

ADULTS POSITIVE CHALLENGE PROGRAMME

To: Health and Wellbeing Board

Meeting Date: 31 January 2019

From: Tina Hornsby – Head of Integration, Adults and Safeguarding

Recommendations: The Health and Wellbeing Board is asked to:

- a) Note the findings of the recent self-assessment for Adult Social Care
- b) Consider how the Board might engage with and support Adult Social Care in the innovations and challenges described.

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1. PURPOSE

- 1.1 The purpose of this paper is to share the conclusions of the recent self-assessment for Adult Social Care in Cambridgeshire with the Health and Wellbeing Board.
- 1.2 Throughout the paper there is reference to the Adult Positive Challenge Programme and the Board are asked to consider how they might engage with this programme.

2. BACKGROUND

- 2.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment.
- 2.1 The self-assessment covers a wide range of themes via a number of prompts to consider for each. Cambridgeshire County Council submitted a self-assessment on 31 October 2018 and this paper summarises the key themes that have emerged through that process.
- 2.2 There is a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. A copy of the Local Account which summarises the self-assessment is attached at Appendix 1.
- 2.4 The self-assessment also makes reference to the Adult Positive Challenge Programme which is underway across Cambridgeshire and Peterborough. The programme seeks to manage demand whilst delivering improved outcomes for people by adopting a strength based approach to all conversations, focusing on what's important to an individual, taking their strengths and talents into consideration in all interventions and exploring their social network and community assets. This is a programme, which although led by Adult Social Care cannot be delivered in isolation and requires input from partners in Public Health, District and Parish Councils and the Voluntary and Community sectors.

3. MAIN ISSUES

- 3.1 The following is a summary of the findings of the self-assessment as submitted in October 2018
- 3.2 **Risks, challenges and innovation**
 - 3.2.1 The following are identified as the key risks and challenges for 2018 /19
 - The forecast growth in demand presents key financial risks and demand management challenges. This is reflected in the comprehensive demand management and transformation programme developed with support from Impower through the Adults Positive Challenge Programme
 - Market capacity to meet increased demand and increased complexity of demand – a revised market position strategy has been agreed across Peterborough and Cambridgeshire to seek provider engagement on these challenges
 - The challenges of taking forward system wide working to achieve shared outcomes when working with a significantly challenged economy – reflected

in the continued challenges around the hospital discharge pathway, despite a degree of success in tackling social care delays.

3.3 Innovation and Achievements

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

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

3.4 Leadership and Governance

3.4.1 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) and Director for Adults and Safeguarding

3.4.2 The integration of the Adults senior management team across Cambridgeshire County Council (CCC) and Peterborough City Council (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 reduce duplication, increase consistency and share best practice.

3.5 Vision And Values – Adult Positive Challenge programme

3.5.1 The Adults Positive Challenge Programme covers Adult Social Care across Cambridgeshire and Peterborough, within the programme we have agreed the following vision and outcomes

3.5.2 Vision

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

3.5.3 Outcomes

The People and Public Outcomes will be:

- 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 PCC and CCC can and can't do

The Council Outcomes will be:

- We have a financially sustainable service and meet statutory duties

- Our service model is focused on supporting neighbourhoods and communities
- People remain as independent as possible for as long as possible
- Partner actions aligned to shared vision

3.5.4 The Programme has a number of key work streams to support the embedding the new way of working these are:

- **Neighbourhood based operating model** - seeking to address issues of social isolation and improve choice and control by delivery of support through neighbourhoods and local services and networks, working in tandem with the Think Communities programme. Learning from the two Neighbourhood Cares pilots in Soham and St Ives.
- **Increasing carers support** - increasing awareness of the role of carers, changing how we commission support for carers and enhancing digital and information and advice offers for carers
- **Changing the conversation** - strength based approach to practice, optimising reviews and enhancing information and advice. Looking first at what individuals can and want to achieve before focussing on factors limiting them. Looking at a wider range of solutions to maximising independence and control, including issues connected to housing, technology and accessibility of communities.
- **Commissioning** - outcome based commissioning and meeting the challenges around care market capacity by looking at innovative ways of supporting individuals to purchase and access services and support which meets their needs.
- **Increasing targeted reablement** linked to wrap around community support. Focussing on the potential of reablement to lead to the strengthening of support networks and access to the right assistive technology to support continued independence of individuals once skills have been regained.
- **Learning Disability Enablement** - taking a strengths based approach with young people from childhood and an enablement approach into adulthood. Including promotion of employment as an aspiration for young people with learning disabilities and support to achieve this aspiration, including engaging with employers and partners to increase employment opportunities.
- **Embedding Technology Enabled Care (TEC)** - increasing the information on and range of TEC offered to support independence, choice and control - focussing on TEC right from childhood. A focus on access to the right TEC at the right time for people with emerging or changing care and support needs.

