

ADULTS COMMITTEE



Thursday, 08 October 2020

Democratic and Members' Services

Fiona McMillan

Monitoring Officer

14:00

Shire Hall

Castle Hill

Cambridge

CB3 0AP

COVID-19

During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will held via Zoom and Microsoft Teams (for confidential or exempt items). For more information please contact the clerk for the meeting (details provided below).

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1 Apologies for absence and declarations of interest

Guidance on declaring interests is available at

<http://tinyurl.com/ccc-conduct-code>

2 Minutes - 20 September 2020

[Minutes - 20 September 2020](#)

3 Adults Committee Actions - October 2020

4 Petitions and Public Questions

KEY DECISIONS

- 5 **Early Intervention and Preventative PSEUDO Framework**
 - 6 **Section 75 Agreements - Integrated Community Equipment Service
and Occupational Therapy**
 - 7 **Transformation Funding Business Case – Micro-Enterprise Pilot
Supporting Homecare In Cambridgeshire**
- DECISIONS**

- 8 **Business Planning Proposals 2021-26**
To follow
- 9 **Care Suites Member Reference Group**

INFORMATION AND MONITORING

- 10 **Deep Dive Update - Support for Carers**
- 11 **Adults Committee agenda plan -October 2020**
- 12 **Date of Next Meeting**
10 December 2020

The Adults Committee comprises the following members:

For more information about this meeting, including access arrangements please contact

Councillor Anna Bailey (Chairwoman) Councillor David Ambrose Smith (Vice-Chairman)
Councillor Adela Costello Councillor Sandra Crawford Councillor Derek Giles Councillor
Mark Goldsack Councillor Nichola Harrison Councillor Mark Howell Councillor David Wells
and Councillor Graham Wilson

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ADULTS COMMITTEE

Minutes Action Log

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on 8 October 2020 and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 29 September 2020

Meeting 7 November 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
233.	Learning Disability Partnership - Baseline 2020/21 (Pooled Budget Review)	Mubarak Darbar	Members discussed the report and requested updates on progress.	Discussion underway with the CCG about this and timescale in light of national announcement that any backlog in CHC assessments during Covid will start on 1 Sept	On Hold	

Meeting 2 July 2020

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
294.	Housing Related Support Services	Lisa Sparks	Requested that the Arc report be circulated to the Committee once available.	We have asked Arc4 to add some additional data to the report. We anticipate this will be completed by mid-August.	Ongoing	

Meeting 10 September 2020

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
304.	People & Communities Priorities And Recovery Plan	Charlotte Black Will Patten	Members highlighted the excellent support of the voluntary sector throughout the pandemic and questioned whether this support had been captured to guide future planning and if the authority would be providing some skills and knowledge transfer to the volunteers in order that it would make it easier for them to report a note of concern. Officers acknowledged that there was a need to capture this and that Adrian Chapman was leading on a piece of work that focused on lessons learnt from the first wave of the pandemic. The Chairwoman agreed that this was a key action point and that this needed to be built into the recovery plan.	<p>There are a number of different work streams being taken forward to support the voluntary and community sector in identifying when adult social care referrals might be beneficial.</p> <p>These include a review of the care navigator role for clients with long term care and support needs, a guided online contact form have been launched which takes down concerns but also directs to useful information, further support from the APC change champions into social prescribers and lead voluntary sector agencies. There is also a fortnightly forum for all commissioned voluntary sector providers to share good practice and / or concerns.</p>	Closed	

Early Intervention and Preventative PSEUDO Framework

To: Adults Committee

Meeting Date: 8th October 2020

From: Will Patten, Service Director: Commissioning.

Electoral division(s): All

Forward Plan ref:

Key decision: Yes

Outcome: Committee are asked to consider procurement of an Early Intervention and Prevention Pseudo framework. Procuring a Framework to support the commissioning of services under the Early Intervention and Prevention portfolio will maximise opportunities for innovative service development through increased co-design with the market and a more joined up and integrated approach to commissioning and contracts to be included in the scope of the framework

Recommendation:

Committee are asked to approve:

- a) Procurement of an Early Intervention and Prevention Pseudo Framework (Lots 1-3)
- b) Procurement of an Early Intervention and Prevention Pseudo Framework (Lots 1-4)
- c) Contracts listed in Appendix 2 to be included in the scope of the Framework
- d) Contract award for the Early Intervention and Prevention Framework to be delegated to Executive Director of People and Communities

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1. Background

- 1.1 During 2019 a procurement approach was developed for a Pseudo Dynamic Purchasing System (PDPS) in order to commission for a range of Early Intervention and Prevention services. The Framework was organised into 4 lots with 10 current contracts forming part of the PDPS.
- 1.2 Whilst the procurement was underway in February 2020 a further review of the construction of the tender and its proposed outcomes was undertaken with the following limitations identified which reduced the flexibility and long-term use of the Framework as a 'dynamic purchasing system':
 - Limited scope of service specifications governing each Lot
 - Inability to add additional services to the scope of the procurement if additional funding became available
 - Rigid annual timeframe under which call-off's could be made
 - Call-off contracts stipulated as 1 year+1 in all cases offering no flexibility for longer term delivery options
 - No opportunity to work with Cambridgeshire and Peterborough CCG or Public Health to commission services more effectively
- 1.3 Concern was also expressed by the market in terms of the consideration given to the current contracts included in the procurement, the wider considerations of the joint funded nature of some of the service delivery and confusion in the nature of operation of the Framework.
- 1.4 It was agreed in February 2020 to abandon the procurement process to enable a full review and revised procurement to be developed and approved to provide a wider and more flexible commissioning tool
- 1.5 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 both the Think Communities agenda and Adults Positive Challenge Programme.

The Early Intervention and Prevention agenda supports the following objectives:

- Enabling people to maintain their independence and stay living at home or within their family for longer.
- Receive appropriate information and advice to support the principles of shared decision making with service users, carers and families.
- Receive appropriate outcome based support which focusses on people's strengths and assets
- Collaboration and interagency working to improve services and the experiences of service users and carers.
- To improve, innovate and evidence the impact and effectiveness of early intervention and prevention services, demonstrating their social and economic impact

- 1.6 Procuring a Framework to support the commissioning of services under the Early Intervention and Prevention portfolio will maximise opportunities for innovative service development through increased co-design with the market and a more joined up and integrated approach to commissioning

2. Main Issues

- 2.1 Following the abandonment of the previous tender, work has been undertaken to develop an alternative procurement approach that builds on and delivers the principles of Early Intervention and Prevention and addresses the limitations of the previous procurement. A new procurement approach has been developed for an Early Intervention and Prevention Framework which will operate in partnership with Peterborough City Council and Cambridgeshire and Peterborough CCG. Peterborough City Council will be the lead Authority for the Framework Agreement with Cambridgeshire County Council able to call-off service requirements from the Framework to meet the Council's Early Intervention and Prevention agenda and within the Council's budget for these services,

This mechanism will enable Cambridgeshire County Council to achieve the following:

- Fulfil and fully evidence compliance with the statutory requirement to offer or arrange preventive services to support those at risk of developing higher-level care needs.
- Take a preventative approach by providing information and effective preventative support services that reduce or prevent the likelihood of unnecessary escalation of care needs.
- Streamline the procurement process to reduce duplication and ensure we are able to respond quickly and flex provision to commission for local needs, whilst ensuring we deliver in line with procurement and commissioning best practice.
- Explore opportunities to jointly commission services with CCG and Public Health to reduce duplication and achieve both social care and health outcomes.
- Use intelligence from across the Councils, such as Adult Early Help and Innovate and Cultivate grants, to develop a more strategic commissioning approach
- A procurement solution which enable commissioner and providers to work together to deliver efficient and effective services which can be monitored in a consistent way
- Provide an effective mechanism to engage with the market in a collaborative way encouraging both large and small organisations to contribute to the shaping and development

- 2.2 The revised Early Intervention and Prevention Pseudo Framework will be developed around a range of high level outcomes and impacts for service types rather than by cohort of service user. This will enable services to be delivered across client types, where appropriate, and for providers to adopt an outcome, strengths based approach from the outset. This will also enable collaboration across traditional geographical and cohort boundaries if there is a commissioning need as well as providing a mechanism for smaller service call-offs under a Think Communities approach without the need to undergo a specific commissioning exercise.

The Framework will provide a contracting mechanism through which services can be 'called-off' under thematic Lots. The proposed lots are:

Lot	Lot Title	Descriptor
1	Hospital Discharge and Admission Avoidance	Services which will support the timely discharge of people from hospital or to prevent admission/re-admission of individuals into an acute
2	Information and Advice	Services which deliver information and advice to improve access and awareness
3	Community Support	Services which are delivered in local communities or within people's homes supporting increasing or prolonging independence and improving social connections
4	Day Opportunities	Services which provide centres within local communities where people with support needs can go to meet others, engage in a range of appropriate activities, reducing social isolation and maximising independence

2.3 Day Services

2.3.1 Lot 4, as outlined above, has been included in the development of the Framework in order to provide a future option to enable effective recommissioning of Day Opportunities through this mechanism if required.

2.3.2 Currently Day Services for Older People are issued with grants from the Adult Social Care budget. The value of grants to commissioned Day Service for Older People providers in Cambridgeshire is £742,283. A review of these services is currently underway and will form part of the Adults Positive Challenge Programme to ensure that there is a clear vision and strategy to support both the Covid Recovery and on-going service delivery of day opportunities for older people. The inclusion of Lot 4 in the Early Intervention and Prevention Framework provides a mechanism for future contracting, should we wish to use it, following the outcome of the transitional and transformative work.

2.3.3 Day Services providers have continued to receive their grant funding throughout the pandemic period and will continue to do so. Commissioners have valued the on-going support that Day Service providers have been able to offer to vulnerable members of the community throughout recent months and how services have adapted, continuing to deliver support to individuals, when community venues were closed and usual activities unavailable. The positive and innovative outcomes achieved throughout this period will help inform the future strategy and commissioning intentions for Day Opportunities as part of the Adults Positive Challenge Programme, aiming to improve the current model and outcomes for individuals.

2.3.4 Further detailed consideration of this lot will be presented to Adults Committee at a future date as part of a wider review and commissioning intentions for Day Opportunities. The option to include the lot as part of this procurement is not to pre-empt an outcome of this review but will enable the Council to have an effective commissioning structure in place to utilise, if required, once the review and commissioning intentions are complete.

2.4 Framework Process

2.4.1 Provider skills required for each lot will also be mapped out to help ensure that there is a robust evaluation process for entry onto the Framework and that there is clarity within the market about the required provider capabilities.

2.4.2 Providers will apply to be on the Framework under a particular Lot and will then have the opportunity to bid for any of the service call-off's that will be procured under the relevant Lot. The Framework enables the Council to have a pool of quality-assured providers who we can engage with on a strategic basis to strengthen our approach to Early Intervention and Prevention services. The Framework will open regularly so that new providers will have the opportunity to apply to be the Framework to ensure a dynamic and developing market.

2.4.3 Appendix 1 outlines the construction of the Lots within the Framework and details the expected high level outcomes and provider skills required under each of the delivery areas

2.4.4 The advertised budget will be constructed through the value of potential contracts mapped to the Framework as well as an assumed additional level of monies or that may be added through the lifetime of the contract. This does not commit the Council to any additional spend but provides the scope to call-off services should additional funding become available.

2.4.5 The current funding allocated to each lot is outlined below. This is based on current commissioned services and an additional 20% percent value will be added per lot to allow for flexibility over the term of the Framework.

