 Partnership Agreement delegating PCC and CCC authority/ responsibilities for Adult Mental Health (AMH) and Older People Mental Health (OPMH) is in place with the Mental Health Trust and this enables close working relationships between the Councils and Trust. There is strong engagement with independent and voluntary sector providers, including AMH (Adult Mental Health Stakeholder Forum (quarterly)) and Older People Mental Health (OPMH Steering Group/Delivery Board (Bi-monthly)). This supports strong partnerships across commissioners and providers, with established Public Health leads for AMH and OPMH.

There are a number of opportunities and challenges, including:

- Moving to a strengths based approach, which builds community and individual resilience, whilst ensuring compliance with the Care Act by the seconded staff managed by the MH Trust
- Pressure on financial resources: delivering more with less
- Ensuring health and social care needs arising from mental health problems are met effectively in a seamless way, including ensuring that practitioners apportion equal importance to both

2.18 **Partnership with the Voluntary Sector (VCS)**
The Council has strong partnerships with the voluntary and third sector, and this is being further built upon by the Think Communities programme. VCS will form an integral partner of the local place based boards, ensuring local co-production of solutions to meet local community needs.

The Council funds a Community Navigator service to support the links to community services. The Council has just invested in a new online community directory and is currently about to commence engaging with community groups and other stakeholders in order to maximise the services and facilities that the directory can sign post people to in their local communities and neighbourhoods.

Current pilot of Neighbourhood Cares model in two localities is showing benefits in terms of local engagement with VCS and community providers and the learning is being used to inform our next steps. Healthwatch play an active role in Cambridgeshire which includes facilitation of all Partnership Boards.

The establishment of the new Mental Health Good Life Service, which brings together health and social care investment in the mental health community/voluntary sector has enabled the development of a strong Council/voluntary sector partnership

2.19 **Resource And Workforce Management**

2.19.1 We have had two very successful recruitment campaigns for social workers and reablement workers which have helped out internal workforce capacity.   However workforce capacity remains an ongoing challenge for the independent sector.

2.19.2   During 2018 we ran an all staff survey for ASC and have developed action plans to respond to feedback with the all manager forum. Results have been shared at service level in addition to departmental level.   One of the universal concerns related to the flow of communication and this has been addressed by development of two newsletters one for general updates and one for practice updates as well as finding new ways to gather information from the front line to feed up, e.g. development of team manager logs.

2.19.3   A training pathway has been created for all ASC roles. Newly qualified social workers are well supported through the Assessed and Supported year in employment via a dedicated resource. In 19/20 the first social work apprenticeship programme will commence providing alternative entry into the profession for alternatively qualified staff which offers a training in employment route supporting retention. In November Ella Waugham was nominated as the Newly Qualified Adults Social Worker of the year.

2.20   **Next Steps**

The external challenge session will take place in January / February and following feedback from this, the Council will agree an action plan. Progress will then be reviewed at the regional performance challenge event scheduled for later in the year.

2.21   **Accessible Local Account**

As part of the sector led improvement programme, ADASS encourages sharing of a local account style overview of adult social care in an accessible format. To fulfil this objective the self-assessment has been created in a public facing format, attached at Appendix 1 for review and agreement by the committee.

3.   **ALIGNMENT WITH CORPORATE PRIORITIES**

3.1   **Developing the local economy for the benefit of all**

The report above sets out the implications for this priority in relation to development and support of the social care markets and workforce, see particularly paragraphs 2.7 and 2.9.4-2.9.6

3.2   **Helping people live healthy and independent lives**

The self-assessment notes progress and priorities relevant to this priority area throughout linking to Adult Positive Challenge programme.

3.3   **Supporting and protecting vulnerable people**

The self-assessment notes progress and priorities relevant to this priority area throughout linking to Adult Positive Challenge programme.

4.   SIGNIFICANT IMPLICATIONS

4.1   Resource Implications

There are no significant implications within this category.

4.2   Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

4.3   Statutory, Legal and Risk Implications

There are no significant implications within this category

4.4   Equality and Diversity Implications

There are no significant implications within this category

4.5   Engagement and Communications Implications

The report proposes publication of a user friendly public friendly version of the report a draft of which is attached at Appendix 2.

4.6   Localism and Local Member Involvement

There are no significant implications within this category

4.7   Public Health Implications

There are no significant implications within this category

Source Documents	Location
NHS Digital Analytical Hub – Adult Care Outcomes Framework Analytical Tool	https://app.powerbi.com/view?r=eyJrIjoiYzRmOGJmMzUtYWUwZS00NDA3LWJjNTEtN2FjY2Y1OGZiMjBiIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjIlMiIsImMiOjh9

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

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