3.5.5 We want to work with our partners to create joined up services which improve people's lives. We are currently developing a communication strategy will ensure communication with our partners, especially those who are commissioned by us, and energise them to get actively involved in supporting the Adults Positive Challenge Programme objectives. Partners identified in the strategy include; service providers, Health partners, Public Health, Councillors, District and Parish Councils, and Voluntary and Community Sector partners.

3.6 Adult Early Help

3.6.1 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, via our Social Care teams. 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.

- 3.6.2 Their approach is to carry out 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
- 3.6.3 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
- 3.6.4 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.
- 3.6.5 The role of the team is to show curiosity and creativity in exploring outcomes, the benefits of which can be seen in 2 key performance areas:
 - Over 75% of people have maintained independence from social care with less than 25% needing to move on to a full social care assessment; and
 - Satisfaction survey results show that 96% of people rate the support of AEH positively and 98% say they were treated with dignity and respect.

3.7 Supporting people to stay well in their own homes - community focus

- 3.7.1 The Adults Positive Challenge (APC) Programme is about 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 the strategic change is a model which is based on putting choice and independence directly into the hands of individuals and communities.
- 3.7.2 The new model will be driven by a neighbourhood, 'place based' approach, and success will mean that people have greater independence and better outcomes with reduced state intervention by:
 - Addressing people's needs early to prevent them from escalating - working in partnership with communities and health partners, to share information, act as one care workforce and be proactive;
 - Empowering individuals to do more for themselves - providing them with the resources, tools and local support network to make it a reality; and
 - Building self-sufficient and resilient communities - devolving more preventative care & support resources at a neighbourhood level and enabling individuals to spend their long-term care budget within their community.
- 3.7.3 Underpinning this work is the following set of key principles:
 - We will continue to enable people to live fulfilled lives, to build on people's strengths, and to support people in a way that works for them;

- We will encourage the development of strong, connected communities, by adopting a neighbourhoods-based approach, empowering partners to innovate, and adopting a collaborative evidence-based approach to driving change;
- We will develop a distinct empowering culture across Adults' Services, so that practitioners can take the steps they need to make a difference for people;
- We will exploit all digital opportunities to help people live the fullest life they can, to empower service users to be in control of their care and wellbeing, to enable the care workforce to be effective and to improve multi-agency working; and
- We will provide a cost effective and financially sustainable service to ensure that we can continue supporting people to achieve the best possible outcomes in the future.

3.7.4 Based on the principles of the Buurtzorg model of care, Cambridgeshire County Council has established pilot 'Neighbourhood Cares' models in Soham and St Ives to test a community model that supports customised care. The outcomes of the pilot are 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

3.7.5 One of the critical differences between Neighbourhood Cares pilot workers and other adult social workers is that they are trained to provide personal care and support with daily living. This is provided in urgent and unplanned situations. This enables support to be provided quickly by someone already known to the client.

3.7.6 An external evaluator, York Consulting Ltd, has been 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. An interim report will be published in September 2018 and a final report in March 2019.

3.8 **Supporting people in crisis**

3.8.1 As part of Cambridgeshire Reablement Service, we provide an Enhanced Response Service (ERS). This has been established for the last 16 months, responding to urgent Lifeline calls where no named contact is available and where it is not a medical emergency. ERS is responding to 300 calls a month, all of which avoid an ambulance call out. ERS can assist to support people who have fallen but have not injured themselves, one-off urgent personal care needs and to silent calls. The Service is listed on 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 / crisis through the Reablement Service.

3.8.2 The Technology Enabled Care (TEC) team have been working in partnership with hospital partners and ERS to deliver a more efficient process to support people following a crisis. Following a hospital attendance, or during a Reablement episode, people are offered a 6-week funded lifeline option to ensure that the system is put in place in a timely way to prevent any further escalation in needs. Alongside this, TEC can provide a home activity assessment, mapping a person's strengths over a two-week period in their own home to assist in the provision of high quality bespoke support to meet any ongoing needs, as well as support the informal carer network. Following these interventions, TEC options are considered to cover: hydration, medication management, the ability to get help in a crisis independently to try and prevent recurrent, ongoing issues and enable positive supported risk taking.