2.4.6

	Annual Scoped Contract Spend (All Commissioning Authorities)	CCC Contribution (Annual)	Total Annual Lot Budget (includes additional 20%)	Total Contract Term (includes additional 20%)
Lot 1 – Hospital Discharge/Admission Avoidance	£545,193	£118,980	£654,231	£4,579,621
Lot 2 – Information and Advice	£484,451	£416,536	£581,341	£4,069,388
Lot 3 – Community Support	£634,880	£460,937	£761,856	£5,332,992
Lot 4 – Day Opportunities	£849,704	£742,283	£1,019,645	£7,137,513

2.4.7 The initial contract term for the Framework will for 5 years with an option to extend the arrangement for a further 2 years. The total framework budget across the whole contract term is £21,119,514 with Cambridgeshire County Council's commitment, based on current contract spend, £12,171,152. The above values include current spend on grants issued to Day Services.

- 2.4.8 Appendix 2 outlines the current contracts commissioned by Cambridgeshire County Council which will be called-off through the mechanism of the Early Intervention and Prevention Framework (Lots 1-3) and form the basis of the Council contribution outlined above.
- 2.5 Subject to Committee approval of the Early Intervention and Prevention Framework it is intended that the procurement will take place during Autumn/Winter 2020. This will enable providers to bid onto the Framework and will enable call-offs of the service contracts to be undertaken from April 2021.

3. Alignment with corporate priorities

- 3.1 A good quality of life for everyone
The Early Intervention and Prevention Framework will provide strategic oversight of the Early Intervention and Prevention provision commissioned by Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough CCG enabling best use of resources to improve and enhance the Early Intervention and Prevention offer throughout the county.
- 3.2 Thriving places for people to live
The Framework will enable small and large contracts to be procured in a place based way with a quality assured provider base.
- 3.3 The best start for Cambridgeshire's children
There are no significant implications for this priority.
- 3.4 Net zero carbon emissions for Cambridgeshire by 2050
There are no significant implications for this priority.

4. Significant Implications

- 4.1 Resource Implications
The following bullet points set out details of significant implications:
- The Framework will enable a strategic oversight of service delivery under a thematic structure, reducing duplication and ensuring best use of resources.
 - Cambridgeshire County Council are asked to commit current funding of EIP contracts as outlined in Section 2.3.
 - TUPE and HR will be considered at each call-off stage relevant to the service requirements.
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The following bullet points set out details of significant implications:
- A Regulated Procurement OJEU compliant tender process will be undertaken using the Light Touch Regime.
 - As this is a joint procurement Serco will be leading the procurement exercise. LGSS have been regularly updated on the project and it's proposed outcomes.
- 4.3 Statutory, Legal and Risk Implications
The following bullet points set out details of significant implications:

- An Inter-Authority Agreement will be entered into setting out the responsibilities of each of the Commissioning Authorities.
- All contracts have been scoped for inclusion in the Framework and providers consulted to ensure they are fully aware of impacts.

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications:

- Providers have been consulted on the procurement approach and impacts on any current contracts
- Think Communities and Public Health have been consulted about the project and opportunities for involvement in the Framework
- Consideration to being made for District Partners to be included as Commissioners through the Framework in the future

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

5. Source documents

5.1 Source documents

None

Appendix 1 – Early Intervention and Prevention Framework - Lot Description and Outcomes

LOT 1 – SUPPORT FOR HOSPITAL DISCHARGE AND ADMISSION AVOIDANCE

Lot Description

Services which will support the timely discharge of people from hospital or to prevent admission/re-admission of individuals into an acute setting

Provider Skills

- Developed partnerships with acute and social care settings
- Able to effectively communicate and work with statutory services across health and social care
- Able to effectively and pro-actively communicate with service users and carers
- Recovery and re-ablement focussed delivery which promotes and enables independence
- Ability to signpost effectively where requirements fall outside of service scope
- Able to assess and manage risk effectively
- Service users and carers are consistently involved in the co-production, development and delivery of services
- Awareness of other services, technology enabled care and equipment that can support individual outcomes

High Level Outcomes

- Reduction in discharge times from acute settings
- Support effective discharge processes
- Prevent of admission and re-admission wherever possible
- Provide high quality assessments for support needs
- Identification and mitigation of risk
- Service users are supported to increase confidence, independence and improve their quality of life

LOT 2 – INFORMATION AND ADVICE SERVICES

Lot Description

Services which deliver information and advice to improve access and awareness

Provider Skills

- Able to deliver high quality advice and information through a variety of methods and media appropriate to specific cohorts
- Knowledge of local systems and pathways to support accurate and timely information and advice
- Able to effectively and pro-actively communicate with service users and carers
- Delivery of services to support independence and enable people to self-service wherever possible
- Ability to signpost effectively where requirements fall outside of service scope
- Able to assess and manage risk effectively
- Service users and carers are consistently involved in the co-production, development and delivery of services

High Level Outcomes

- Information is accessible to the individual and can be easily understood
- Advice for individuals is available to meet their specific circumstances
- Services are able to measure access to information
- The impact of information and advice provided is measurable
- Self-service digital resources are available to support delivery of services
- Services are delivered in an inclusive way which meets the needs of specific cohorts and hard to engage communities

LOT 3 – COMMUNITY SUPPORT

Lot Description

Services which are delivered in local communities or within people's homes supporting increasing or prolonging independence and improving social connections

Provider Skills

- Able to effectively communicate and work across pathways within local communities
- Able to adapt and develop local responses to meet needs
- Recovery and reablement focussed delivery which promotes and enables independence
- Understand the importance of social connections and impact on health and wellbeing
- Ability to signpost effectively where requirements fall outside of service scope
- Able to assess and manage risk effectively
- Service users and carers are consistently involved in the co-production, development and delivery of services
- Awareness of other services, technology enabled care and equipment that can support individual outcomes

High Level Outcomes

- Individuals are able to maintain their independence
- Individuals feel more connected to their communities
- Provide quality assessments for support needs and identification and mitigation of risk
- Service users are supported to increase confidence, independence and improve quality of life
- Opportunities for peer support are available

LOT 4 – DAY OPPORTUNITIES ** This Lot is being scoped for potential inclusion on the Framework subject to the outcome of a wider review into the commissioning on Day Opportunities. Subject to the review this may be removed***

Lot Description

Services which provide centres within local communities where people with support needs can go to meet others, engage in a range of appropriate activities, reducing social isolation and maximising independence

Provider Skills

- Developed partnerships with social care and community settings
- Able to effectively communicate and work with statutory services
- Able to adapt/flex offer to meet the preferences of those using services
- Recovery and reablement focussed delivery ethos which promotes and enable independence
- Ability to signpost effectively where requirements fall outside of service scope
- Able to assess and manage risk effectively
- Service users and carers are consistently involved in the co-production, development and delivery of services

High Level Outcomes

- Individuals increase their social connections
- Informal carers are provided with an opportunity for a break from their caring responsibilities
- Provide quality assessments for support needs and identification and mitigation of risk
- Service users are supported to maintain/increase independence and improve quality of life
- Opportunities for peer support are available

Appendix 2 – Early Intervention and Prevention Contracts for inclusion on the EIP Framework

LOT 1 – SUPPORT FOR HOSPITAL DISCHARGE AND ADMISSION AVOIDANCE

Provider	Contract/Grant	Annual Value
LINCA	Care Home Trusted Assessor	£69,000.00
LINCA	Care Home Trusted Assessor	£49,980.00
	Total Value	£118,980

LOT 2 – INFORMATION AND ADVICE SERVICES

Provider	Contract/Grant	Annual Value
Care Network	Community Navigators	£323,948.00
Care Network	Core Grant	£38,929.00
Alzheimers Society	Information Worker	£18,443.00
Age UK	Info and Advice	£25,323.00
Age UK	Info and Advice	£14,915.00
COPE	OP Newsletter	£9,893.00
	Total Value	£416,536

LOT 3 – COMMUNITY SUPPORT

Provider	Contract/Grant	Annual Value
Age UK	Handyperson Service	£155,055.00
Age UK	Volunteer Visiting	£52,882.00
Cambridgeshire Deaf Association	Support Groups	£83,000.00
Camsight	Provision of Support Services to Adults with Visual Impairments in Cambs	£87,000.00
Hunts Blind	Provision of Support Services to Adults with Visual Impairments in Cambs	£33,000.00
Hearing Help	Provision of Sensory support services	£50,000.00

	Total Value	£460,937
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Section 75 Agreements: Integrated Community Equipment Service and Occupational Therapy

To: Adults Committee

Meeting Date: 8th October 2020

From: Will Patten, Service Director: Commissioning

Electoral division(s): All

Forward Plan ref:

Key decision: Yes

Outcome: This paper sets out the position with regard to the Integrated Community Equipment Service contract and associated Section 75 Agreement with Cambridgeshire and Peterborough CCG, and the Occupational Therapy Section 75 Agreement with Cambridgeshire and Peterborough NHS Foundation Trust.

Recommendation: Committee are asked to approve:

- a) Integrated Community Equipment Service
 - i. that the ICES Contract with *NRS Healthcare*, and current Section 75 Agreement, is extended for one year to 31/3/22
- b) Occupational Therapy Section 75
 - i. that a revised Service Specification, KPI Schedule and Work Plan are drawn up for implementation from 1/10/20
 - ii. that a new Section 75 Agreement is drawn up for sign off by 31/3/21 to govern the service agreement to 31/3/22

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1. Background

1.1 Integrated Community Equipment Service (ICES)

The ICES is commissioned via two Section 75 Agreements and pooled budgets – one for Cambridgeshire and one for Peterborough with, the local authorities acting as Lead Commissioner. These pooled budgets fund the contract that is currently provided by *NRS Healthcare* which manages the delivery of health and social care equipment, including some assistive technology, across the two local authority areas. The service is well respected within the health and social care system as an essential element of the early intervention and prevention agenda by providing cost effective options to enable people to remain as independent as possible in the home of their choice. It also supports the long term care agenda in providing equipment alongside care and support packages for people with long term conditions and also supports 'end of life'. The service covers all age groups, including children with disabilities, providing equipment in both the home setting and in school.

The Cambridgeshire pooled budget, governed by the Section 75 agreement has been in place since 2006. Cambridgeshire's pool operates with the following contributions. These are reviewed annually to adjust for inflationary and demand pressures.

	LA contribution	CCG contribution	Total pooled budget
Cambridgeshire Pool	£2,421,213 (51.4%)	£2,286,844 (48.6%)	£4,708,057

The pooled budget has performed well in recent years with either small year-end pressures, or by coming in on budget, or just under. The Section 75 is governed by the quarterly ICES Commissioning Meeting, which reviews finance and performance reports and agrees service priorities.

1.2 Community Occupational Therapy Service (Adults)

There has been a Section 75 Agreement for community Occupational Therapy (OT) services since 2003 when the service was transferred from Cambridgeshire County Council to the three Primary Care Trusts that operated across Cambridgeshire at that time. The OT staff are now employed by Cambridgeshire and Peterborough Foundation Trust and sit within the Neighbourhood Team structure. Their assessments and interventions support people to remain as independent as possible through rehabilitation, equipment provision and minor housing adaptations. They also work closely with the district councils in assessing people for major housing adaptations as part of the Disabled Facilities Grant (DFG) process. The agreement governs the delivery of the social care element of a wholly integrated health and social care OT service. Over the years this has facilitated improved waiting times

and reduced hand-offs between health and social care, with service users only requiring contact with one OT practitioner for all their health and social care needs. The annual value of the agreement is £1.7m.

2. Main Issues

2.1 Integrated Community Equipment Service

The current contract with *NRS Healthcare* was awarded in 2014 following a full EU open tender process with a 5+2 contract term. The 'plus two' extension was agreed by Committee in 2018, which took the formal contract term to 31/3/2021. The Cambridgeshire & Peterborough Joint Commissioning Board (JCB) agreed in May that, due to the impact of the Covid-19 response, a number of contracts should be extended to ensure services remained stable during this challenging time, allow sufficient time to engage the market and undertake the full procurement process. JCB agreed that the ICES contract with *NRS Healthcare* should therefore be extended for a further 12 months to 31/3/2022. The vital importance of this contract to the whole health and social care system is stated at 1.1 and therefore a further extension beyond the formal contract term is seen as essential to maintain the stability of the service.

With regard to the ICES Section 75 Agreement, this was due to be reviewed for the new contract which was to commence in 2021. In light of the contract extension, it is proposed that the Section 75 Agreement will be extended under a contract variation to 31/3/2022 so that it aligns with the contract term. This will also allow time for a new Section 75 Agreement to be drawn up in time for the new contract that will commence on 1/4/2022. This has been discussed with the local Clinical Commissioning Group to ensure their continued funding, and they have confirmed their agreement.

As part of developing the new Section 75 to commence in 2022, a review will be undertaken of the risk share for the Cambridgeshire pool to ensure that the percentage split is consistent with the demand on the contract from health and social care. This exercise will also consider the potential increased demand that is likely to come from the new discharge to assess pathways and the *NHS Hospital Discharge Service Policy & Operating Model* published on 21/8/2020.

2.2 Community Occupational Therapy Service

The current Section 75 Agreement has been extended on a rolling year on year basis with annual uplifts reflecting the Agenda for Change NHS pay awards and agreed as contract variations. The Service Specification was last updated in April 2019. The agreement is currently governed by a quarterly Monitoring Group chaired by the CCC Commissioner and attended by operational staff from Cambridgeshire and Peterborough Foundation Trust (CPFT).

The challenge with this service has always been in understanding the return on investment when health and social care interventions are delivered in such

an integrated way by an NHS body. The service is an essential element of the delivery of the Adults Positive Challenge Programme (APCP) but further work is required to ensure complete engagement with this approach. However, in the last 12 months, waiting times for assessment have improved and the service has begun to report where their interventions have reduced, prevented or delayed the need for long term social care and support, but this reporting needs to be strengthened so that we are confident in its accuracy.

In light of current issues it is proposed that the Section 75 Agreement is renewed, with new specification, key performance indicators (KPI's) and a governance process that aligns with the process for the Mental Health S75 Agreement. This has been communicated to CPFT and, in summary, will deliver:

- A new Section 75 Agreement for sign off by 31/3/2021 so that is effective from 1/4/2021
- CPFT and commissioners to agree a work plan covering the period October 2020 to March 2021 with clear deliverables and review in January 2021. This will prioritise the demonstration of how the service contributes to both cashable savings through reduced social care needs, as well as evidence of the delivery of preventative services that contribute to demand management avoided costs for social care
- Revised Service Specification and Key Performance Indicators for implementation from 1/10/20 and which will be incorporated into new Section 75 Agreement
- Governance to be incorporated into the quarterly Section 75 Governance Board which is Director led and can therefore act as a robust point of escalation
- Finance and Performance Monitoring to be incorporated into the monthly Section 75 Finance & Performance Overview Board led by the Head of Commissioning and the Head of Contracts
- The establishment of a monthly OT Section 75 Operations Group to review outcomes evidenced and delivered in detail and put in place key actions to address any challenges and concerns arising
- Appointment, by CPFT, of a dedicated Trust Professional Lead for OT

3. Alignment with Corporate Priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- The ICES delivers services that support people of all ages to remain as independent as possible in the community
- People are supported to remain living as independently as possible in the home of their choice
- Both the OT and ICES services support people to be discharged from hospital at the optimum time
- Both services support prevention of admission to hospital and care homes
- The integrated provision of the OT service means that people receive rehabilitation as well as equipment provision and housing adaptations avoiding the need to hand off from one service to another

- Both services support both the Early Intervention & Prevention, and the Long Term Care agendas
- 3.2 Thriving places for people to live
There are no significant implications for this priority
- 3.3 The best start for Cambridgeshire's Children

The following bullet point sets out the details of implications:
 - The provision of equipment through the ICES means that children and young people are supported to be as independent as possible at home and school
- 3.4 Net zero carbon emissions for Cambridgeshire by 2050
There are no significant implications for this priority

4. SIGNIFICANT IMPLICATIONS

- 4.1 Resource Implications
The following bullet points set out details of significant implications:
 - These services offer value for money by delivering interventions that prevent greater expenditure elsewhere in the health and social care system
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The following bullet points set out details of significant implications:
 - CCC needs to continue to commission an ICES through a Section 75 Agreement with Cambridgeshire & Peterborough CCG
 - CCC needs to continue to commission the community Occupational Therapy Service through a Section 75 Agreement with CPFT
- 4.3 Statutory, Legal and Risk Implications
The following bullet points set out details of significant implications:
 - Both the ICES and OT deliver services that are part of statutory provision under the Care Act 2014
 - Failure to provide these services would risk people becoming more dependent on long term care and support
- 4.4 Equality and Diversity Implications
There are no significant implications within this category
- 4.5 Engagement and Communications Implications
There are no significant implications within this category
- 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 priority.

5. Source Documents

5.1 Source Documents

- Integrated Community Equipment Services Section 75 Agreement
- Occupational Therapy Section 75 Agreement

5.2 Location

- Available from diana.mackay@cambridgeshire.gov.uk

Transformation Funding Business Case – Micro-Enterprise Pilot Supporting Homecare In Cambridgeshire

To: Adults Committee

Meeting Date: 8th October 2020

From: Will Patten, Service Director, Commissioning

Electoral division(s): All

Forward Plan ref:

Key decision: No

Outcome: Establishing a pilot project to increase the number of micro-enterprises providing care and support in the local market will:

1. Grow and diversify the range of care and support available in the local community
2. Offer more choice and flexibility to those who require care and support at home
3. Enable more people to remain living well at home for longer
4. Attract more people into the care workforce and create new employment opportunities for local resident

Recommendation:

- a) To approve the £160,000 transformation bid / business case for subsequent submission to General Purposes Committee for final approval.
- b) To approve the direct award to Community Catalysts, who are the only social enterprise operating in this market.

Officer contact:

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Email: Karen.chambers@cambridgeshire.gov.uk
Tel: 07776679602

Member contacts:

Names: Councillor Bailey and Ambrose-Smith
Post: Chair/Vice-Chair
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Tel: 01223 706398

1. Background

- 1.1 During late 2019 and early 2020 a review of the homecare market was completed by Commissioning; the review resulted in the development of a Strategic Vision to address sustainability, market capacity and workforce (recruitment, retention and diversity). The actions resulting included within this will be incorporated within the wider Resilience and Recovery Strategy.
- 1.2 One of the actions identified to support the growth in choice and diversity of the domiciliary care and Personal Assistant (PA) market was to encourage and support the development of micro-enterprises/micro-providers. Micro-enterprises are businesses operating on a very small scale, often 1 or 2 individuals who earn their living from the enterprise. The micro-enterprise model has been proven to work in a range of areas across the country supported by a specialist social enterprise called Community Catalysts (CC). This model and its impact is clearly evidenced in [a report](#) by the New Economics Foundation, Barrow Cadbury Trust and Community Catalysts.
- 1.3 The micro-enterprises the local authority will be targeting, are predominantly people who are self-employed and can support opportunities within the local community and help at home for people who need care or are at the fringes of care need. The following provides examples of the care and support provided by micro-enterprise/providers and is not an exhaustive list:
- Personal care (which can be funded through a personal budget by way of Direct Payments) or privately by self-funders.
 - Meal preparation and food/shopping delivery
 - Cleaning and domestic support in the home
 - Gardening and household maintenance
 - Be-friending and social activity support
- 1.4 The business case (See Appendix 1) outlines a project which is seeking to commission a two year pilot to enable the council to test and evaluate the impact of implementing the proven Community Catalysts model. Developing the micro-enterprise market in a specified area of East Cambridgeshire. The aims of this pilot will be to increase the range and supply of micro-enterprises, which will support the following outcomes:
- Reduce and delay the need for long term home care, in turn releasing home care capacity to support more people with more complex needs.
 - Increase the choice, diversity and options available to people who need care and support, or who have been identified as on the fringes of needing formal care and would benefit from low levels of support to retain their independence; reducing or delaying their need for long term regulated care.
 - Blend together both statutory and community resources to create a truly individualised, holistic support plan to meet all their needs and aspirations.
 - Increase the numbers of Personal Assistants (PA) across Cambridgeshire to offer an alternative to traditional home care.
 - Provide further choice for people who access a personal budget via Direct Payments, but who prefer not to directly employ a PA.
 - Develop micro-enterprises in areas which have a shortage of homecare.

- Develop the skills and knowledge within the local authority and community required to sustain the growth of micro-enterprises beyond the pilot.
 - Support a 'localised', place-based view of the care market, developing micro-enterprises to meet the specific needs of local communities.
 - Provide employment opportunities for local residents and attract more people into the care workforce; the Community Catalysts model provides the advice and information to enable people to set up as sole traders/self-employed workers.
 - 125 more micro-enterprises delivering 750 hours of support per week by the end of year two.
- 1.5 Previous experience from undertaking pilots such as Neighbourhood Cares, has evidenced that a two year duration is considered more effective due to the lead in times such as research into the current market to determine baselines, market gaps and opportunity.
- 1.6 This model has been proven to work in a range of areas with strong evidence to support the cost avoidance and wider benefits to the adult social care, long term care market. Further detail is included in Section 7 of the business case (See Appendix 1).
- 1.7 This will also link and work with the aims of the Think Communities programme, particularly the work in East Cambridgeshire.

2. Main Issues

- 2.1 The review of the home care market undertaken over the preceding 12 months has identified a range of recommendations to support the sustainability, improve capacity and support recovery post COVID.
- 2.2 The full business case (see Appendix 1) outlines the approval request for transformation funding to implement a two year pilot working with Community Catalysts who are a specialist social enterprise supporting the growth, set-up and sustainability of the micro-enterprise market.
- 2.3 In summary, the business case is requesting £160,000 of transformation funding over a period of two years (£100k in year 1 and £60K in year 2). This will include recruitment and employment of the community catalyst plus all resources and support to implement and undertake the pilot. (See section 1.4).
- 2.4 Following desk top research it is evident that Community Catalysts are the sole provider of the micro-enterprise development model. This is further evidenced by the research outlining the work of [Community Catalyst](#).

Further to this discussions with other LA partners who have commissioned Community Catalyst through a direct award to support them in developing their micro-enterprise model also supports that Community Catalyst are the sole provider of this service.

'I can confirm categorically that the micro enterprise development model is associated with Community Catalysts and was designed by them. To the best of my knowledge there is no other organisation who can provide a comparable service.'

**Les Billingham, Interim Director Adult Social Care & Community Development
Adults, Housing and Health lbillingham@thurrock.gov.uk**

- 2.5 It is anticipated that the project would breakeven at the end of year two as the pilot concludes. This is if the projected growth targets are met and subsequent cost avoidance achieved. If the target of 750 hours of support per week being provided by micro-enterprises is achieved, it is estimated that this would save in the region of £170,000 per year. This is based on the difference between commissioned provider rates and direct payment rates for a Personal Assistant.
- 2.6 This approach will also have a range of other benefits and outcomes as referred to in section 1.4 of this report.
- 2.7 Business Case – please see Appendix 1
- 2.8 Investment Supporting Information – please see Appendix 2

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- The proposal enables people living in more remote rural communities the opportunity to access quality care at a lower cost whilst providing meaningful employment opportunities in areas where there are few jobs available

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:

- Developing the care market in smaller communities means carers will not have to travel long distances, consuming valuable time and resources in traffic/transport in order to provide the care needed by individuals in those communities. Greater employment opportunities will mean fewer people will move away from their home communities in search of work.