3.8.3 The TEC team are also pursuing more advanced digital systems in relation to declining health and well-being, as well as medication adherence, in two separate NHS England funded projects to work more preventatively to avoid crisis. By deploying more intelligent and robust digital systems alongside informal carers and ERS at the earliest point in an individual's journey, we hope to utilise the existing informal carer networks to prevent escalation in care needs and ultimately prevent crisis which could lead to a reduction in ability and independence.

3.9 Reablement, rehabilitation and enabling people to regain independence

3.9.1 An Integrated Discharge Service (IDS) has now been established in each hospital in Cambridgeshire. The IDS is a team of health and social care discharge planning experts working together to support hospital wards with discharge planning for people with complex needs, and /or who need community support after discharge.

3.9.2 The referral pathway into Social Care from Intermediate Care has been reviewed and simplified. To robustly manage referrals and ensure a timely assessment and flow out of Intermediate Care, the referral routes have changed from multiple points of entry into a single referral point. The Reablement service now receive and progress all referrals from Intermediate Care. All referrals are triaged at the point of receiving the request for care. Following triage, each referral will either progress with a Reablement intervention or direct to Care Act care needs assessment completed within the Reablement Service

3.10 Safeguarding People

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

3.10.2 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

3.10.3 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 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

3.10.4 Since the inception of the MASH the benefits we have seen are:

- Minimising delays, i.e. working with partners more quickly;
- Transparent decision making for Safeguarding concerns;
- Identification of wellbeing concerns at an early stage and direct referral pathways into Adult Early Help for preventative support focused conversation
- Improved data quality;
- Improved monitoring of safeguarding issues; and
- Saving time for care teams by closing some referrals without the need for further enquiry.

3.10.5 System partners are keen to further develop the functions of the Adult MASH and a one-year pilot will shortly be launched in selected districts to explore a new approach to Safeguarding Adult Enquiries. The pilot will explore whether expanding the MASH role to undertake Section 42 enquiries with adults who do not have an allocated Social Worker will reduce delays in enquiries, improve outcomes for individuals under Making Safeguarding Personal and contribute to a reduction in workload pressures for the community teams enabling timely reviews and assessments. The management of Safeguarding enquires for adults who have an allocated social worker will remain the same.

3.11 Performance and Outcomes

3.11.1 Figure one 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 - 2017/18

							17/18 Cambridgeshire is better		
							17/18 Cambridgeshire is the same		
							17/18 Cambridgeshire is worse		
		Cambridgeshire		Comparator Averages					
Ref	ASCOF - Indicator	2016/17	2017/18	Region	CIPFA	England	Measure	Rank	DOT
1A	Social care related quality of life (Score)	19.4	19.7	19.2	19.3	19.1	Bigger is Better	9	↑
1B	Service users with control over their daily life (Percentage)	81	81.2	78.4	78.7	77.7	Bigger is Better	28	↑
1C1A	People receiving self-directed support (Percentage)	97.5	98.8	82.1	92.5	89.7	Bigger is Better	49	↑
1C2A	People receiving direct payments (Percentage)	23.3	23.6	27	29.4	28.5	Bigger is Better	101	↑
1C1B	Carers receiving self-directed support (Percentage)	90.5	95.1	95.1	99.7	83.4	Bigger is Better	105	↑
1C2B	Carers receiving direct payments (Percentage)	90.5	95.1	84.9	99.2	74.1	Bigger is Better	82	↑
1E	Adults with learning disabilities in employment (Percentage)	3	2.6	7.5	6.5	6	Bigger is Better	126	↓
1G	Adults with learning disabilities living in own home / with family (Percentage)	71	71.2	75.2	73.7	77.2	Bigger is Better	125	↑
1I	Service users with as much social contact as they would like (Percentage)	47.7	47.6	45.9	46.3	46	Bigger is Better	53	↓
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)	5.5	6.9	14.1	11.5	14	Smaller is Better	21	↑
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)	521.1	467.9	479.4	548.8	585.6	Smaller is Better	41	↓
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)	73.4	72.4	81.8	81.4	82.9	Bigger is Better	139	↓
2B2	Older people receiving reablement services after leaving hospital (Percentage)	2.3	2.7	2.9	2.3	2.9	Bigger is Better	85	↑
2C1	Delayed transfers of care (Per 100,000)	10.1	17.4	11.8	14.7	12.3	Smaller is Better	136	↑
2C2	Delayed transfers of care attributable to social services (Per 100,000)	0.7	4.9	3.7	4.9	4.3	Smaller is Better	85	↓
2C3	Delayed transfer of care attributable to both (per 100,000)	N/A	1.1	0.7	1.1	0.9	Smaller is Better	119	-
2D	The outcome of short-term services: sequel to service no care needs (Percentage)	92.9	93	82.8	78.2	77.8	Bigger is Better	11	↑
3A	Client satisfaction with care and support (Percentage)	64.7	63.2	64.4	66	65	Bigger is Better	88	↓
3D	Service users who find it easy to get information (Percentage)	73.3	70.8	72.2	73	73.3	Bigger is Better	108	↓
4A	People who use services and feel safe (Percentage)	68.2	73.5	70.3	70.8	73.3	Bigger is Better	34	↑
4B	People who say the services they use make them feel safe and secure	83.7	83.2	84.3	87.5	86.3	Bigger is Better	113	↓
	Note CIPFA averages = median average								