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

The following bullet points set out details of implications identified by officers:

- Enabling people to work as carers in their own communities, however small, means less traffic on the road and subsequent reduction in carbon emissions as people are able to walk or cycle to work in their own community.

4. Significant Implications

4.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- The funding request for the transformation bid over 2 years is £160,000
- Resource from the transformation team to support implementation, performance monitoring and evaluation is anticipated to be 2/3 days per month in the initial phase (first 6 months) reducing to 1 day per month during the remaining 18 months

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications identified by officers:

- The report identifies that after conducting research that there is not sufficient competition or range of providers within the market and therefore requests a direct award to Community Catalysts (see section 2.4) i.e.
 - (ii) competition is absent for technical reasons,
 - If approved by Committee, a VEAT notice is recommended to mitigate a challenge under EU regulations.
- A VEAT notice is a transparency notice for the Official Journal of the EU, similar to an OJEU notice which is used to advertise tenders of this value to which bidders respond. The VEAT is an advert that highlights to the EU and bidders that you do not intend to advertise for the reasons given and the EU community has 10 days to challenge that declaration.

4.3 Statutory, Legal and Risk Implications

There are no significant implications for this priority.

4.4 Equality and Diversity Implications

There are no significant implications for this priority.

4.5 Engagement and Communications Implications

There are no significant implications for this priority.

4.6 Localism and Local Member Involvement

There are no significant implications for this priority.

4.7 Public Health Implications

There are no significant implications for this priority.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Name of Legal Officer: Fiona McMillen
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Kate Parker

5. Source documents

5.1 Source documents

None

Business Planning Business Case Proposal

Project Title	Community Catalysts – Micro-Enterprise Development Pilot supporting the Homecare and Personal Assistant market
Committee	Adults Committee / General Purposes Committee

1. Saving/ Income amount - £160,000 annually after initial pilot.

This Business Case Proposal outlines a request for transformation funding to undertake a two year pilot exercise to test and evaluate the impact of increasing the micro-enterprise market in Cambridgeshire.

It is anticipated that this project will result in cost avoidance, whilst also releasing capacity in the homecare market and increasing the pool of Personal Assistants (PA's) within Cambridgeshire (Please see section 7).

During late 2019 and early 2020 a review was undertaken of the homecare contract and provision across Cambridgeshire and Peterborough from which a range of key themes were identified. Those themes included market capacity gaps in rural locations and around Cambridge City, recruitment in the care and PA market and low engagement from providers in certain locations. Previous research undertaken when developing the Market Position Statement also identified the potential positive impact that supporting and increasing the diversity of provider types in the market could have in our communities.

People who use homecare services tell us the current range of providers do not always adequately meet their needs, particularly in terms of flexibility or where support required is outside of, or in addition to, assessed care and support needs.

Traditionally mainstream providers deliver a solution based on their capabilities in line with LA commissioning specifications and are incentivised to charge for work carried out on an hourly basis. This does not necessarily build on the inherent assets of the service users and does not lend itself to working flexibly.

There are a range of challenges within the current market:

- Sustainability for providers and cost of care to the local authority
- High numbers of people waiting for mainstream care who are in 'pending arrangements' such as:
 - Bridging in reablement
 - Utilising block car time for longer than six weeks
 - Using interim or residential beds due to lack of availability of mainstream care in the community.

People tell us this shortfall in flexibility and responsiveness means they do not have as much choice and control as they would need to remain independent and well at home, which in turn can prevent or reduce their need for longer term care. This means we need to change the nature and type of some provisions available to people.

Commissioners can fill the gap in the market by:

- a) Changing the specifications and payment incentives
- b) Finding and commissioning different and specialist providers such as micro-enterprises, to meet the specific needs
- c) Piloting a Community Catalysts model to test and evaluate different ways of working while supporting the development of a market which provides early intervention and prevention options from the local micro-enterprise, voluntary and community sector. Detail on the Community Catalysts model can be found in Section 3 of this document.
- d) Ensuring the specifications and contract arrangements allow for a more flexible, holistic approach which blends statutory and non-statutory solutions.

Research undertaken by the University of Birmingham found that micro-enterprise provision within care and support offers a more personalised approach than larger providers which stems from three main aspects:

- autonomy of frontline staff (often the sole worker) to vary the service being offered.
- greater continuity of frontline staff compared to larger providers.
- high level of accessibility of staff member to people using the service.

Micro-enterprises are a small but growing sector of the care market. In Somerset where micro-enterprises have been promoted by the local authority, they have risen in numbers from around 50 to more than 450 over five years (Source: Community Micro-enterprise: As a driver of local economic development in social care, NEF, 2020).

Research and evidence from pilots in other local authorities indicates that micro-enterprises can add choice and diversity to the care and support market whilst also increasing employment opportunities for people in our local communities. This is further supported by the recent publication of the LGA *Adults Social Care: Seven Principles for Reform* which highlights the need for traditional services (such as residential care, domiciliary care and day centres) to be part of a “much broader local offer including smaller, more bespoke providers, micro-enterprises and wider community assets. These help bolster community resilience and their potential to help secure a more preventative approach to wellbeing that supports people to live safely and well at home must be harnessed”.

Anecdotal evidence has found that such micro-enterprises:

1. Deliver £1.30 benefits for every £1 invested (which improves on mainstream providers). This is based on comparing the current domiciliary rates paid to mainstream providers with the typical direct payment rates made to PA's and micro-enterprises.

2. Suffer from many barriers to entry into mainstream markets i.e.
 - Do not have experience of delivering similar LA contracts
 - Do not have the knowledge or experience to undertake a LA bid process
 - Do not have all required policies and procedures to meet LA expectations
 - May not have the financial records to meet due diligence].
3. Do not have the experience of entering into LA contracts as they are predominantly care/health professionals with less experience or expertise in business skills.

We therefore have an unmet need and a potential solution which we cannot connect because of market barriers and wish to undertake the pilot, supported by Community Catalysts who are the only expert organisation specialising in this area with evidenced results, to test and prove the concept can work in Cambridgeshire.

Date of version

Business Leads / Sponsors

2. Please describe what the proposed outcomes are?

The outcome of a recent review and development of the Vision for Homecare in the Future has identified that the stimulation of a buoyant micro-enterprise market could support the homecare market; particularly in some of the identified hard to reach localities.

Learning from our Neighbourhood Cares pilot and the Innovate & Cultivate funded Connected Communities project suggests that building reliable and sustainable social enterprises within the care market is a specialist skill. Knowledge of the care sector, alongside understanding of business and CQC regulations (especially in regards to regulated activity) is paramount.

We know that acting as a sole trader in a one-to-one working relationship does not require people to be CQC registered, however there is a risk that people in this situation can go unchecked and quality of service can be poor. The Community Catalysts model works within the regulations but also ensures that quality provision is in place through their own systems of checks and balances.

Working with Community Catalysts will allow us to access specialist support, giving the programme a high chance of success. Developing a healthy micro-enterprise market may also make the option of a direct payment more attractive as there would be an increase in the delivery of local services.

The project is seeking to commission a pilot that will enable the council to test and evaluate the impact of implementing the proven Community Catalysts model to develop the micro-enterprise market in a specified area of Cambridgeshire; the aims of which will be to increase the range and supply of micro-enterprises; which in turn will deliver the following outcomes:

- Delaying and reducing the need for regulated care, which could therefore release capacity in the mainstream homecare market
- Increase the choice, diversity and options available to people who need care and support, or who have been identified as on the fringes of meeting assessed need criteria and would benefit from low levels of support to retain their independence; reducing or delaying their need for long term regulated care
- Person-centred, co-produced, place-based care and support plans/options for people (blended statutory and non-statutory solutions)
- Develop the personal assistant market and supply (whilst managing the potential for negative impact on recruitment in the regulated care market)
- Providing further choice for people who access a personal budget via direct payments, but who prefer not to directly employ a PA
- Target an area where gaps in the regulated care and support market have been identified
- Develop the skills and knowledge required to support and grow the micro-enterprise market to enable scale up
- Support a place-based ethos; developing the assets within a local community to remain sustainable in the longer term.

Taking the outcomes identified into account, the brief to Community Catalysts will be to achieve the following deliverables; based on the outcomes achieved in Somerset:

By the end of year 1:

- Survey the current micro-enterprise market in Cambridgeshire and provide a "state of health report" which identifies barriers to success, levels of micro-enterprise already in the market and which gaps in the care and support market have been identified. Once we understand the base-line levels the following targets will be finalised and agreed:
 - Record 200+ enquires from local people expressing interest in running micro-enterprises
 - Add 50+ new community micro-enterprises delivering 250 help and care hours to people at home (per week)
 - Produce an interim lessons learnt report for Commissioners to help shape the micro-enterprise market for year 2. This will include recommendations about the skills and knowledge required by commissioners to support and grow the micro-enterprise market to enable scale up.

By the end of year 2:

- Record 400+ enquires from local people expressing interest in running micro-enterprises
- Add 125+ new community micro-enterprises delivering 750 help and care hours a week to people at home
- Put in place a sustainable approach to continue to grow and develop the micro-enterprise market place including peer-to-peer network meetings. It is anticipated that this will form part of the infrastructure of Library Services linking with the Think Communities team

- Produce a lessons learnt report for Commissioners to help shape the micro-enterprise market of the future.

The effect of the intervention to the micro-enterprise market will in turn deliver the following outcomes:

- At least 50% of people who receive care and support in the pilot area:
 - agree they now have increased choice, diversity and options available to them
 - agree they have a more person-centred, co-produced, place-based care and support options
 - agree they better understand and have considered access to a personal budget via direct payments for services such as PA's.
- At least 67% of the new micro-enterprises:
 - agree the facilitation from Community Catalysts has positively helped their business.
- Develop the personal assistant market and supply (whilst managing the potential negative impact on the regulated care market recruitment). This will be measured against a starting base line against the number increase in PA's and feedback from regulated providers with regard to recruitment.
- Support a place-based ethos, developing the assets within a local community.

3. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This pilot will incorporate the learning from the Neighbourhood Cares and Connected Communities pilots with the Think Communities aims and outcomes from the work completed/being undertaken in our community hubs whilst dealing with the Coronavirus pandemic.

Commissioning Intentions

It will link with the vision and strategy for direct payments and homecare (homecare vision and actions are also included in the recovery and resilience strategy). It also supports the ongoing market shaping and actions identified in the Market Position Statement.

Think Communities

The proposal is aligned with the Think Communities programme, which puts our citizens at the heart of collective decision-making, with a greater emphasis on 'place-based' delivery to ensure there is a deep understanding of local needs, challenges, assets and opportunities.

Changing the Conversation

The current proposal sits comfortably within this approach (devised by *Partners4Change*), the aim of which is to remove the traditional 'assessment for services' model and create a new culture where practice is based on three conversations:

Conversation 1

How can I connect you to things that will help you get on with your life – based on your assets and strengths, and those of your family and neighbourhood?

What do you want to do? What can I connect you to?

Conversation 2

Applicable to people who are at risk.

What needs to change to make you safe? How do I help to make that happen?

What offers do I have at my disposal – including small amounts of money and my knowledge of the community – to support you? How can I pull them together in an 'emergency plan' and stay with you to make sure it works?

Conversation 3

What is a fair personal budget and where do the sources of funding come from?

What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in good support planning?

Adult Positive Challenge

The pilot will support Cambridgeshire County Council's stated priority outcome of "A good quality of life for everyone" and the Peterborough City Council vision of improving quality of life for all its people. The Adults Positive Challenge Programme supports better outcomes for individuals, carers and communities, whilst managing demand and this proposal clearly fosters these outcomes.

Community Catalysts Model

Community Catalysts are a social enterprise who specialise in micro-enterprise development and community led support within the health and social care market. They have developed successful programmes previously, for example [in Somerset](#). The pilot will conclude with an independent evaluation to ensure that we have an evidence base which will support the council to use the learning to scale up.

To date, Community Catalysts have worked in 49 areas, supporting the development of more than 1,800 community enterprises. Community Catalysts use a proven model

which scales through a single coordinator or catalyst supporting up to 200 small, self-organising enterprises.

Independent evaluation of the Community Catalysts approach suggests that their method works across any demography, is replicable and delivers good outcomes. Evidence also suggests that this approach creates local choice and will typically, over two years, help nearly 125 would-be entrepreneurs and see nearly 60 community enterprises successfully established.

These successful community enterprises will support on average over 700 older or disabled people. Alongside this the Community Catalysts model can create over 100 jobs and 70 volunteering opportunities. Working alongside Community Catalysts mitigates the risk of failure which was experienced through the Connected Communities pilot and turn around the failure rate for micro-enterprise - over 2 years fewer than 4% compared with an average failure rate for micro-business of 90%. This is due to the specialist support, skills and knowledge that the Community Catalysts model brings in supporting enterprises in the health and social care marketplace.

Somerset County Council challenged Community Catalysts to support home-care start-ups in the most rural parts of the county. They had already made substantial investment in community infrastructure and that, together with courageous leadership and a decision to provide everyone who needed homecare with a direct payment and full information about what was available (and an extremely talented catalyst/coordinator) led to rapid growth in the numbers of community enterprises. Over the 4 years Community Catalysts were there, their employee supported 362 'start-up' enterprises. The enterprises in Somerset supported 1500 people and created 372 local jobs. Collectively they provided 12000 hours of care or support a week.

The model below illustrates the role of the community catalyst employee and the skills and knowledge they need to have:

Role of our local community catalyst



4. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The following options were considered and discarded:

- a. Do nothing; This option has been discounted as a review of the market has identified the immediate need to address shortfalls and supply issues in the mainstream homecare market and this action is included in the homecare vision and recovery and resilience strategy.
- b. Cambridgeshire County Council carries out the market facilitation work; This option has been discounted because of a lack of capacity and expertise for the requirements of this pilot in the existing LA workforce.
- c. Competing for the market facilitation work; This option has been discounted as Community Catalysts are the only provider operating in this specific segment of care micro-enterprise development nationally. For this reason, it is proposed that a direct award is viable.
- d. Delay the start of the activities; This option has been discounted as there is an immediate need to address the supply issues in the Home Care market. However, if the pilot is implemented in the right way, we could potentially transfer skills to Cambridgeshire County Council Libraries to enable a more sustainable approach to be taken in the future but upfront investment will be needed to do this.
- e. Use Transformation Funding to work with Community Catalysts to develop care micro-enterprises in a 2-year pilot. This is the preferred option and reason for the current bid.

5. **What are the next steps/ actions the Council should take to pursue it? Please include timescales.**

The business case has been developed working with the transformation team, commissioning, strategic development, finance, commercial and contracts; this group will also form the Project Board who will oversee the development and progress of the pilot.

It is anticipated that ongoing resource/support from the transformation team will be required to work with the project group to implement, engage with stakeholders, deliver and monitor the pilot; this would in the region of 2/3 days a month.

There will also be a service user and provider group set up to ensure that we continue to shape the delivery and outcomes of the pilot; this feedback will then be reviewed regularly within the project board and with Community Catalysts; also feeding into the transformation bid/review process.

There will be regular communication with Healthwatch to ensure that feedback can also be facilitated from the community via their regular countywide forums and partnership boards.

Task	Start Date	End Date	Lead Responsibility
Set up Project Board	Aug 2020	30 Sep 2020	Karen Chambers
Advice and guidance from transformation team	Aug 2020	Aug 2020	Transformation Team
Develop business case and financial information for submission to JCB	Aug 2020 Submit to JCB 19th Aug	JCB 25 th Aug	Project Group Graeme Hodgson Sundee Singh Louise Tranham Gurdev Singh Karen Chambers Paula Spelman
Business case to Adults Committee	22 Sept 2020	8 Oct 2020	Karen Chambers
Develop detailed specification/outcomes	26 Aug 2020	31 Oct 2020	Project Group
Procure/award	Nov 2020	Dec 2020	Karen Chambers
Implementation plan	Dec 2021	Jan 2021	Project Group
Commence pilot	Jan 2021	Jan 2023	Community Catalysts
Quarterly progress reviews	Apr 2021	Jan 2023	Transformation Team Project Team
Evaluation	Feb 2022	Feb 2023	Internal resource in partnership with Healthwatch

6. Could this have any effects on people with Protected Characteristics or the other two groups protected by the Council of poverty and rural isolation? If so please provide as much detail as possible.

The risks should be potential risks in accordance with the Equality Impact Assessment process.

We are mindful of the emerging data and evidence of the disproportionate adverse effects of COVID-19 on people with protected characteristics specifically Gender, Pregnancy and Maternity, Black, Asian, and Minority Ethnic (BAME) people, LGBTQ+ people, Disabled People and Older People. These impacts must be born in mind when making decisions about business planning and recovery.

Has this group been disproportionately affected by COVID-19 compared with other groups e.g. mental and/or physical health, isolation, housing, domestic abuse and financial impacts etc. If so, how have you considered this in your planning and decision-making?

This proposal seeks to develop a network of micro –enterprises in a location yet to be identified during the diagnostics phase of implementation. This will develop a more diverse care and support market which in turn will create more choice and enable control over how an individual's care needs are met. The table below outlines the impact this project will have on the following groups:

Category	Positive	Negative	Neutral impact
Age	X		
Disability	X		
Gender reassignment			X
Marriage and civil partnership			X
Pregnancy and maternity			X
Race			X
Religion or belief			X
Sex	X		
Sexual orientation			X
Poverty			X
Rural isolation	X		

To ensure that the pilot has considered what the needs of people who access services with protected characteristics will need/want, the project team will engage with relevant groups/advocates during implementation and throughout the life of the project.

POSITIVE IMPACT to key groups/ localities of protected characteristics and those adversely affected by COVID:

1. Older people and those with physical disabilities and care support needs living at home in pilot areas – increase and diversification of care supply in market, increased choice and flexibility.
2. Pilot area communities – stimulation of economic activity and new job opportunities for minimum wage sector which is likely to be hardest hit by forecasted COVID-related recession and redundancy/unemployment; particularly applicable in rural pilot areas.

NO NEGATIVE IMPACT to those with protected characteristics as provision will be open to all and will seek to ensure community catalysts are inclusive and fully representative of the communities they serve.

Mitigating actions: N/A

Please detail any actions that will be taken to reduce any negative impacts on people with protected characteristics

N/A

7. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

Levers to deliver cost avoidances

There are a number of ways that the proposed Community Catalysts approach could achieve cost avoidances:

1. Delay/Diverting ASC demand for long term care
2. Channel shifting some home care work from DPS to micro-enterprise (lower overheads)
3. Reduced travel cost of carers in rural pilot areas
4. Reduction in high-cost Direct Payments to entice providers to pick up packages in these areas
5. Reduced of block cars/interim beds/respite beds with early intervention/ support options available within their local community. Ensuring the people can access low level support at an earlier stage to maintain their independence for longer and delay their need for long term care.

We would expect that by investing in the Community Catalysts approach we would be better able to support older and vulnerable people to maintain independence as long as possible, thus diverting some people away from needing long term social care intervention.

There may well be increased options for social inclusion/befriending/work experience/volunteering and Community Catalysts can support the development of enterprises to meet the needs of people with mental health needs and learning disabilities in the home or community. They are also moving into the disabled children space and their initial diagnostic analysis would help identify the real areas of need.

To support the case for investing in this model it is essential to demonstrate how the service could help manage demand for long-term statutory social care services.

Cost avoidance breakeven point

The cost of the service over two years is expected to be £160,000. The following section establishes a financial breakeven point considering only the channel shifting method of cost avoidance. As other methods may bring forward the breakeven date there is a margin of safety built in.

It is assumed with the facilitation work of Community Catalysts the traditional hour of support would be replaced with that from a micro-enterprise. The difference in hourly rates is estimated to be nominally £4.50ph (this is based on the current difference between the CCC framework hourly rates and Direct Payment rates for Personal Assistants). Given a steady rise to 750 hours per week of delivery from micro-enterprises over the two years we would expect the pilot to break-even in Q4 Y2 (as per the cash flow table below).

Element	Frequency	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Work delivered by enterprises	Hours per week	0	100	175	250	375	500	650	750
Work delivered by enterprises	Hours per quarter	0	1300	2275	3250	4875	6500	8450	9750
Cost avoidance using £4.50ph	£ per quarter	£0	£5,850	£10,238	£14,625	£21,938	£29,250	£38,025	£43,875
Expenditure from C/Catalysts	£ per quarter	£25,000	£25,000	£25,000	£25,000	£15,000	£15,000	£15,000	£15,000
Net cash flow	£ per quarter	-£25,000	-£19,150	-£14,763	-£10,375	£6,938	£14,250	£23,025	£28,875
Cum cash flow	£ per quarter	-£25,000	-£44,150	-£58,913	-£69,288	-£62,350	-£48,100	-£25,075	£3,800
									Break Even

This suggests the pilot would payback just within 2 years. Further investment may be required to sustain this approach beyond the two year pilot and this will be identified in year one and built into future development plans.

Non-Financial Benefits

The primary non-financial benefit is to grow the micro-enterprise market to deliver 750 hours a week of support by the end of the second year. This will prove the validity and necessity of this market sector.

Key Benefit	Measure	Baseline	Target & Timescale
Development of new and established micro-enterprises	Micro-enterprise numbers (existing and new)	To be established during month 1 of the project	125 more in delivering 750 hours of support per week at the end of the second year
Local employment opportunities for people to become self-employed	Number of new micro-enterprises	First 3 months to identify baseline	20 WTE by the end of Year 2
Satisfaction rates for people who use the provision. Include a questionnaire for people who use current services	Independent survey	NIL To be established	Greater than 50% when asked at the end of the first year and the second year
Satisfaction rates for people who are supported by Community Catalysts	Independent survey	NIL	Greater than 67% at the end of the first year and the second year
Reduction in the number of people on the pending list for care.	Current information	To be established and target for impact agreed	Estimated to reduce pending list by 25% (to be confirmed)

8. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
<i>We know that acting as a sole trader in a one-to-one working relationship does not require people to be CQC registered however there is a risk that people in this situation can go unchecked and quality of service can be poor.</i>	<i>The Community Catalyst model works within the regulations but also ensures that quality provision is in place through their own systems of checks and balances.</i>		CC
Governance process related to exemptions completed as appropriate	<i>See below</i>		LGSS/KC
Risk of challenge from other providers due to a direct award of contract.	<i>Committee Approval Issue a VEAT notice</i>		LGSS/KC
Recruitment risk in mainstream care market from increasing number of Personal Assistants recruited	<i>Community Catalysts will work pro-actively with the market to manage this risk</i>		CC
Drop-out risk / financial risk if further COVID waves (i.e. cost of PPE etc.)	<i>Community Catalysts specification will include working with micro-enterprise/sole traders to support development of policies/procedures/business continuity plans etc. LA to provide relevant support.</i>		CC/ LA

Quality and contract management of Community Catalysts and ME's etc.	<i>This will be incorporated in the specification and subject to relevant monitoring.</i>		
Failure to meet agreed targets	<i>Quarterly performance review meeting</i>		<i>Project Group and Transformation Team</i>

9. Scope- What is within scope? What is outside of scope?

The location of the pilot will be identified based on current intelligence relating to market capacity gaps and input from Community Catalysts based on prior experiences.