3.11.2 Cambridgeshire has significant challenges around transfers of care 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 challenges remain. For social care the key issue is the shortage of capacity for domiciliary care to return people to their own homes.

3.11.3 There is also a need to improve the targeting and effectiveness of reviews for people in receipt of long term care and support and this is a key component of the “changing the conversation” element of our Adults Positive Challenge Programme. Our Neighbourhood Cares pilots suggest that when there is a consistent source of advice and support the need for reviews is reduced as there is an ongoing dialogue with the person being supported.

3.11.4 There are arrangements in place for service user participation through partnership boards. There have been improvements to the way that complaints are analysed and monitored which has resulted in improvements

to systems and there has been an increasing use of the learning from the national and local service user and carer surveys.

3.11.5 Other areas for improvement are support for adults with Learning Disability to access employment, and increasing the percentage of adults with Learning Disabilities who live in their own home or with family. Both of these will be impacted by the Learning Disability enablement work stream of our Adults Positive Challenge programme

3.11.6 The service user survey also evidenced some areas in which we could do better, including overall satisfaction, access to information and services helping people to feel safe. These factors will feed into our Adults Positive Challenge work stream around changing the conversation.

3.12 Commissioning And Quality

3.12.1 Cambridgeshire and Peterborough are working in close partnership with our local Clinical Commissioning Group (CCG) to commission Learning Disability services, homecare, mental health, community equipment, Technology Enabled Care and carers support (from January 2020). Within Cambridgeshire this is underpinned by a joint brokerage model for Care Home and Homecare provision enabling a joined up conversation with the market and management of capacity and development of a fully integrated Brokerage function across both authorities is currently underway.

3.12.2 There are currently key concerns relating to care homes and homecare capacity, quality and sustainability of current costs. Key actions to address are:

- The Council has worked in partnership with our largest home care provider and has made significant investment to improve the quality and sustainability of the organisation. Whilst improvement has been seen, we continue to monitor this on an ongoing basis.
- We are adopting an evidence based approach to tackling key areas of shortfall in capacity by targeting support to the local issues/challenges identified.
- More consistent engagement and co-production is taking place with the local market

3.12.3 We are also experiencing capacity pressures within the care home market. To address this, the Council is currently working to identify a strategic partner to design, build and run a number of care homes on Council-owned land via a long lease arrangement. This will enable us to address key areas of shortfall, offer individuals increased choice and control and improve control over rising costs, particularly for nursing care home provision

3.12.4 To promote joined up working and transparency with the local provider market, Cambridgeshire and Peterborough have recently produced a joint market position statement to give a clear indication of the Council's priorities and strategic direction over the coming months.

3.12.5 The Council complies with Care Quality Commission (CQC) regulations and has recently undergone a LGA Peer Challenge using the CQC Area Review methodology and has just received the final report with a number of recommendations

3.12.6 The local summary profile from ADASS shows that we have high quality independent provider services in Cambridgeshire compared with other Local Authorities, although we have recently had more concerns about providers and the stability of the market. All Learning Disability in house services have now been rated by CQC as “Good” with some key areas being rated as “Outstanding”. Reablement services have also been rated as “Good”.

3.13 National Priorities and Partnerships

3.13.1 Partnerships with Health

Partnerships with Health are positive and there has been particular work around joint assessment meetings for Delayed Transfers of Care that are embedded in practice across Health and Social Care. There have been some challenges around Continuing Health Care (CHC) although recently progress has been made with plans in place for the assessment backlog to be completed within the current financial year. Better Care Fund (BCF) and Improved Better Care Fund (IBCF) plans are agreed and signed off. We have a number of integrated services operating under section 75 agreements including, Learning Disability, Mental Health and Occupational Therapy. We also have a pooled budget for Learning Disability between the CCG and the Council and there have been some challenges in agreeing the risk share.

3.13.2 Partnership with Children’s services

We have good links with Childrens Social Care and the SEND 0-25 service for children which sit under the same shared Executive Director. There are positive links with the young adult’s team and case by case advice, support and conversations between teams where needed, particularly in relation to support planning in the transforming lives model, health interventions for those with a diagnosis of Learning Disability and in managing risk.

3.13.3 Partnership with District Councils

There are good and strengthening relationships with District Councils and registered providers, to work collectively around meeting housing and accommodation and strong representation at the County wide Housing Board, which brings together key stakeholders in the housing partnership. A strategic review of Housing Related Support is underway, which includes an analysis of client need and future location of supported accommodation and floating support. We are also linking in to the Think Communities programme to better work together with both District and Parish Councils around provision of neighbourhood based support services, making best use of community assets.

3.13.4 Partnership with Public Health

In Cambridgeshire there is a well-developed multi agency Ageing Healthily and Prevention Steering Group led by Public Health which Adults Social Care is a core member of. This has worked on several areas including falls prevention, loneliness, continence, dementia and a current campaign to promote strength and balance classes for residents across Peterborough and Cambridgeshire.

3.13.5 Partnership with the Voluntary Sector

The Council has strong partnerships with the voluntary and third sector with a web based Care Network for sharing of resources. The local VCS has set up a Health and Well Being Network which acts as a point for all VCS referrals and is represented at multi-disciplinary meetings with primary care and

community health neighbourhood teams. Healthwatch plays an active role in Cambridgeshire which includes facilitation of all Partnership Boards. In both our Adult Positive Challenge Programme and the feedback from recent Health and Social Care System Peer Review we have recognised the inclusive with VCS in co-producing and commissioning services and delivery models.

- 3.13.6 There is currently a Neighbourhood Cares pilot in two localities showing benefits in terms of local engagement with VCS and community providers.

3.14 Resource and Workforce Management

- 3.14.1 The Council adult social care budget remains challenged due to the growth in demand and complexity and market cost increases. At the mid-year point the Council was forecasting a 0.15% overspend on the adult social care budget which assumes delivery of significant savings targets. Recent savings strategies have focussed on the prevention agenda through early intervention, a programme of targeted reviews and reassessments, and transactional savings resulting from maximising financial contributions within existing policies and identification of appropriate funding from health in relation to service user needs. In addition, commissioners have reviewed utilisation of care contracts to ensure we are using them efficiently.

- 3.14.2 Transformation funding has been identified for a significant programme of work to manage demand coming into Adults services, trying where possible to 'stand still' in financial terms, mitigating demand increases by helping people earlier to maintain independence for longer. The Council has invested in external consultancy support to try to deliver this; we are still in the early stages of this work, however (it is expected to start delivering financial benefits in quarter 4 of 2018/19 and then into 2019/20-21)

- 3.14.3 We are concerned about the impact of Brexit as 20% of our care staff are from the EU. Recruitment is affected by being in an area of high employment and high living costs and there are particular difficulties in Cambridge City and in South Cambridgeshire. We find it difficult to recruit experienced social work staff as opposed to newly qualified staff but the most challenging area is in the recruitment of support workers in all services. Home care rates paid per hour in Cambridgeshire are the highest in the region

- 3.14.4 To mitigate recruitment risks we have improved our workforce development offer and are aware of areas (such as commissioning) where we need to further develop it, but overall feedback from staff is positive. Career pathways have been developed to maximise the Adult Lead Careworker Apprenticeship. Workforce leads are also working with their colleagues in the health system to consider how we might begin to collaborate better in responding to the workforce risks.

- 3.14.5 Pay for social workers is in line with national averages and a strategic Social Worker recruitment project plan is in place to improve our recruitment of experienced social workers, reduce vacancies and reduce reliance on locums.

3.15 Next Steps for the self-assessment process

The external challenge session will take place on 8 January 2019 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.

3.16 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.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The report is relevant to all priorities of the Health and Wellbeing Strategy:

- Priority 1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5. SOURCES

(It is a legal requirement for the following box to be completed by the report author.)

Source Documents	Location
<i>NHS Digital Analytical Hub – Adult Social Care Outcomes Framework Analytical Tool</i>	https://app.powerbi.com/view?r=eyJrIjoiaNTY0ZTNhN2YtODg2ZS00OTlyLWI2MjltZTJiY2E5M2MxNTBmliwidCI6IjUwZjYwNzFmLWJiZmUtNDAXYS04ODAzLTY3Mzc0OGU2MjllMjltMmMiOj9