The people who will benefit from the pilot will be across the whole child and adult population of the identified location and who would receive homecare through the current contractual arrangements of the Dynamic Purchasing System in CCC, where an early intervention has been identified through the appropriate channels, or where they are in receipt of a personal budget via direct payments, this will also include people who self-fund.

Early conversations indicate that the preferred location will be in East Cambridgeshire, also linking with the Think Communities programme.

Investment Proposal Supporting Information / Transformation Fund Bid

Bid Title	Micro-Enterprise Pilot Project
Service Area / Directorate	Adult Social Care
Sponsoring Director	

Brief Description of Bid Please refer to attached Business Case for further detail.

The project is seeking to commission a 2 year pilot that will enable the council to test and evaluate the impact of implementing the proven Community Catalysts model, developing the micro-enterprise market in a specified area of Cambridgeshire; the aims of which will be to increase the range and supply of micro-enterprises; which will support the following outcomes:

- Reduce and delay the need for mainstream care and therefore release capacity in the regulated care market
- Increase the choice, diversity and options available to people who need care and support, or who have been identified as on the fringes of meeting assessed need criteria and would benefit from low levels of support to retain their independence; reducing or delaying their need for long term regulated care
- Person-centred, co-produced, place-based care and support plans/options for people (blended statutory and non-statutory solutions)
- Develop the personal assistant market and supply (whilst managing the potential for negative impact on recruitment in the regulated care market)
- Providing further choice for people who access a personal budget via Direct Payments, but who prefer not to directly employ a PA
- Target an area where gaps in the regulated care and support market have been identified
- Develop the skills and knowledge required to support and grow the micro-enterprise market to enable scale up.
- Support a place-based ethos; developing the assets within a local community to remain sustainable in the longer term.

This model has been proven to work in range of areas with strong evidence to support the cost avoidance and wider benefits to the adult social care, long term care market.

For example; evidence from implementing this model in Somerset achieved the following outcomes – please refer to the full business case?

To undertake an external evaluation of the outcomes to ensure that the learning can be used to shape and influence future ways of working and scale up to secure wider cost avoidance and outcomes for our citizens.

Strategic links:

- Think Communities
- Changing the Conversation
- Adult Positive Challenge Programme
- Direct Payment and Homecare Vision / Strategy
- Covid Recovery Plan
- Place-based ethos

Further detail provided in the business case

Cash Flow	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	24/25 £000
Revenue Advance		100	60			
Capital Advance	-	-				
Repayment	-	-				

Pay Back Period in Years: 1 year 11 months

Savings/Investment Ratio over 10 Years: n/a for a pilot project

Measure of Performance Improvement	Baseline	19/20	20/21	21/22	22/23	24/25
Development of new and established micro-enterprises	To be established during month 1 of the project		125 more delivering 750 hours of support per week at the end of the second year.			
Local employment opportunities for people to become self-employed	First 3 months to identify baseline		20 WTE by the end of Year 2			
Satisfaction rates for people who use the provision	NIL		Greater than 50% when asked at the end of the first year and the second year			
Satisfaction rates for people are supported by Community Catalyst	NIL		Greater than 67% at the end of the first year and the second year			
Development of new and established micro-enterprises	To be established during month 1 of the project		125 more i delivering 750 hours of support per week at the end of the second year.			

RISKS AND CONTINGENCIES:

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
<i>We know that acting as a sole trader in a one-to-one working relationship does not</i>	<i>The Community Catalyst model works within the regulations but also ensures that quality provision is in</i>		CC

<i>require people to be CQC registered however there is a risk that people in this situation can go unchecked and quality of service can be poor.</i>	<i>place through their own systems of checks and balances.</i>		
Risk of challenge from other providers due to a direct award of contract.	<i>Committee Approval Issue a VEAT notice</i>		LGSS
Recruitment risk in mainstream care market from increasing number of Personal Assistants recruited	<i>Community Catalysts will work pro-actively with the market to manage this risk</i>		CC
Drop-out risk / financial risk if further COVID waves (i.e. cost of PPE etc)	<i>Community Catalysts specification will include working with micro-enterprise/sole traders to support development of policies/procedures/business continuity plans etc. LA to provide relevant support.</i>		CC/ LA
Quality and contract management of Community Catalysts and ME's etc.	<i>This will be incorporated in the specification and subject to relevant monitoring.</i>		
Failure to meet agreed targets	<i>Quarterly performance review meeting</i>		<i>Project Group and Transformation Team</i>

A request to set up a Member Reference Group for the Care Suites programme

To: Adults Committee

Meeting Date: 8th October 2020

From: Wendi Ogle-Welbourn, Executive Director: People & Communities

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Outcome:

- (i) A Members Reference Group shaping and guiding the development and implementation of the Care Suites model
- (ii) Improve outcomes, quality of living and care costs through the development of Care Suite models

Recommendation:

- (i) Adults Committee is requested to approve the request to set up a Members Reference Group (Option 3)
- (ii) Adults Committee to agree representatives from the relevant Committees mentioned in this report for the Members Reference Group.

Officer contact:

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Email: Gurdev.singh@caambridgeshire.gov.uk
Tel: 07747 455016

Member contacts:

Names: Councillor Bailey
Post: Chair
Email: anna.bailey@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

- 1.1 In January 2020, Adults Committee approved the Older People's Accommodation Approach. The overarching aim of the older people's accommodation approach is to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community using a multi-faceted approach.
- 1.2 One such approach listed was the development of care suites. Care Suites is a new care provision, which has been modelled on the client group age 65 years and above who can no longer remain safely living at home and/or have complex needs which require round the clock/nursing care..
- 1.3 The focus of the Care Suite model is to move away from institutionalised care to an approach which enables the individual resident to improve or maintain their independence. They are different to traditional care homes in that it is a tenancy model based around self-contained accommodation, offering larger rooms with their own front door and access to 24 hours care and support through on-site domiciliary and nursing care provision. Operating rather like a supported living model, service users hold a tenancy and can remain in their own suite as their needs increase, until the end of their life, negating the need to move on to other services as needs become more complex.

2. Main Issues

- 2.1 The care suites programme scope:
 - covers many directorates across the Council e.g. Social Care, Commissioning, Property, and Finance;
 - considers a range of work disciplines wider than just Older People commissioning e.g. building standards, investments in care assets, capacity building, land use/management, and technology;
 - spans across multiple financial years; and
 - engages' external partners e.g. the CCG as partners, and District Councils.

Consequently the programme is complex and is expected to require the advice and guidance of different Council Committees at different times during the programme life. The advice sought would be ahead of milestones and typically scheduled at 6-8 weeks intervals from the last quarter of 2020/21 through to the end of 2022/23.

- 2.3 Noting the complexities, commissioners have considered the following options to make efficient use of Member and Officer time:
 1. Do nothing.
The engagement and communication requirements remain unaddressed. This option will lead to confusion and delays,
 2. Request and attend Committees on an ad-hoc basis.
It is practical to attend a range of Committees to present updates and ask for decisions. On each occurrence Officers will need to brief Members how the programme connects

across other Committees and confirm their Committee's remit had been adequately represented. Officers would need to dedicate a great deal of time preparing for all eventualities.

3. Request and operate with a Members Reference Group

To engage representatives of different Committees and draw on expertise to help shape the work of the Care Suites programme team. Members would bring the experience of supporting other work programmes and impart that knowledge on to the Care Suite programme. The membership includes:

- a. Adults Committee - 1 Member
- b. Health Committee - 1 Member
- c. General Purposes Committee - 1 Member
- d. Communities & Partnership Committee - 1 Member
- e. Commercial & Investment Committee - 1 Member

Option 3 is recommended. The Members Reference Group (Group) would be asked to take on the role as representatives of the tenant users, local communities, and Council investor. The group would have the authority to review the work programme (design, benefits, capabilities delivered and resources). As a result the Group shall provide advice and guidance which aids the work programme to meet its outcomes. To enable this to happen the Committee is asked to provide advice on membership. Appendix 1 contains further information.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- The Group can help assure delivering a care suite provision will enable the Council to provide individuals with more choice and control over arrangements to meet their long term ongoing needs within high quality settings

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:

- The Group has the opportunity to guide the programme to ensure the build and operation of care suites, as part of the service mix in the care home market, will secure employment for local care workers and the ongoing financial sustainability of these organisations

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

The following bullet points set out details of implications identified by officers:

- The Group may support the programme work to set care market building standards not previously seen within the county.

4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
- The Care Suite programme adheres to the Financial and Contract Procedure Rules of the Councils Constitution (Part 4.5). This will ensure The Group's is not presented with information that risks breaching the Constitution
- 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
There are no significant implications within this category.
- 4.6 Localism and Local Member Involvement
The Group may support the programme work to shape the extent of localism within the Care Suite programme.
- 4.7 Public Health Implications
There are no significant implications in this category

5. Source documents

- 5.1 Source documents
None

Appendix 1

Terms of Reference

Title:

Care Suite Programme: Members Reference Group

Purpose:

To provide advice and guidance to the care suite programme as extended representatives of the tenant users, local communities, and Council investor.

Members:

1. Will Patten – Programme Sponsor
2. Oliver Hayward – Programme Executive Manager
3. Gurdev Singh – Programme Lead
4. Jo Melvin – Commissioning Lead
5. Adults Committee - 1 Member
6. Health Committee - 1 Member
7. General Purposes Committee - 1 Member
8. Communities & Partnership Committee - 1 Member
9. Commercial & Investment Committee - 1 Member

The group has the authority to review the work programme (benefits, capabilities delivered and resources). As a result the group shall provide advice and guidance which aids the work programme to meet its outcomes.

In the event a member is unable to attend, written advice sent in advance of any meetings can be submitted.

Accountability/

Reporting arrangements:

Chair:

Will Patten or Oliver Hayward

Frequency of meetings:

The advice sought would be ahead of milestones and typically scheduled at 6-8 weeks intervals from the last quarter of 2020/21 through to the end of 2022/23.

Quorum:

As members have the opportunity to provide written advice and guidance in advance of any meeting a quorate is not required.

Resources:

The Commissioning Directorate will manage the group in terms of collating and circulating papers and minutes.

Interdependencies:

This meeting is not dependent upon any other meeting, however the output feeds into the P&C Commissioning Directorates programme meetings and associated work streams.

Attendance/Format

The meeting will review and comment on the progress of the programme. In advance of the meeting Chair will circulate the following information:

- A brief summary of work done since the previous meeting;
- A brief summary of work expected to be completed leading up to the next meeting;
- Key points of interest for members to comment and advise upon;
- Key risks and mitigation plans;
- Guidance required to remain on track;

The meeting will be scheduled for 90 minutes.

As the programme moves through its work phases, officers may be invited from time to time, to help respond to specific items of interest.

DEEP DIVE UPDATE: SUPPORT FOR CARERS

To: Adults Committee

Meeting Date: 8th October 2020

From: Wendi Ogle-Welbourn, Executive Director: People & Communities

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Outcome: To provide Adults Committee with an update on work that has taken place to support carers within Cambridgeshire, and outcomes resulting from this

Recommendation: Adults Committee is being asked to consider and provide feedback on the outcome of initiatives to identify and support carers across Cambridgeshire

Officer contact:

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Member contacts:

Names: Councillor Bailey
Post: Chair
Email: anna.bailey@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

- 1.1 Most of us will be a carer at some point in our lives. The Care Act 2014 defines a carer as someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally or through a voluntary organisation.
- 1.2 Carers are a valuable asset to our society but providing care can have an impact on carers in terms of their own health, education, ability to remain employed, relationships and social life. The Care Act 2014 requires local authorities to take a preventative approach to providing support to a wider group of carers than previously acknowledged. It also introduced the right of carers to have a statutory assessment to identify their need for support and where those needs meet the national eligibility criteria, to receive support to meet those needs from the local authority.
- 1.3 Estimates from the 2011 census data indicate there are currently over 60,000 carers in Cambridgeshire and nearly 20,000 in Peterborough. Although most are adults there are approximately 4,208 carers in Cambridgeshire and 1,900 in Peterborough who are under the age of 25.
- 1.4 Research tells us that the number of family and unpaid carers who provide care and regular support to another individual will increase substantially over the next ten to fifteen years because people are living longer. This means that there will be an increase in the number of people who are carers and that on average they will be undertaking caring roles for longer periods of time. The physical and mental health conditions associated with the ageing process means that family and unpaid carers will need a range of support to enable them to feel valued and manage their caring responsibilities alongside enjoying their own lives.
- 1.5 A preventative approach is therefore key to local and national strategy to supporting carers, and forms a central part and outcome of the Adults Positive Challenge Programme. The vision for the programme is that by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods, delivering a financially sustainable service which will enable a neighbourhood approach which supports more people to live independent and fulfilling lives for longer. The programme recognises the important roles carers play and is proactively putting in place approaches which enable early identification of needs of carers and how the council and commissioned services can maximise the physical and mental wellbeing of carers. This has proven critical to our success in supporting carers throughout the recent pandemic.
- 1.6 With this in mind, this report will aim to provide Adults Committee with a deep dive into the approach taken across Cambridgeshire and Peterborough to improving access, awareness and provision of support to carers, with an overview of outcomes achieved to date and plans to build upon these positive developments moving forward.

2. Main Issues

- 2.1 Carers have always been placed at the heart of the Adults Positive Challenge Programme and the workstream has delivered key outcomes with considerable success to date. This

year the work stream has focused on achieving three key priorities:

- Prevention and Early Intervention: Ensuring carers are identified early, meaningful conversations are carried out and carers are prevented from reaching crisis point and breakdown.
- Ensuring carers have access to information, tools and support to enable them to manage their health and wellbeing and support them to maintain their caring role e.g. through a “one stop shop” information offer from the new provider.
- Carers can balance their caring roles and maintain their desired quality of life.

2.2 In doing so, all developments have aimed to improve outcomes for carers, minimise the demand on statutory services and reduce the cost of crisis services by ensuring that carers receive the right support at the right time to enable them to sustain their caring role. This has included consideration of identifying those individuals who do not necessarily relate to the label of carer but undertake the role.

2.3 In October 2019, an update to Adults Committee was provided which outlined the following:

- The progress of workshops aimed at strengthening the conversations practitioners had with carers and the positive feedback received
- Associated work to improve person centred, holistic care planning practices which saw a move away from standardised, one-off direct payments to support which is tailored to the needs of that carers circumstances and preferences
- The outcome of the 2018/19 carers survey which identified key areas of improvement including overall satisfaction of carers, ease of accessing information and the impact of feeling isolated.

2.4 Since this update, a considerable amount of progress has been made, with positive feedback and outcomes evidenced. This is set out in more detail below.

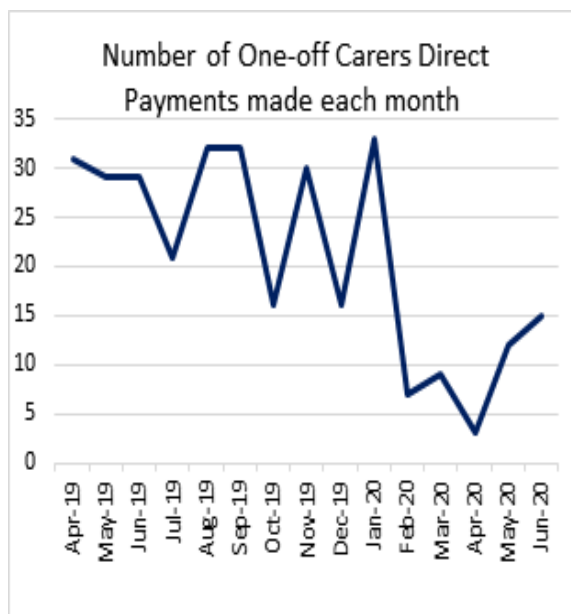
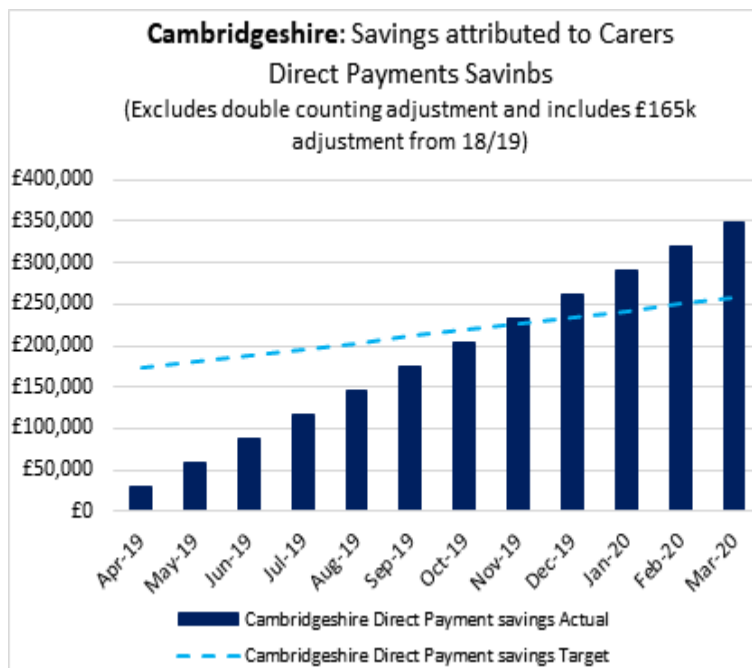
2.5 Strengths Based Conversations

2.5.1 The use of strengths based conversations and developing the way that conversations with carers are used to recognise the issues that matter to them most has been fundamental to the success of this work stream within Cambridgeshire. Improved practice within this area has been delivered through a series of workshops which were delivered to all operational staff. The workshops built on and developed their knowledge and skills in having meaningful and purposeful conversations with carers, directing them towards appropriate support to help them manage their health and wellbeing and enabling carers to maintain their caring role.

2.5.2 Through this approach, the council has successfully moved towards a more flexible, outcomes based model which tailors advice, information and support to the needs, aspirations and preferences of each individual. This has become embedded as part of normal practice, and assured through an ongoing programme of over 350 reviews. Whilst one-off direct payments are still used wherever appropriate to do so, other options have also been explored.

2.5.3 As the two graphs and feedback below demonstrate, this has not only resulted in better outcomes for carers and the people they care for, but also a financial saving for the council. In fact, many carers tell us that access to good information and advice alongside ongoing support for the people they care for has proven to be more supportive than the one off

direct payment had been.



"I felt that I was the one that mattered as all other contact with other groups/agencies were focused solely on my husband whom I care for."

"The advice and help I received... helped me to see that it wasn't wrong of me to want time for myself. Discussed ways of helping me cope with being full time carer to my wife and still manage to enjoy life whilst not having to feel depressed and alone but also be refreshed - ready for the challenges ahead."

“A carer's role is not one that I have chosen, so it was good to just have someone on my side who actually listened and pointed me in the right direction.”

“I felt having gone through the process that I was not on my own and that help was only a phone call away. I found the whole process informative and helpful. It also put my own mind at rest and I was not on my own. Thank you.”

“I felt listened to and as if I mattered.”

“I no longer feel that I am coping with my husband's dementia myself. I had no idea that there was any support out there... I now have access to a range of support groups thanks to my assessment.”

2.6 Quality and Practice Audits

- 2.6.1 Strengthening the conversation with carers is part of the Quality and Practice managerial audit programme across operational teams in adult social care. Through the audit we are measuring practice against the outcomes we want to achieve for carers. The audit results have shown an improved performance across key areas in the last few months as we see these changes in practice becoming embedded to ensure a good outcomes for carers.
- 2.6.2 The audit process has shown that identification of carers has improved over the last few months (stats are January to July 2020)
- 76% to 80% of cases identified the carer appropriately.
 - The voice of carer was recorded in 65% of cases which is up from 57%.
 - Evidence that the outcomes the carer wants to achieve are discussed are up from 56% to 60%.
- 2.6.3 While there is still improvements to make the audits are showing evidence of practice with carers which is identifying them, listening to and working towards achieving the outcomes they want. The improvements will continue to be monitored at the Practice Governance Board and the Carers Operational Group, both of which are chaired by the Principal Social Worker.

2.7 Sharing Best Practice and Raising Awareness

- 2.7.1 Various methods have also been utilised to ensure best practice across both our operational teams and commissioned services. These methods are shared with the aim of ensuring continuous improvement.
- 2.7.2 A Carers Brochure has been designed to highlight good practice to adult social care practitioners throughout Cambridgeshire and Peterborough. The Carers Brochure includes feedback from carers who have received a service from us, be that an assessment, supported self-assessment or signposting, or purely a supportive conversation.
- 2.7.3 During Carers Week Laura Green, Manager of the Carers Team in Cambridgeshire, appeared on BBC Radio Cambridgeshire to inform listeners about the actions that Cambridgeshire County Council (CCC) is taking to highlight the needs of carers, and to promote the services that we can offer. There were also articles in the local press highlighting carers as a high priority.

2.7.4 On a weekly basis we run a carers huddle, this is a virtual meeting where practitioners come to discuss cases they are working with and seek guidance from their peers and managers. Practitioners also share their own knowledge and provide suggestions and guidance to best support carers. The carers huddle has become very popular with practitioners and is regularly attended by the Carers Team so that they can offer guidance as the experts in their field.

2.8 Commissioned Support Services

- 2.8.1 Following a procurement exercise the Cambridgeshire and Peterborough All Age Carers Service has been commissioned to provide a range of support to carers. The new service, which began on the 1st of August 2020, is being delivered by Caring Together (adult carers), Centre 33 (young carers) and Making Space (adult carers of people with mental health needs).
- 2.8.2 The procurement and service offer has been developed in line with the expressed needs of carers and the Cambridgeshire and Peterborough All Age Carers Strategy. Working in an aligned way the providers will ensure that carers support is offered consistently across the county but with emphasis on local needs and ease of access. By bringing together providers under the All Age Carers Service this will help to manage smoother transitions between children and adults services as well as providing similar models of support and ensuring that we can act on any carer needs identified across the service.
- 2.8.3 The services will provide a range of support activities under the Thrive Model which aims to increase the early identification of carers, provide support to help carers maintain their caring role and to prevent carer breakdown.

Thrive Model



- 2.8.4 Caring Together and Making Space, who will be working with adult carers, will liaise closely with the council's Adult Early Help team who will provide statutory Carer Assessments where required. Assessments for Young Carers will be carried out by Centre 33 across both Cambridgeshire and Peterborough.
- 2.8.5 To support carers who are unable to carry out their caring role due to an emergency, the provision of 'What if' support has been extended from 24 hours to 72 hours. By registering for this element of service a carer can have peace of mind that in an emergency the provider will step in to the carers' role for up to 72 hours to enable either the carer to resume their caring role or for a longer term support package to be put into place for the cared for person.
- 2.8.6 The service aims to achieve a range of outcomes, which will be monitored during the lifetime of the contract to ensure that all providers are achieving key areas such as:
- Carers are being identified at an early stage
 - Carers across the county are able to access the service easily and without barriers
 - Carers are able to access information, advice and signposting at times and in ways which are suitable for their needs
 - Carers will be respected as expert care partners and will have access to the integrated and personalised service they need to support them in their caring role
 - Carers own health and wellbeing is a priority
 - Carers can enjoy life alongside their caring role and will be offered a range of options to enable them to have time away from caring. Personal care will be provided to the cared for person where necessary
 - Carers are fully consulted and are able to influence and improve the services that are available to them
 - Carers are reassured that there is an agreed plan in place for when they can no longer maintain a caring role.
- 2.8.7 By providing a higher level of preventative support and additional support for those people with complex needs the new All Age Carers Service aims to meet a number of outcomes which will ensure that carers feel they are recognised, valued and supported.

2.9 COVID-19 Response

- 2.9.1 The pandemic has had a significant impact on informal family carers. In absence of access to their usual support networks and services many carers have provided increased practical care and support and have experienced increased worry and anxiety linked to their caring role. The council recognised this impact from the outset and, in response, put in a place an approach to ensure all carers known to adult social care were contacted and additional support provision was commissioning
- 2.9.2 The aim of this contacting informal family carers was to check that they were coping, provide preventative advice and connect them to sources of support where it was needed. Within Cambridgeshire, 1743 carers were identified. Of these, it was established 33% were already in contact and being supported by existing teams. To ensure proactive contact was made with as many carers as possible more than 30 staff across the council were redeployed to work with the Countywide Community Hub and the Carers Support Team to contact these individuals. This enabled the council to reach 85% (966) of remaining carers.

2.9.3 Whilst 79% of those contacted did not require any additional support, were grateful for being contacted and made aware of sources of help should this be required in the future. Feedback included below emphasises the positive impact this approach had on the experience of carers during this challenging time:

"I was so surprised when the council got in touch - I just wasn't aware that help was out there. I was so relieved when I received a phone call. Straight away I felt they had me covered and I can tell you, having that reassurance was an enormous weight off my mind. At the minute my mother and my husband and I are coping OK, but just knowing someone is there on the end of a phone should things go wrong – that means so much and it really helps me sleep at night. The service is just fantastic and I can tell people are working hard and that they care. It's helping me stay positive. That and thinking about my grandchildren and giving them all massive hugs when this is over, even if they do find it embarrassing."

2.9.4 11% of those contacted were provided with additional support and 41% of onward referrals were for help via the COVID-19 hub eg help with shopping and medication collection or wellbeing calls to address isolation. Other types of support offered included help to address health concerns, finance and contingency planning. The Carers Support Team made follow up contact with a further 66 carers in response to individual need.

2.9.5 The council's commissioned service, provided by Caring Together, also extended the reach of their What-If service throughout the duration of the peak pandemic period. The contracted service for adult carers in Cambridgeshire provided emergency support for up to 24 hours where an informal caring arrangement breaks down. This was extended to provide support for up to 72 hours and the scope of who could register for the service was increased to cover Young Carers and Carers in Peterborough. The extended timeframe (up to 72 hours) for support forms part of the newly commissioned All Age Carers Service and from the 1st August will be in place for all activations of What If plans.

2.10 Survey of Adult Carers in England (SACE)

2.10.1 In October 2019, Adults Committee was updated on the outcome of the Survey of Adult Carers in England. Unfortunately COVID-19 has resulted in a delay in the national survey of carers in England by a year meaning the council is unable to benchmark the results from this year against outcomes presented to Adults Committee in 2019 to evidence the impact of the programme on a wider scale.

2.10.2 However, the evidence we have collated which has been presented throughout this report provides a positive indication of impact. Carers UK who produce the national survey, have also produced [a report](#) into the impact of COVID-19 in carers

2.10.3 Many of their recommendations mirror activities currently in progress and being addressed within the Adults Positive Challenge Programme and work is ongoing to process the learning as a result of this project and to implement positive change.

2.10.4 Examples include:

- Increasing awareness and recognition of unpaid carers
- High priority given to providing carer information and advice
- Ensuring that the impact of reduced services on carers and their families is monitored in terms of carers' health and wellbeing and ability to care to avoid burn-out

- Carrying out contingency planning with carers
- Ensuring systems to access food and medication
- Supporting access to personal protective equipment (PPE)
- Supporting carers balancing work and caring
- Ensuring the creative use of technology enabled care (TEC) to support carers
- Support for carers emotional and mental wellbeing including bereavement support
- Income maximisation to address the financial impact of caring during the pandemic

2.11 Next Steps

2.11.1 This report seeks to demonstrate the significant success the council has had in improving practice alongside access to and development of provision to support carers across Cambridgeshire. We also recognise that further opportunities exist and this work continues. The workstream will therefore seek to work towards the following within the coming year:

- Finalise and embed the workforce development offer in relation to carers to ensure continuous improvement in practice
- Expand the 'strengthening conversation' approach work associated with carers across all areas including areas delegated to the NHS such as Occupational Therapy and Mental Health as well as Primary Care Networks and Social Prescribers
- A mapping and review of information, advice and guidance available to carers across the wider community and independent sector prior to accessing statutory adult social care services to understand opportunities to maximise the use of these and prevent the escalation of need
- Further mobilisation and embedding of the All Age Carers Contract to ensure the approach taken by providers aligns to the priorities of the council and any new opportunities arising are undertaken
- Improved mechanisms for feedback from carers and a means to ensure feedback is utilised to influence change moving forward
- Review, in detail, the learning arising from COVID-19 to assess any additional opportunities to improve support for carers. At present, the need to consider overnight support for carers, the use of volunteers and digital resilience have been identified.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in paragraphs 1.4, 1.5, 2.5, 2.6, 2.8 and 2.9.

3.2 Thriving places for people to live

The report above sets out the implications for this priority in paragraphs 1.4, 1.5, 2.5, 2.6, 2.8 and 2.9.

3.3 The best start for Cambridgeshire's children

There is no significant implications in this category.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There is no significant implications in this category.

4. Significant Implications

4.1 Resource Implications

The report above sets out the implications for this priority in paragraphs 2.5.3.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The council has awarded contracts referenced in section 2.8 were in line with the Public Contract Regulations 2015 and the council's contract rules.

4.3 Statutory, Legal and Risk Implications

There is no significant implications within this category.

4.4 Equality and Diversity Implications

There is no significant implications within this category.

4.5 Engagement and Communications Implications

The report above sets out the implications for this priority in paragraphs 2.5.3, 2.7, 2.9 and 2.10.

4.6 Localism and Local Member Involvement

There is no significant implications within this category.

4.7 Public Health Implications

There is no significant implications within this category.

5. Source documents

5.1 Source documents

None

Adults Purposes Committee Agenda Plan

Published on 1st October 2020

Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Finance Report – The Council's Virtual Meeting Protocol states that no monitoring or information reports (includes the Finance report) will be included on committee agendas, they will instead be circulated to Members separately
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
08/10/20	Early Intervention and Prevention Framework.	S Bye	2020/055	25/09/20	30/09/20
	Section 75 Agreements : Integrated Community Equipment Service & Occupational Therapy	S Bye	2020/047		
	Business Case/Transformation funding bid for a Micro-enterprise pilot	K Chambers	2020/044		
	Service Committee Review of Draft Revenue Business Planning Proposals for 2021/22 to 2025/2026	W O Welbourn	Not applicable		
	Care Suites Working Group	W Patten	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Deep Dive (Carers)	H Duncan	Not applicable	Circulate via email	
	Brexit Preparation - Update	S Grace	Not applicable	Circulate via email	
12/11/20 (Provisional Date)				30/10/20	04/11/20
10/12/20	Quarterly Performance Report – Q2	T Barden	Not applicable	27/11/20	02/12/20
	Delayed Transfers of Care Update	C Black	Not applicable		
	Deep Dive (TBC)	TBC	Not applicable		
	Business Planning	C Black/W Patten	Not applicable		
	Housing Related Support Strategy	O Hayward/Lisa Sparks	Not applicable		
14/01/21	CPFT Annual Report	S Torrance	Not applicable	23/12/21	06/01/21
	Adults Positive Challenge Update report	C Black	Not applicable		
	Annual Safeguarding Board Report	J Proctor	Not applicable		
	Adults Self-Assessment	C Black	Not applicable		
	Service Directors Joint Report (Commissioning / Adults)	C Black / W Patten	Not applicable		
18/02/21 Provisional date				05/02/21	10/02/21
18/03/21	Quarterly Performance Report – Q3	T Barden	Not applicable	05/03/21	10/03/21
	CPFT Annual Report	S Torrance	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Deep Dive (TBC)	TBC	Not applicable		
	Annual Service User's survey	C Black	Not applicable		
	Adults Positive Challenge Report	C Black	Not applicable		
	Commissioning of additional block bed capacity in care homes – Outcome of Procurement	M Foster	Not applicable		
15/04/21 Provisional date				02/04/21	07/04/21
03/06/21	Deep Dive	TBC	Not applicable	20/05/21	25/05/21
	Adult Social Care Partnership Boards – Annual Report	C Williams	Not applicable		

To be programmed:

- Deep Dive - Respond to Pressures in Older People Bed-Based Care - C Black / W Patten
- Learning Disability Partnership Baseline 2020/21 (Pool Budget Review) Update M Darbar
- Delayed Transfers of Care Update C Black

Please contact Democratic Services democraticservices@cambridgeshire.gov.uk if you require this information in a more accessible format

Adults Committee Training Plan 2020/21

Below is an outline of dates and topics for potential training committee sessions and visits. The preference would be to organise training and visits prior to Committee meetings and utilising existing Reserve Committee dates:

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
7 February 2020		Think Communities and Neighbourhood Cares	Charlotte Black	Shire Hall	All Members	Completed
Members Seminar 17 April 20		Shared Lives	Emily Wheeler – Provider Services	Shire Hall	All Members	Cancelled
Reserve Meeting 23 April 2020		Safeguarding: - Overview of safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Helen Duncan	Shire Hall	Adults Members	Cllr Wilson attended the MASH
Member Seminar 15 May or 12 June 20 - TBC		Induction to Early Intervention and Prevention: - Assisted Technology (ATT) - Adults Early Help - Sensory Services - Reablement	Lucy Davies	Shire Hall	All Members	
Member Seminar 17 July 20		Adults Positive Challenge	Tina Hornsby	Shire Hall	All Members	
TBC		An overview of Mental Health	Fiona Adley	Shire Hall	All Members	Dee to liaise with Fiona Adley

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
Member Seminar 4 September 2020		An overview of Adults Social Care Finance – <i>to be reviewed to include Charging Consultation etc</i>	Stephen Howarth	Shire Hall	All Members	
Member Seminar 13 November 20		Commissioning Services – what services are commissioned and how our services are commissioned across People & Communities	Shauna Torrance	Shire Hall	All Members	Will be a wider session involving procurement, contracts and brokerage.
On request		An overview of the Adults Social Care	Jackie Galwey		All Adults Members	
		Introduction to Learning Disability / Physical Disability	Tracey Gurney		Please contact Lesley Hart to arrange a visit or for further information.	
		An overview of the Council's work in relation to Carers	Helen Duncan			
		Learning Disability Provider Services	Emily Wheeler			
		Discharge Planning Team	Social Worker			

Reserve Committee dates for 2020/21

- 23 April 20
- 11 June 20
- 13 August 20
- 18 February 21

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:

<https://www.cambridgeshire.gov.uk/residents/adults/>

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plan are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (I,e, this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
ATT	Assisted Technology Team	ATT help service users to use technology to assist them with living as independently as possible
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
Discharge Planning Team	Discharge Planning Team	This team works with Hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable

ABBREVIATION/TERM	NAME	DESCRIPTION
		people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss