

SERVICE DIRECTORS UPDATE, ADULTS & SAFEGUARDING AND COMMISSIONING

To: Adults Committee

Meeting Date: 10 September 2020

From: Charlotte Black. Service Director: Adults and Safeguarding
Will Patten, Director of Commissioning

Electoral division(s): All

Forward Plan ref: N/A **Key decision:** No

Purpose: The report provides an update on progress on Adult Social Care across commissioning and operational delivery.

Recommendation: To note and comment on the contents of this report.

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Charlotte Black	Names:	Councillor Bailey
Post:	Service Director: Adults and Safeguarding	Post:	Chair
Email:	Charlotte.black@cambridgeshire.gov.uk	Email:	Anna.bailey@cambridgeshire.gov.uk
Tel:	07775 800209	Tel:	01223 706398

1. BACKGROUND

- 1.1 This paper provides an update on Adult Social Care - across commissioning and operational functions.

2. MAIN ISSUES

2.1 Overall financial position

Similar to councils nationally, cost pressures have been faced by Adult Social Care in Cambridgeshire for a number of years, in particular the rising cost of care homes and home care, particularly the requirement to ensure compliance with the national living wage, as well as the increasing needs of people in receipt of care. Despite this, for 2020/21, Adults Services commenced the year with a balanced starting budget with no un-mitigated pressures carried-forward from the previous year.

At the end of June, Adult Social Care is expecting to forecast on overspend of £7.5m overspent (4.4%), most of which is related to Covid-19, and we expect increased costs to continue.

Key pressure areas include:

- The cost of providing a COVID related resilience payment to all social care providers during the first quarter of the year
- The impact of savings impairment where COVID has reduced the ability to deliver savings, particularly the demand management saving through the Adults Positive Challenge Programme
- The cost of purchasing greatly increased quantities of personal protective equipment (PPE).
- Within services for working age adults with disabilities, needs have contributed to increase over the first part of the year above the level expected, as well as additional costs emerging as a result of COVID (for instance the need to continue to pay day centres despite their closure).

2.1.2 *COVID Financial Position*

The impact of COVID-19, however, will be very high for Adult Social Care. We are expecting to spend at least 10% more than budgeted for. A substantial proportion of this will be funded by the NHS as part of national financial arrangements for hospital discharges during the COVID pandemic, but the Council is having to make investments into the care sector to ensure stability. The major element of this is a 10% resilience payment made to most providers of adult social care for much of the first quarter of the year to fund Personal Protective Equipment (PPE), additional staff costs, increased cleaning regimes and similar pressures), and is facing a severe impact on its delivery of savings programme.

The table 1 below documents the COVID 19 related spend to date in relation Adult Social Care:

	£000	<i>Headline full-year estimates for this Committee submitted to MHCLG in July 2020 £000</i>					
Previous month's net total estimate	Committee name	New commitments	Income forgone	Impaired savings	Gross Total	Specified funding	Net Total
£ 19,304	Adults	£22,169	£370	£4,285	£26,824	£10,154	£16,670

The financial consequences within the remit of this Committee include:

1. Care costs that are fully funded by the NHS under national Covid financial arrangements
2. Increased care costs due to Covid that are not funded by the NHS, both during the emergency period and a prudent estimate of increased costs throughout the year
3. A 10% resilience payment to providers for the period April 20th to June 30th
4. An estimate that some further provider support will be needed later in the financial year
5. Personal protective equipment for adult social care staff – the estimated period for which we will be purchasing a higher amount of PPE has been extended to the end of the financial year
6. Impaired savings delivery, particularly the Adults Positive Challenge Programme – some savings delivery has continued despite originally having been logged as impaired by Covid, particularly in Learning Disabilities
7. Reduced income from service-user contributions for care, due to delays in implementing the revised charging policy
8. The discretionary 25% of the infection control grant, that is being passed to domiciliary care and similar providers – this spend is net nil as it is grant funded

The slight reduction in total estimated cost of COVID pressures between June and July is mainly due to revised estimated of care costs for the year, including the impact during the COVID period of deaths and NHS funding which has partly reduced care commitments – this impact is more fully explored in the Finance Monitoring Report for People & Communities.

Local authorities have been notified of their allocations in relation to the third tranche of national COVID funding that was recently announced. The total unringfenced allocation for the council is summarised below:

	Cambridgeshire County Council
1 st tranche of COVID funding	£14,611,840
2 nd tranche of COVID funding	£11,512,037
3 rd tranche of COVID funding	£3,788,609
TOTAL ALLOCATION	£29,912,486

Whilst this funding is welcome, current forecasts continue to indicate that the funding is not sufficient to meet the additional COVID pressures faced by adults' services and the wider council.

2.2 Overall Performance

Throughout the first few months of the year we have maintained our activity and performance monitoring focus in order to understand, where we can, what the impact of the COVID lock down has been.

During April to June 2020 we received 9,740 new adult social care contacts, an average of 3,246 per month. The average monthly number for the full year 2019/20 was 3,357. As the graph shows, the level of contacts were only lower than normal rates during April 2020. The types of contacts we have received, however, have differed from the usual pattern, with more coming from the community than from the hospital. This was following a concentrated drive on hospital discharges at the beginning of the lock down from mid-March 2020.

Table 2:

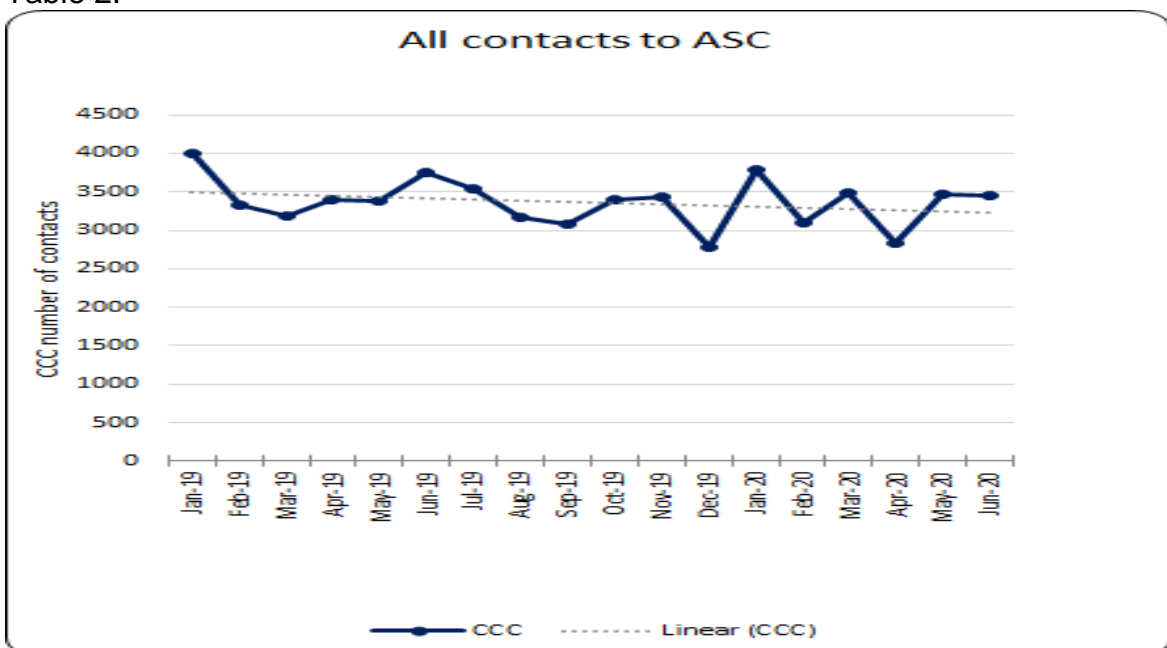
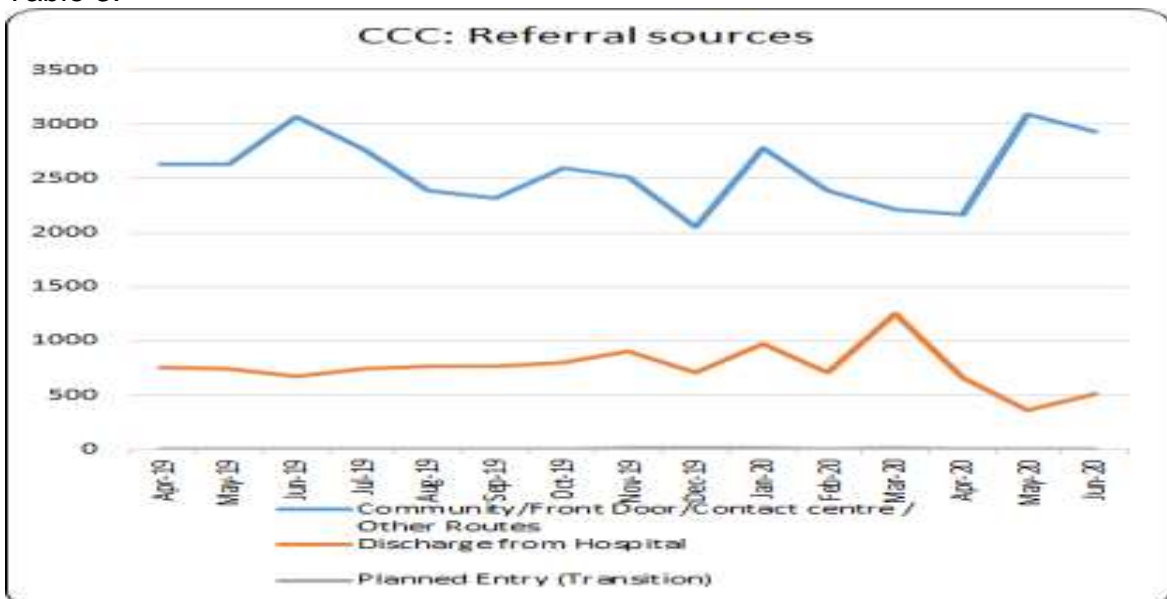


Table 3:



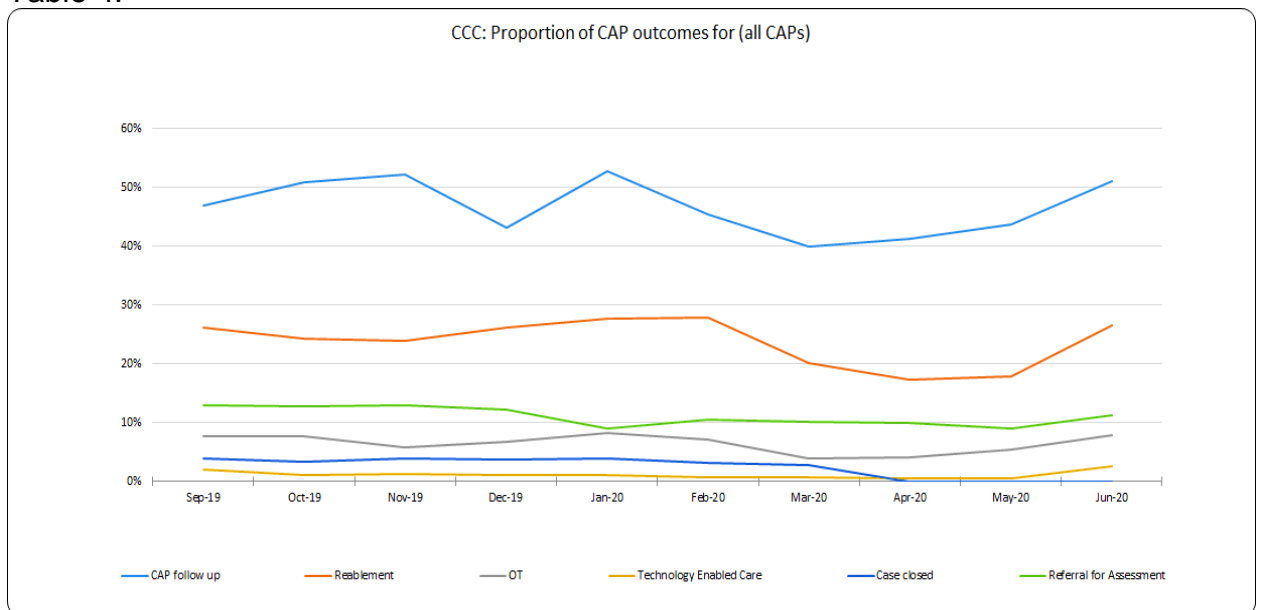
Over the 3 months of April, May and June 2020, we received 8,200 contacts from community sources, people themselves, family, friends, the community hubs or other professionals. This averaged out at 2,733 per month, whereas the average the previous year was 2,533. However, in common with the previous year, around half of the contacts were resolved through Adult Early Help and a community action plan offering information and advice and/or signposting on to voluntary sector support services.

The percentage of contacts progressing to assessment was not significantly different from the previous year, although there has been an increase in the number leading to assessment in June, which reflects the report from the Adult Early Help Team that referrals coming through as lock down begins to ease are increasingly complex.

Referrals to either Technology Enabled Care (TEC) or Occupational Therapy (OT) services, as the sole requirement or outcome, were both low in April and May, but again began to recover back to usual levels in June, at around 10% of all new referrals. It should be noted that many more new clients are referred to the TEC team following an assessment or a reablement episode, and that this 10% represents only those for whom a TEC or OT referral was the only outcome.

The graph below illustrates the trends in relation to outcomes of first contacts. *(graph in bigger format in Appendix 1)*

Table 4:



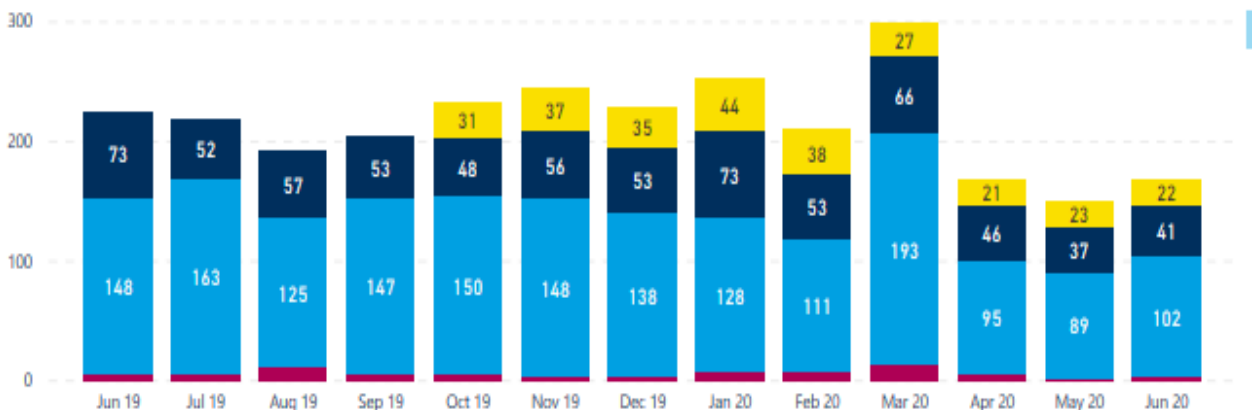
The percentage of contacts resulting in reablement (red line) in April and May 2020 reduced, in line with the significant reduction in referrals coming through from the hospital. However, this did recover to 27% in June (291 people), reflecting the increased referrals from the hospital into the reablement pathway.

Completed episodes of reablement also reduced during the period following a peak in March 2020.

Table 5:

Completed episodes by outcome, by month

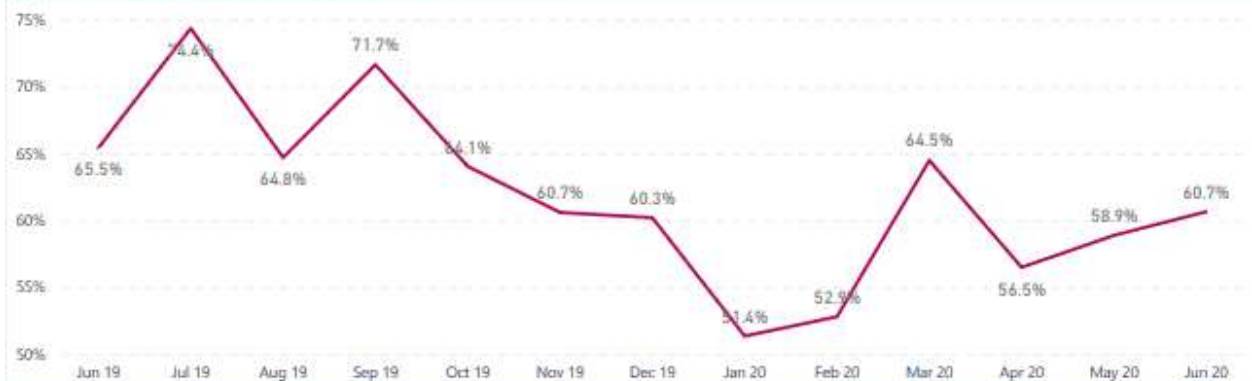
Grouped Episode Outcomes ● End of Life/NHS Funded/Deceased ● Independent ● Long Term Services ● Readmitted to Hospital



The percentage of service users leaving Reablement with no long-term care and support needs has been recovering since a low point in January 2020, which in part reflected hospital readmissions being the outcome for 17% of episodes. However, hospital readmissions does remain the reason for reablement ending for around 13% of cases as in June 2020. The graph below shows the percentage of completed reablement episodes where the service user required no ongoing care and support.

Table 6: (Graph shown in bigger format in Appendix 1)

Completed episodes by outcome, by month



Completed episodes by outcome, by month

The number of assessments completed in March and April 2020 reflect the high number of discharges from hospital at the beginning of the COVID response period in mid to late March. These have since dropped below the usual levels, reflecting the drop in the number of referrals during April and May 2020.

There have been 1,727 reviews completed between April and June 2020 an average of 576 per month, higher than average (505) throughout the previous year, reflecting the need to amend care and support plans during lock down, but also potentially the increased productivity that has come from operational teams working remotely and completing reviews by telephone or video conference. Work is underway to redesign our operational model for reviews and learning from the lock down period is being fed into this review.

Table 7:

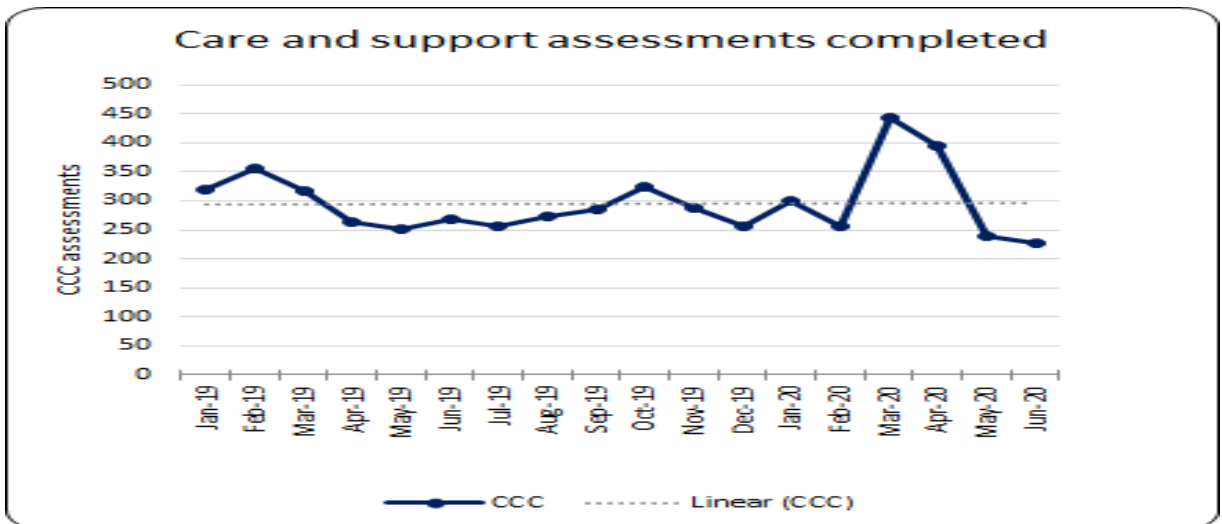
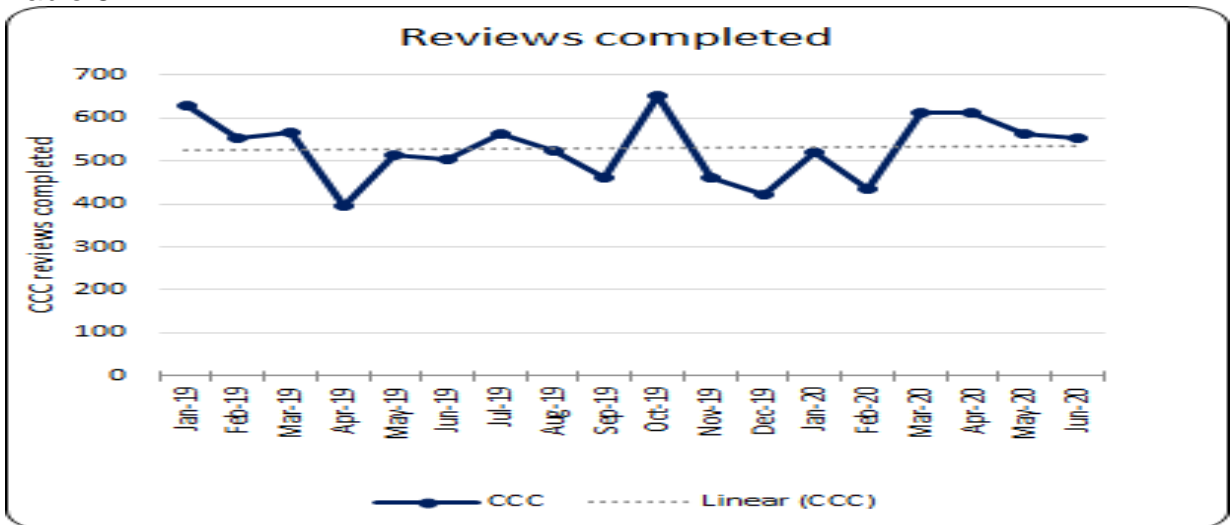
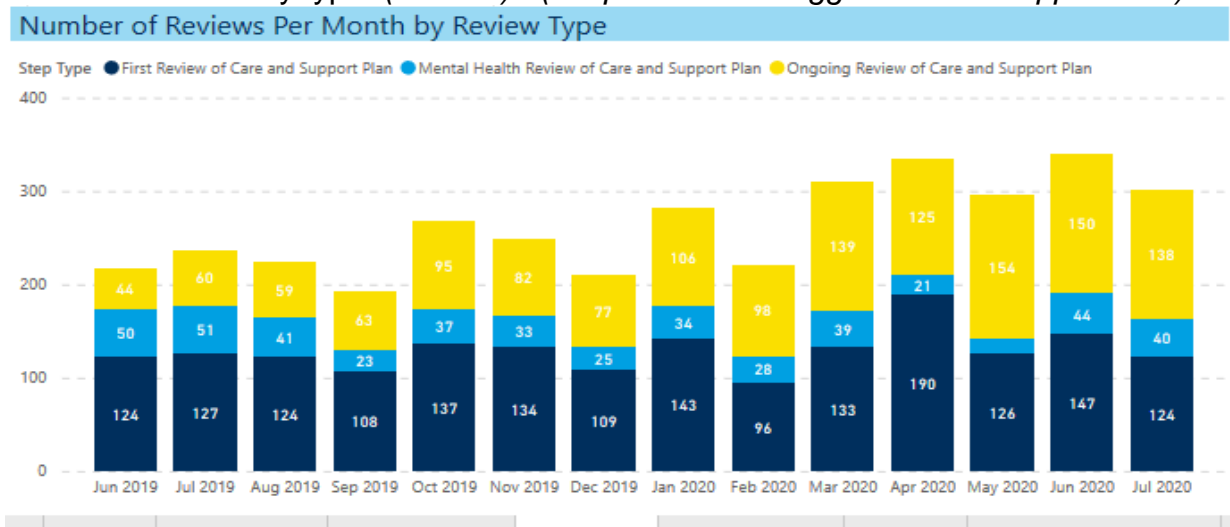


Table 8:



Of the reviews undertaken, a larger number than usual have been planned scheduled reviews, marked as yellow in the graph below. This indicates that a larger proportion of non-urgent work was able to be carried out whilst new contacts were reduced.

Planned Reviews by type: (Table 9) - (Graph shown in bigger format in Appendix 1)



The overall number of long-term service users has reduced by just under 1% (56 fewer people) over the last three months from 6,278 to 6,222. However, with the transition of those currently in an NHS (COVID) funded discharge bed to social care and given the increasing front door and assessment activity, it is likely that the impact overall will be an increase in service users, when NHS funding ends in September 2020.

The breakdown of long-term care is in the graphs below.

Table 10:

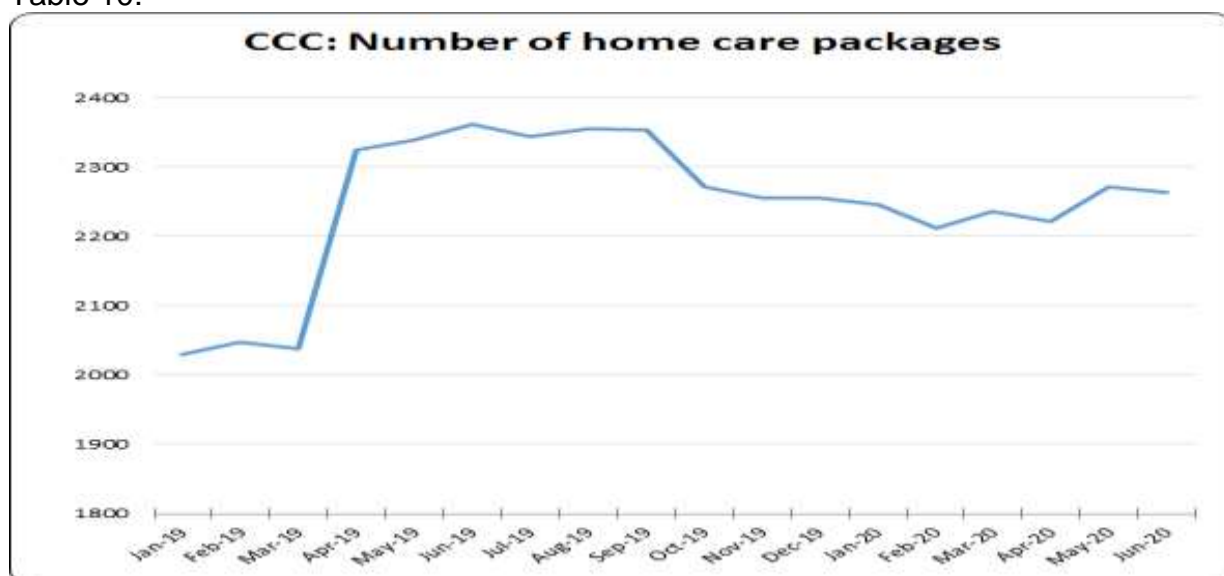
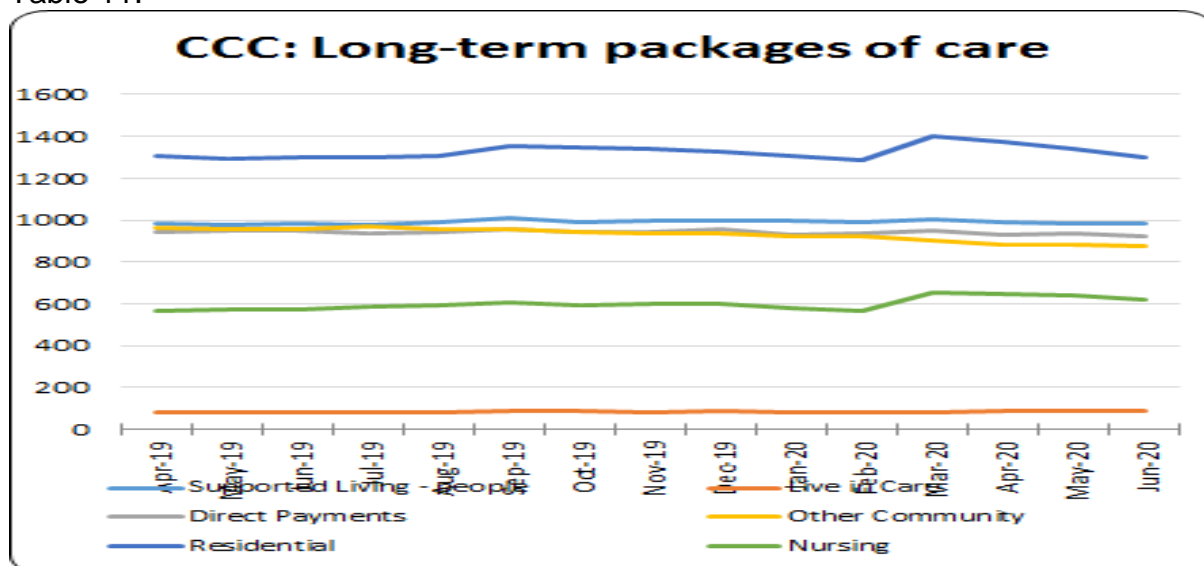


Table 11:

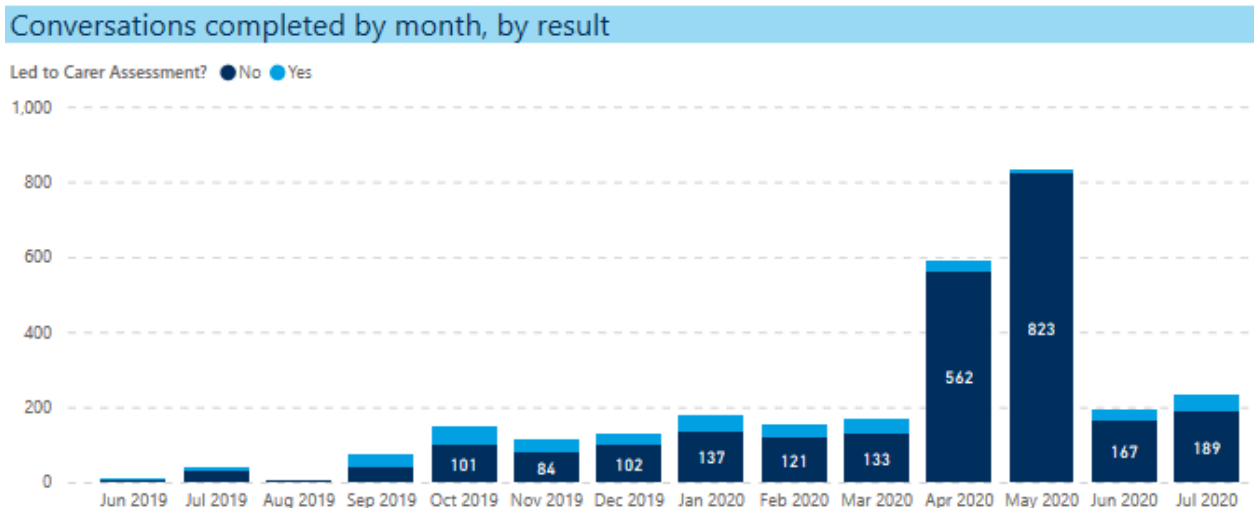


There has been an increase in the number of home care packages against the pre COVID trend of reductions. This in part reflects the focus on trying to limit new admissions to care homes during the peak of the outbreak. There has also been a reduction in both residential and nursing care placements, although the step down from additional COVID NHS funded beds from September 2020, is expected to reverse that trend to show an increase in actual numbers.

As part of the Adult Positive Challenge Programme we identified that too often our approach to supporting a carer was via a lengthy assessment leading to a fixed amount direct payment, which did not really meet their support needs. The programme has supported a new approach where carers are supported flexibly with access to our carer support service and right input into the care and support plans for the service users they support. This is meant that we have seen a marked reduction in the need to provide one off direct payments.

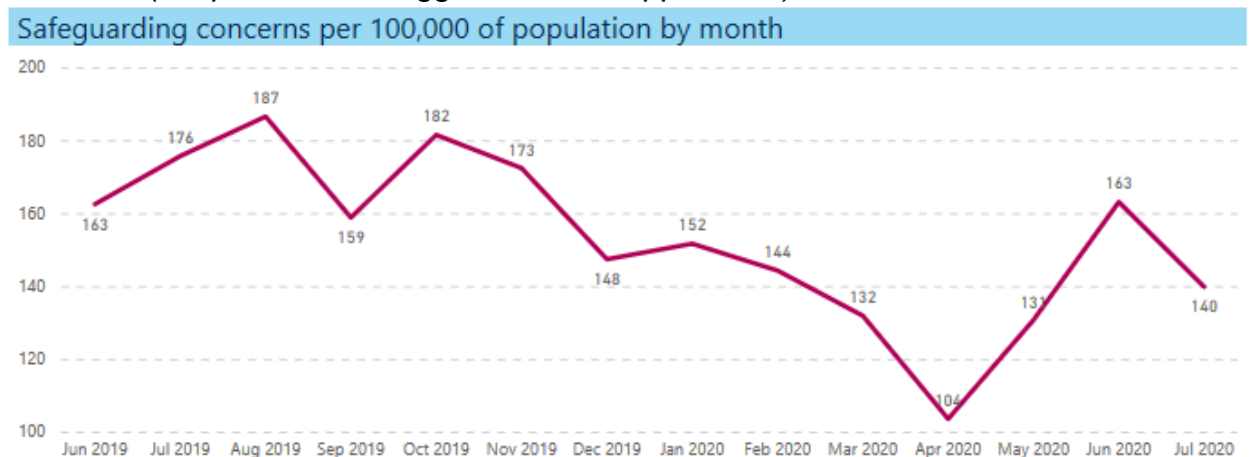
During the lock down period, we have been particularly alert to the potential strain on carers, and the proactive calls made over that time is reflected in the overall number of recorded carer conversations. The graph below illustrates the step change in April/May 2020, but also the continuation of the higher number of conversations through June and July. The number leading to a full carer assessment has remained static throughout, evidencing that often the conversation on its own and the problem solving and sign posting that entails is enough to support the carer.

Table 12:



Safeguarding concerns nationally reduced at the onset of the lock down and Cambridgeshire experienced this also. The graph below shows that the number of safeguarding concerns received dipped significantly in April 2020 but has recovered to normal levels since then. (NOTE July is not quite a full month)

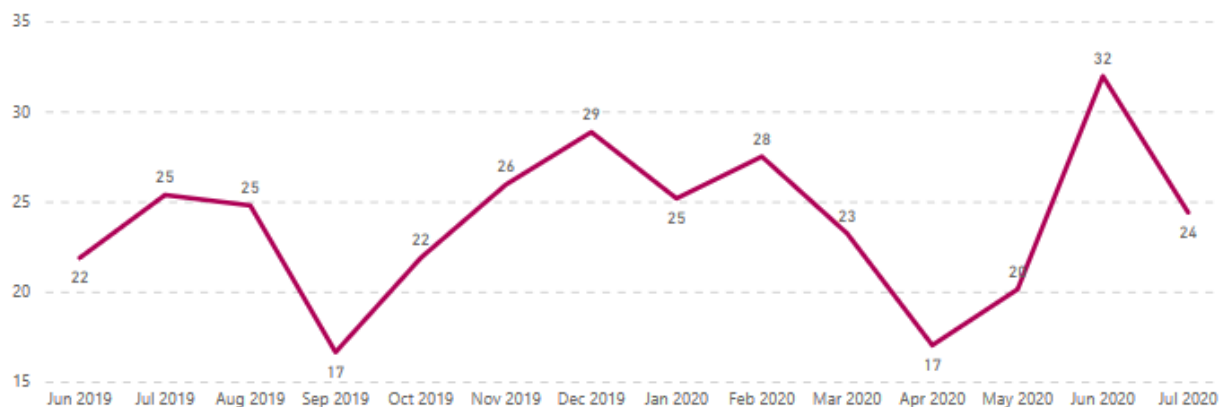
Table 13: (Graph shown in bigger format in Appendix 1)



The numbers of safeguarding concerns requiring a full enquiry has followed a similar pattern to the concerns. Although there was a more noticeable peak in June 2020, with 32 new enquiries representing a higher number than any month in the previous year. This is thought to be a reflection of less direct contact by health and social care professionals who would normally identify safeguarding issues. The numbers of both concerns and enquiries do appear to be returning to normal levels in July.

Table 14: (Graph shown in bigger format in Appendix 1)

S42 enquiries commenced per 100,000 of population by month



2.3 Practice and Quality

During the period of the COVID response, some of our routine quality and practice programmes, such as the audits, were placed on hold and team members were redeployed into operational roles where required to support critical delivery. Several staff from the team joined a bespoke Care Home Support Team we established to visit care homes where we had concerns about quality.

A range of practice guidance had to be produced quickly in response to the issuing of national guidance, to support staff to understand how COVID impacted their day to day practice and support them to appropriately support service users and manage risk. A list of all guidance produced is included in Appendix 2.

Team Manager audits and virtual practice workshops have now restarted again, to support a move back to business as usual as far as possible.

2.4 Learning Disabilities (LD)

Support for people with learning disabilities has provided a range of new challenges since the lock down commenced.

Day services have been closed to all, bar critical priority service users. The Learning Disability Partnership (LDP) are currently working with users, commissioners and service providers to support a safe and phased return, although it is anticipated to be quite some time before all building based services would be able to be open to full capacity once more. Whilst social distancing measures remain in place, we anticipate services will be operating on approximately 40% of their usual capacity within buildings. In the interim, service users are being supported by alternative forms of care and support if required, alongside some innovative outreach and digital / online support from day service providers.

We have also seen a gradual rise in the requests for respite breaks. So far we have been able to respond to all requests, although this has involved on occasion breaks being provided by alternative sites, in order to ensure that both routine and emergency respite breaks could be covered.

We were recently selected for a pilot via the Local Government Association Social Care Digital Innovation Programme (SCDIP), to pilot a virtual support provider app, supporting both household and employment skills for a pilot group of five service users.

It was anticipated at the beginning of COVID that we may see an increase in the number of admissions to Learning Disability beds due to the impact on people's wellbeing. Since the start of lock down, the Learning Disability Partnership (LDP) and Adult and Autism Team have worked with 30 people who needed more intensive multi-disciplinary team support to avoid a hospital admission. Of these, only 9 required an inpatient stay. Most of those people have now been discharged.

There was concern that the pandemic could have had an adverse impact on the service meeting the trajectory targets relating to the Transforming Care agenda ensuring that people with learning disabilities did not get admitted or remain in hospital unless appropriate. To remain within this the LDP would need to have no more than 7 people in LD assessment and treatment inpatient units. As of today, we have 5 people currently who are inpatients. Our highest number during the pandemic has been 6. This is testament to the work of the teams in supporting people more intensively when they needed it, in order for them to remain in their homes and communities and avoiding a hospital admission where possible.

2.5 Hospital Discharge:

The national development of the Discharge to Assess approach, which was mandated in the guidance issued on 19th March, was fully implemented locally across Cambridgeshire and Peterborough in response to the COVID pandemic.

The aim of Discharge to Assess and the single point of access, is to ensure people are discharged from hospital as soon as they were medically optimised, to avoid unnecessary delays and ensure acute capacity for those who require admission to hospital.

Cambridgeshire and Peterborough Foundation Trust (CPFT) are the lead organisation for implementing the single point of access and the principles around discharge to assess. However, the local authority is a key partner and was instrumental in the quick turnaround required to deliver the model. The local authority has completely restructured the social work discharge planning teams to support this model. In addition, the locality teams and brokerage teams have extended operating hours, working extended hours over 7 days.

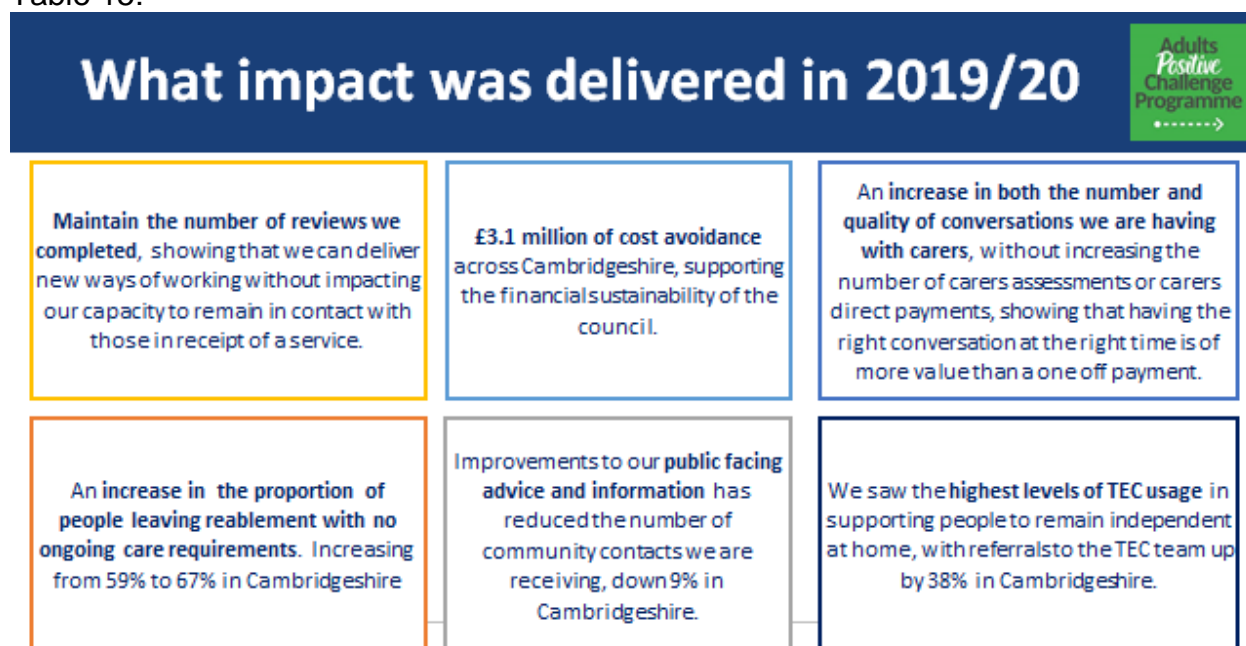
The main principle of discharge to assess or 'home first' is to get people home with support rather than default to bed based care. Investment in effective reablement and intermediate care continues to be critical to support flow and the achievement of independence. Early discharge planning required robust systems to be in place to develop plans and management of all discharges via a multi-disciplinary team (MDT), including social workers, through to the single point of access. The MDT identifies the

right pathway for individuals and all assessments (health and social care) happen outside of the hospital. The biggest single success factor was the NHS funding for all bed based and domiciliary care, which is critical to delivering the model moving forward.

2.6 Adult Positive Challenge

The Adult Positive Challenge completed the financial year 2019/20 having effectively delivered just over £3.1 million in cost avoidance, alongside a range of non-financial outcomes, some of which are referenced below.

Table 15:



The APC programme for 2020/21 has continued, but a number of opportunities have been impaired by COVID 19. Therefore, the financial impact for this year has been adjusted to a forecast of just over a £1 million in new cost avoidance. We have applied the key principles of Adult Positive Challenge throughout our COVID response and although it is impossible to evidence the impact of that, we do believe that there have been better outcomes as a result and our staff were quick to adapt and change.

The work streams had identified the following key deliverables for 2020/21 prior to the lock down.

Table 16:

<p>Connecting People and Places</p> <ul style="list-style-type: none"> • Mapped out universal services offer that staff, partners and providers are confident using and communicating • Universal services providers understand the ASC offer and are able to signpost appropriately • Clear links to the Civic Library Prototypes and Think Communities. 	<p>Independence and Wellbeing</p> <ul style="list-style-type: none"> • Stock of rapidly redeployable equipment to avoid the need for short term care packages. • Embedding changing the conversation approach across reablement teams • Recruitment approach and campaign • Review of Tier 2 commissioned services • Review of processes for accessing OT input.
---	--

Table 17:


<p style="text-align: center;">Technology Enabled Care</p> <ul style="list-style-type: none"> • TEC first training delivered to all ASC teams • TEC self-service model defined and launched • Targeted engagement to raise awareness of TEC with other partners • New methodology for promoting innovative TEC is embedded 	<p style="text-align: center;">Preparing for Adulthood</p> <ul style="list-style-type: none"> • CTC approach embedded for transition conversations • Defined ways of working in place • Mapping pathways for shared cares with associated costs and opportunities • Mapping of the wider system and ongoing opportunities
---	--

Table 18:

<p style="text-align: center;">Carers</p> <ul style="list-style-type: none"> • Launch of new carers provider • Expansion of carers training to be delivered alongside CTC roll out • Embedding of carers conversations and appropriate recording • Supporting communications and campaigns 	<p style="text-align: center;">Changing The Conversation</p> <ul style="list-style-type: none"> • CTC is business as usual without the need for CTC Champions support • Partners and providers have the tools, skills and knowledge to deliver CTC within their organisations. • Workforce development reflects the CTC approach • Clear evidence of the impact of changing the conversation on the outcomes for individuals.
---	--

Via workshops with work stream leads and our operational managers, we have identified some further opportunities arising as a result of COVID.


Table 19:

<h1>Adult Positive Challenge – Our demand management programme</h1> 		
New opportunities to explore		
<p>Connecting people & places</p> <ul style="list-style-type: none"> • Role of Place based hubs • Digital resilience in communities – see TEC workstream • Day services – new offer in communities? 	<p>Independence & wellbeing</p> <ul style="list-style-type: none"> • Supporting digital skills in reablement plans? • Increased capacity to take community referrals – short term? • Falls Prevention Work • New hospital referral pathways – including tier 0 • Role of Care Network and Red Cross 	<p>TEC</p> <ul style="list-style-type: none"> • Digital resilience in communities • Community support for TEC – Using volunteers • TEC in care homes – video conferencing • Digital Tec – such as tablets • Virtual support worker / support sessions – eg cooking
<p>Preparing for Adulthood</p> <ul style="list-style-type: none"> • Learn from users – what worked well – what didn't during lockdown. • TEC opportunities – eg virtual support – cooking exercise etc (see TEC workstream) • Use of volunteers? 	<p>Carers</p> <ul style="list-style-type: none"> • Proactive carers calls • Use of volunteers • Digital resilience • Emergency overnight care offer • Virtual assessment / reviews 	<p>Changing the Conversation</p> <ul style="list-style-type: none"> • Conversations in wider community partners and care providers • CTC for staff in tier 0 hospital discharge pathway • New model for post hospital discharge reviews? • Linking new community offer into reviews • How to have end of lock down conversations • The role of team managers as change leaders

As part of the business planning process for 2021/22, we will be looking to identify what opportunities are possible to take forward in the remainder of this year, as well as what we might wish to carry over into 2021/22. We are also working with corporate finance and transformation colleagues to test out some demand assumptions that aim to draw out the potential impact of COVID 19.

These assumptions were tested with front line managers during a series of five Adult Leadership Forums which took place in July 2020. The assumptions were as follows:

Table 20:



Independence	
People are accessing virtual exercise classes and support building their strength and abilities during lock-down / are finding new ways of doing things that will make them more independent in the long-term e.g. online food shopping	People who were completely independent prior to lockdown are deconditioning (especially those in the shielding group) at home and could be less able to live independently as the lock-down lifts / could be becoming dependent on the support they are receiving in response to the pandemic
Carers	
A number of carers / family members are currently able to provide more care as they are not currently working or are working from home	A number of carers are at breaking point or beyond and will require support for themselves and the cared for
Care and Support Choices	
People's attitudes towards residential / nursing care have changed substantially and fewer people want to go into a care home or want carers in their home resulting in them becoming more independent	People's needs are not being met and result in health deterioration and more complex social care needs that need to be supported in the community
Changing Needs	
During lockdown people with long term social care needs have become more self-reliant and therefore we have an opportunity to completely review how any individuals needs are met and can safely scale back some interventions	Some people will have deconditioned and haven't been able to access the support they need resulting in increasing need Some people discharged from hospital at the end of March are in the wrong setting and not able to get back home
Technology	
People are more able and open to using technology including assistive technology and virtual support offers and are therefore more open to technology solutions to care needs	People have been really isolated during lockdown as they have not been able to access the right technology (broadband or devices) / feel confident in using them which has resulted in their needs increasing. People haven't embraced using TEC to support them through lockdown and will continue to struggle to be open to technology to support them with their care.

At the workshops, managers discussed what evidence they had seen for these assumptions, suggested solutions for the challenges and options to optimise the positive impacts.

Overarching themes are summarised in the table below.

Table 21:

Impact of COVID on staff	Impact of COVID on service users
<ul style="list-style-type: none"> • Quick to adapt and act • Mixed experience of virtual working, but mostly positive. • Better relationships with providers and improved profile of social care • Communications, mixed experience • Impact on wellbeing and work life balance – mixed 	<ul style="list-style-type: none"> • Value of technology and digital resilience, people are more connected • People in the wrong care settings or overly reliant on community support • Stress on carers but also an increase in family engagement • Success of trying new things in some cases – e.g. day support and overnight care

The table below lists the solutions that managers suggested which were already being addressed or considered, but also some new suggestions that we agreed to investigate further.

Table 22: *(The table is shown in a bigger format in Appendix 1)*

Round up from Adults Leadership Forum		
Assumption	Solutions mentioned which are already being explored	Solutions to add to exploration & priority
Independence	<ul style="list-style-type: none"> • Working with the community hubs around their ongoing support model • Practice workshops on post lockdown conversations 	<ul style="list-style-type: none"> • Falls prevention work to be stepped up • Promotion of online Stronger for Longer exercise campaign
Carers	<ul style="list-style-type: none"> • Carers huddles • Carers brochure • Day service review • Role of community hubs with carers 	<ul style="list-style-type: none"> • Continuing calls to carers • Contingency/What if planning to be built into upcoming workshops and discussions with teams
Care & Support choices	<ul style="list-style-type: none"> • Emergency overnight care in own homes. 	<ul style="list-style-type: none"> • Sharing awareness of BAME issues for Covid-19 and how our services can fulfil any cultural aspects and health issues
Changing needs	<ul style="list-style-type: none"> • Tracking of changes in demand flows. 	<ul style="list-style-type: none"> • Getting feedback from our customers regarding virtual working
Technology	<ul style="list-style-type: none"> • Online TEC training and virtual TEC huddles • SCDIP guided TEC app 	<ul style="list-style-type: none"> • Consider re-branding of TEC • development of a digital resilience workstream

2.7 Connecting People and Places

The COVID 19 response has brought with it better links to localities via links into the community hubs. This is a good vehicle to aid with taking our locality working and Connecting People and Places work stream forward in a way that intrinsically aligns with the wider Think Communities model. Work already underway includes:

- Linking local volunteers to care homes and providing a virtual training offer to support them to take up a volunteering role.
- Providing Changing the Conversation workshops to hub staff including details of adult social care pathways
- Initial discussions around community alternative to day services to support the reduced capacity
- An adult social care pathways document produced for the district hubs.

- Changes made to the online directory to include community groups and the COVID support offer, including practice guidance for staff on accessing community resources
- Developing an approach to outcomes place based commissioning, including development of a pilot to test an alternative model of domiciliary care delivery which focuses on both the prevention and regulated care provision elements.

2.8 Commissioning and Market Management

2.8.1 *Recovery and Resilience*

We continue to work with the market to ensure resilience and sustainability as we move into the next stages of the COVID pandemic and our strategic approach is being summarised in the development of our Recovery and Resilience Plan. This is also informing the business planning work we are undertaking at present with finance and transformation colleagues to understand the range of demand and demography requirements we need to factor into budgeting for next financial year.

A full update on COVID specific progress and further detail on the Recovery and Resilience Plan can be found in the August Adults Committee paper, which has previously been circulated to Members.

2.8.2 *Carers contract*

The new all age carers service commenced on 1st August 2020 and will provide additional support to carers across Cambridgeshire and Peterborough. This includes earlier identification of carers; additional training in moving and handling; extension of the 'What If' contingency support service from 24 hours to 72 hours; specialised support for carer's of people with mental health conditions including dementia; improved support for carers who are self-funders; a common support model across all ages and a smoother referral process between agencies.

These improvements have been informed by ongoing consultation with carers as encapsulated in the Cambridgeshire and Peterborough All Age Carers Strategy. The new service will be provided by Caring Together (adult carers), Centre 33 (young carers) and Making Space (carers of adults with mental health conditions).

2.8.3 *Direct Payments*

The new Direct Payment Support Service by People Plus has been implemented alongside development of a Direct Payments strategy which includes an action plan for increasing uptake of Direct Payments and use of Personal Assistants as an alternative to commissioned care packages. The draft strategy has been well received by Adults and Safeguarding teams and other stakeholders and is due for final agreement from Directors on 13th August 2020.

2.8.4 *Housing Related Support*

The County Council made a successful bid to the Government's Rough sleeper Initiative Fund to secure time limited funding to develop and expand Housing First across Cambridgeshire and Peterborough. The £230k awarded has enabled the 'Counting Every Adult Team' to appoint 4.5 Enhanced Navigators to deliver intensive support for up to 28 Housing First properties.

New Housing First clients have already been accommodated in Cambridge and are being supported by the Enhanced Navigators working in partnership with Cambridge City Council. The service is currently working closely with Fenland District Council to get Housing First up and running in their area.

Housing First is a recognised good practice model which provides an opportunity to support those with the most complex needs in a way that enables them to engage and begin to make changes in a way that is manageable for them. The Housing First offer across Cambridgeshire and Peterborough will provide an alternative to traditional hostel accommodation for some of those with more complex needs.

2.8.5 *Interim and Respite review*

The Interim, Respite and Reablement (IRR) beds across Cambridgeshire and Peterborough are due to expire on 31/03/2021. The CCC Reablement beds have been moved into the Block bed tender for Cambridgeshire. The remaining beds are the subject of a separate work stream. The vision is to develop an innovative care pathway to support more people to return home following hospital discharge. This will be undertaken in conjunction with the Domiciliary Care car service. A range of options will be made available, including high quality short-term bed-based care, but with a focus on enabling people using this service to return home and remain independent. A holistic step-up/step-down service to avoid admission or to support hospital discharge, utilising a streamlined offer of care and support, will be designed. This transformative care pathway needs to ensure that people in interim beds move on to a permanent place of care, preferably at home. This should reduce the movement of people into permanent residential care. In June 2020 the Joint Commissioning Board (JCB) approved a further extension to the IRR beds until 22/11/2021, subject to CCC Adults Committee approval in September 2020 and Cabinet approval in PCC. This extension will allow the work to develop the new service to be undertaken. A Project group has been established to oversee this work.

2.8.6 *Block bed tender*

In line with the Older People's Accommodation Strategy for Cambridgeshire, and in the light of the COVID 19 pandemic, the decision was taken to increase the number of Block Beds in Cambridgeshire care homes. This will support maintaining the stability of the local market to ensure people can continue to access their choice of affordable, high quality care whether privately or council funded. It is also aimed at mitigating the long-term cost pressures associated with the rising cost of spot placements. The proposal to block purchase 810 block beds and 12 respite beds in Cambridgeshire was approved at Adults Committee in July 2020. This will mean that eventually there will be a 60:40 block to spot ratio of local authority funded care home placements across Cambridgeshire. Stakeholder and Provider engagement was undertaken throughout the period leading up to approval, and the response has been very encouraging. The tender went live on July 10th and the new contracts will be awarded in October 2020. A project group is in place to oversee this work.

2.8.7 *Extra Care tender and Innovation Strategy*

In Cambridgeshire, there are four schemes that are due to be tendered at the end of September and the new contracts are due to start 1 March 2021. Work on the Extra Care Innovation Strategy will comprise of two elements, with the first being to identify the numbers and areas of need for future extra care provision and formulate the

councils long term commissioning intentions by the end of January 2021. Between January and March, the second phase will be to consult with the market and develop a programme of innovations to reinvigorate existing contracts and plan any new procurements.

2.8.8 *Care home spot framework*

This Framework should have originally been implemented in May 2020 but was delayed due to the COVID 19 pandemic and the implementation was postponed until 1st December 2020. Round 1 and 2 are currently being evaluated with successful suppliers due to be notified early September. Round 3 remains open and will close at the end of September to allow evaluation to commence. The mobilisation of all 3 rounds will start mid-October with contract implementation 1st December 2020. The framework will last for 10 years. The Tender will remain open for the duration of the contract to allow additional homes to apply with evaluation processes completed quarterly.

2.8.9 *Place Based Dom Care development*

The Hubs established during the COVID pandemic have demonstrated the positive impact coordinated community resources can have upon the lives of vulnerable people in our communities. We want to build upon this mobilisation of local volunteers, third sector groups and local businesses and develop it into a sustainable model for the future; a model that aligns with and enhances statutory services such as adult social care and incorporates a strong preventative focus.

We propose to develop a place-based offer which integrates and coordinates local community resources with statutory services including social care provision to deliver person centred, holistic care and support plans for vulnerable older people living at home in the community. This will build on the learning from the Neighbourhood Cares pilots.

By utilising community and partner resources in a formalised way we can offer holistic packages of care and support, beyond the statutory minimum. In turn, this will improve outcomes for individuals and help the local authority in its aim to deliver sustainable, affordable and quality care for local people.

A task & finish group has been established to scope the project and report back to key stakeholders by the end of August 2020.

2.8.10 *Care Suites*

Work continues on developing the care suite model. In Cambridgeshire, the contract for the first care home to care suite conversion is scheduled to be awarded by early December 2020, with the rebuild completing by May 2022.

An outline business case is underway to progress the development of several care suites across Cambridgeshire and conversations regarding the purchase of land at the Princess of Wales Hospital site in Ely continue.

2.8.11 *Homecare Dynamic Purchasing System (DPS)*

The development of the forward vision for homecare is currently being finalised. This includes the action required to meet the vision and direction of travel to a place-based commissioning ethos.

A report is due to go to Adults Committee in September 2020 to approve an extension to the improved better care funded blocks car provision.

Development is also underway of a transformation bid to fund the delivery of a pilot to support and develop micro-enterprises.

The DPS remains open for new providers to express their interest and closes on a quarterly basis. The next round is due to close for evaluation and moderation on Friday 31 July.

2.8.12 *Prevention and Early Intervention Framework*

A detailed review has been carried out across all prevention and early intervention services. The review culminated in the development of a more strategic approach to commissioning these services through a framework, which is able to flex and adapt over time to ongoing assessment of need and line with Think Communities and Adults Positive Challenge.

2.8.13 *Learning Disabilities and Mental Health Commissioning*

Mental Health Social Inclusion Services: Commissioning of a transformative co-produced mental health service across Cambridgeshire and Peterborough which promotes social inclusion and increases independence through community activities, on-line services and one to one support has been undertaken.

LDP Baseline Budget s75 Agreement: The baseline review project was operating to capacity in February 2020. However due to COVID the project was put on hold, with staff across both the Council and CCG redeployed to carry out other essential frontline work. This was agreed in conjunction with Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) following the national suspension of Continuing Health Care assessments due to COVID.

The CCG have indicated that although they will be re-starting the CHC process from the 1st September 2020 there is a large backlog of cases to work through and they would not have the capacity to start the LD project until the backlog has been cleared. The target date set nationally for clearing the backlog is April 2021. It has been agreed that the work commenced on the initial cases looked at as part of the project prior to COVID will be concluded by the end of August. This is a very small snapshot of the cohort to be assessed but will give initial indications of the value of the project continuing.

The decision has been made to retain the staff identified for the LD project as they have the skills to carry out this work and until the project starts again they will work as part of CCC CHC team on the backlog work.

2.9 Looking at service user survey results at locality level

As an action from the March committee meeting, we were asked to look at where service user experience might differ from locality to locality in order to get a better picture of where there might be localised pressures or opportunities. An overview of that work is attached at Appendix 3 for information. Notable differences are as follows:

Choice over Care and Support Services

The percentages stating that they did not have enough choice did vary across the districts. The lowest percentage was in South Cambridgeshire (20%), although this was accompanied by a high percentage of people stating that they did not want or need choice (23%), meaning that South Cambridgeshire also had the smallest percentage stating that they did have enough choice (57%). The highest percentage who stated they did not have enough choice was in Huntingdonshire at 34%.

How safe you feel?

The responses to the question of how safe people feel does vary more between the districts. People in South Cambridgeshire felt most positive with 84% feeling as safe as they want and a further 15% feeling adequately safe, (99% in total). People living in Cambridge City had lower percentages feeling safe, with 66% feeling as safe as they wanted and 27% feeling adequately safe (93% in total).

Those aged under 65 were more likely to feel unsafe with a marked difference in Cambridge City, where only 49% of younger adults reported feeling as safe as they wanted, compared to 80% of older people.

Social contact

Positivity around the amount of social contact a person had varied across the districts, with Cambridge City having the lowest levels reporting having as much social contact as they want at 43%. The highest levels were reported in South Cambridgeshire with 52% reporting as much social contact as they want and a further 36% feeling they had adequate social contact.

Access to Information and Advice

Despite the corporate nature of the overall information and advice offer for adult social care, there was a marked difference in how people experienced accessibility between districts. In South Cambridgeshire, 78% found information easy to find, compared to only 58% in Huntingdonshire.

2.10 Financial assessment and charging

While the pandemic persists, financial assessments continue to be undertaken mainly by telephone (including where possible by video messaging), online and by post; with the service being delivered by staff working from home. The application of the Council's new charging policy has now commenced, for new clients and also existing clients. A programme of work is planned for the remainder of the financial year to undertake reassessments for all existing clients affected by the charging policy changes

The financial assessment service is currently midway through a recruitment exercise to increase its staffing complement to previously planned levels, and although this is proving more difficult because of the pandemic, progress is being made.

The service is also beginning to undertake assessments for those clients discharged from hospital since the start of the pandemic, contacting clients now by phone to prepare them for the forthcoming cessation of NHS funding, in September, at which point they may be required to make an affordable contribution towards the cost of their care from their own funds.

2.11 Changes to the Adults Senior Management Structure

Changes are being implemented to the way in which our Adults Assistant Directors (ADs) will operate across Cambridgeshire and Peterborough. As below, ADs will now have a functional lead across both authorities. These changes were planned to take place before the pandemic and we are now ready to implement. The experience of the senior management team during the pandemic has confirmed the benefits of having one team working across the two Councils and that these changes are a positive way forward in terms of meeting both challenges and opportunities ahead.

Assistant Director, Adults and Safeguarding, Debbie McQuade: responsibility for all those services that are key to providing short term prevention and early intervention across the North & South Alliance, with a view to protecting and promoting independence and preventing or reducing the need for ongoing care. Debbie will be the key point of contact for the acute sector on all issues related to transfers of care and will also be responsible for planning and delivery of support to Children and Young People with Disabilities (0 to 25) including residential short breaks. Debbie currently manages 0-25 services for children with disabilities in Peterborough.

Assistant Director, Adults and Safeguarding, Jackie Galwey: responsibility for planning and delivery of long term support in the community and in residential and nursing homes, including all aspects of assessment and care management and responsibility for Adult Social Care operational finance, across both the STP North & South Alliance.

The changes are being implemented to provide clarity across both Councils of our early help offer and to give greater consistency and sharing of best practice, improved engagement with external partners in the North and South Alliance and sharing of best practice across the 0 to 25 Services in both Councils. The Adults and Safeguarding Directorate has already seen benefits in other shared functions across the two authorities such as Transfers of Care, Financial Operations and Quality and Practice and now that both Councils are on the Mosaic system there are further opportunities for development of a consistent approach, increasing efficiency and reducing duplication. The structure chart attached as an Appendix 4 shows the changes in line management arrangements

2.12 CQC Provider Collaboration Reviews

In July 2020, the Care Quality Commission (CQC) announced a series of provider collaboration reviews (PCRs).

Purpose of PCRs: The speed and scale of the response required by the COVID-19 pandemic has highlighted the benefits of creativity and innovation through collaborative approaches. These reviews will help identify where provider collaboration has worked well to the benefit of people who use services and help identify reasons for fragmentation.

Objectives of PCRs

- Share learning from good practice and where issues arose for providers across health and social care systems, to help H&SC services respond appropriately to any second peak of infection in an integrated and a more effective way. This would also be ahead of winter 20/21.

- Drive improved experiences and outcomes for those accessing care.
- Help inform future system working across providers and encourage improvement.
- Assist in preparedness for times of challenge to the system.
- Developing CQC's insight to develop their data offer to stakeholders, building on the COVID-19 insight information that CQC is publishing.
- This work can drive improvement and help providers across systems respond to their identified priorities.
- CQC can build on current COVID-19 insight work and intelligence gathered through the Emergency Support Framework.
- CQC can draw upon current CQC methodologies (LSR, Urgent and Emergency Care) and external methodologies (internationally recognised models of integration).

Methodology: PCRs will focus on the over 65 population (with a focus on urgent and emergency care), including people living in care homes and/or in receipt of domiciliary care. CQC are taking this approach because of the risks that have emerged between health and social care, supporting the providers and people living in care homes and/or in receipt of domiciliary care.

The reviews include understanding the journey for people with/without COVID-19 across health and social care providers, including the independent sector

Keys Lines of Enquiry

- **People at the centre** - In responding to COVID-19, how have providers collaborated to ensure that people moving through health and care services have been seen safely in the right place, at the right time, by the right person?
- **System leadership** - Was there a shared vision, value and system wide governance and leadership during the COVID-19 period?
- **Workforce capacity and capability** - Is there a strategy for ensuring sufficient health and care skills across the health and care interface?
- **Digital solutions and technology** - What impact have digital solutions and technology had on providers and services during the COVID-19 period?

Programme: Initially, CQC will be taking a phased approach (between July and August) to carry out 'virtual' PCRs in 11 selected areas. From these reviews CQC will produce an interim report and refine their methodology for wider roll-out, dependent on the learning.

Selected Areas: Bedfordshire, Luton and Milton Keynes ICS, Norfolk and Waveney STP, The Black Country and West Birmingham STP, Lincolnshire STP, North East and North Cumbria ICS, Lancashire and South Cumbria ICS, Frimley Health and Care ICS, Sussex Health and Care Partnership ICS, North West London STP, One Gloucestershire ICS, Devon STP.

Link to further information [Link](#)

2.13 Communications and Campaigns

There have been a number of public communications and campaigns during the last few months, into which Adult Social Care messages have been linked; including carers' case studies and messaging for Carers Week.

In response to increasing reports of domestic abuse to system partners, a number of themed Facebook surgeries have been arranged as per below

Date	Topic
24/7	Coercive & Controlling Behaviour
21/8	Adults at Risk - Neglect – DA
25/9	Clare's Law
30/10	Honour Based Abuse
27/11	Child Protection - DA
18/12	Stalking & Harassment

Aims of the domestic abuse surgeries

- Improve standards of domestic abuse awareness and safeguarding provision in Cambridgeshire
- Increase awareness of support mechanisms available for victims of domestic abuse in Cambridgeshire and nationally
- Provide an opportunity for those at risk of domestic abuse to seek advice and support
- Provide an opportunity for those concerned that someone they know may be at risk of domestic abuse to seek advice and support
- Mobilising pro-active multi-agency support at the earliest opportunity to improve safeguarding in domestic abuse
- Sharing concerns with Local Authorities regarding concerns for children and adults at risk Encourage other agencies to contribute to Surgeries by providing information and advice and/or having a representative attend Surgeries which are specifically relevant to their agency

2.14 Co-production and engagement

As outlined in the July report to the Committee, in order to be able to plan for recovery it is essential that we engage effectively with our providers, partners and service users. The COVID-19 pandemic has created a rapid change in how we work and support each other. Organisations have, at short notice, changed their ways of working and found new ways of supporting individuals. Also, we have seen much greater collaboration between services.

As part of this engagement activity the council will be carrying out engagement with our Adult Social Care Partnership Boards and other expert by experience groups (such as SUN Network, the Counting Every Adult co-production group, etc.) on people's experiences and learning from the COVID-19 pandemic. This will include a COVID-19 learning survey for service users and discussions at Partnership Board meetings (during August and September). We hope that the feedback gathered will help to inform the council's recovery plan for both frontline practice and future commissioning; providing suggestions for what we should keep doing once the COVID-19 pandemic crisis has passed and the benefits of these new ways of working. The survey will ask:

1. What has worked well for you?
2. What has not worked so well for you?
3. What are you doing more of?
4. What are you doing less of?
5. What have you started doing that is new?
6. What have you stopped doing that you used to do?
7. Has anything surprised you about your own response to the Covid-19 pandemic?
8. Has anything surprised you about how others have responded to the Covid-19 pandemic?
9. What service changes that have happened as a result of the Covid-19 pandemic would you like to see kept in future?
10. Is there anything else you would like to tell us about?

2.15 APPENDICES

1. Graphs / tables in larger format for this report
2. Practice guidance
3. Service user results at locality level
4. Adults and safeguarding management structure

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Good quality, effective and appropriate services are provided to adults which are personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:
Ensuring people have access to the most appropriate services in their communities.

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

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

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 category.

SOURCE DOCUMENTS GUIDANCE

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

Source Documents	Location
None	N/A

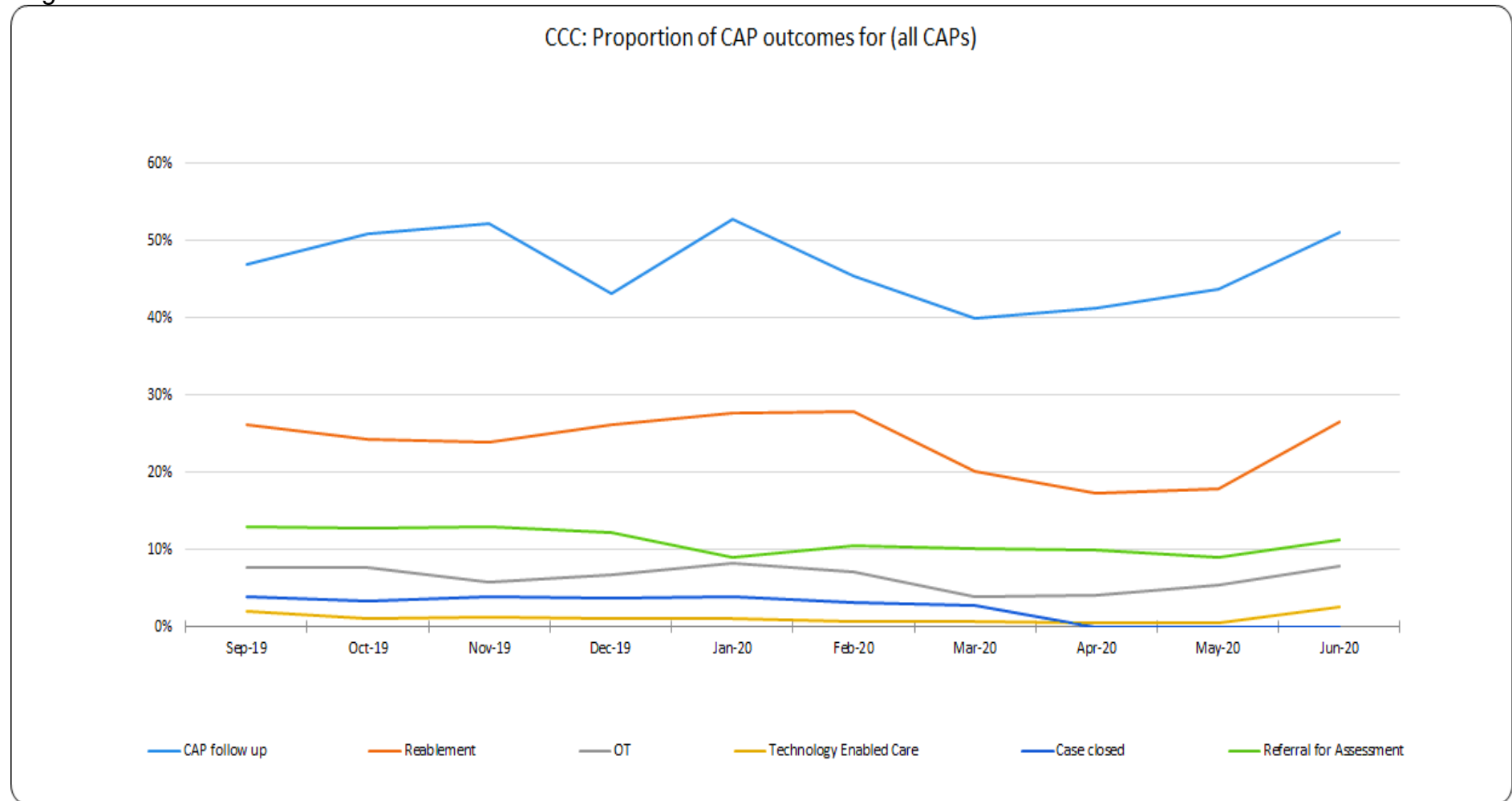


Table 6:



Table 9:

Number of Reviews Per Month by Review Type

Step Type ● First Review of Care and Support Plan ● Mental Health Review of Care and Support Plan ● Ongoing Review of Care and Support Plan

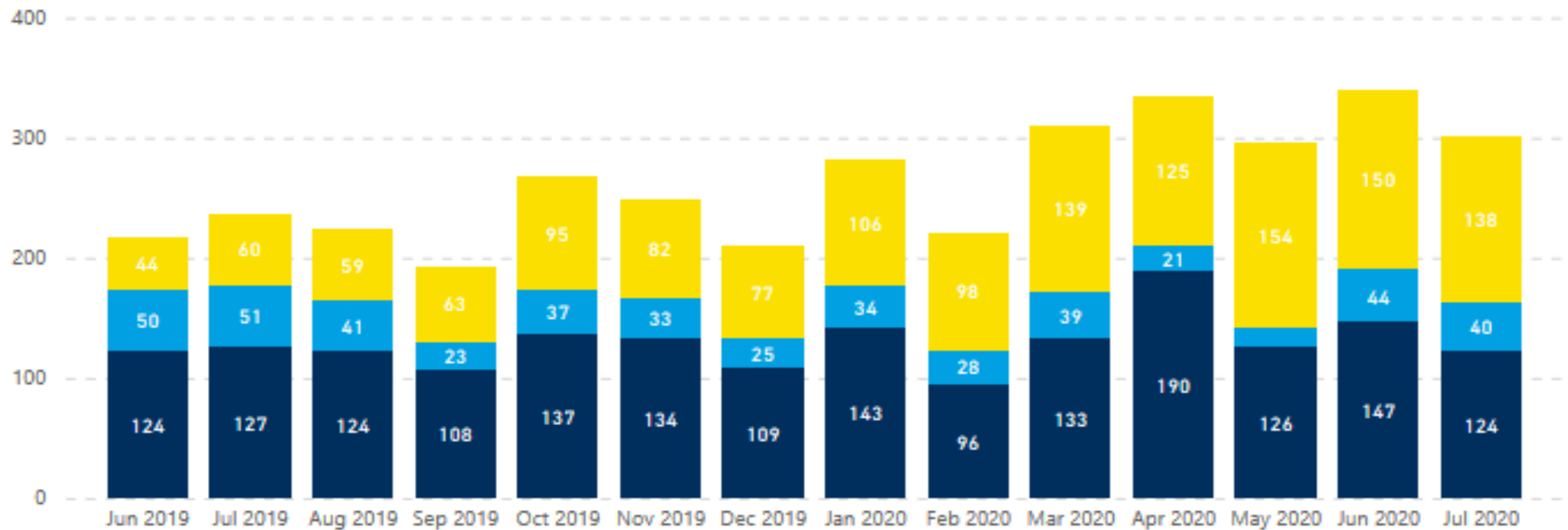


Table 13:

Safeguarding concerns per 100,000 of population by month



Table 14:

S42 enquiries commenced per 100,000 of population by month

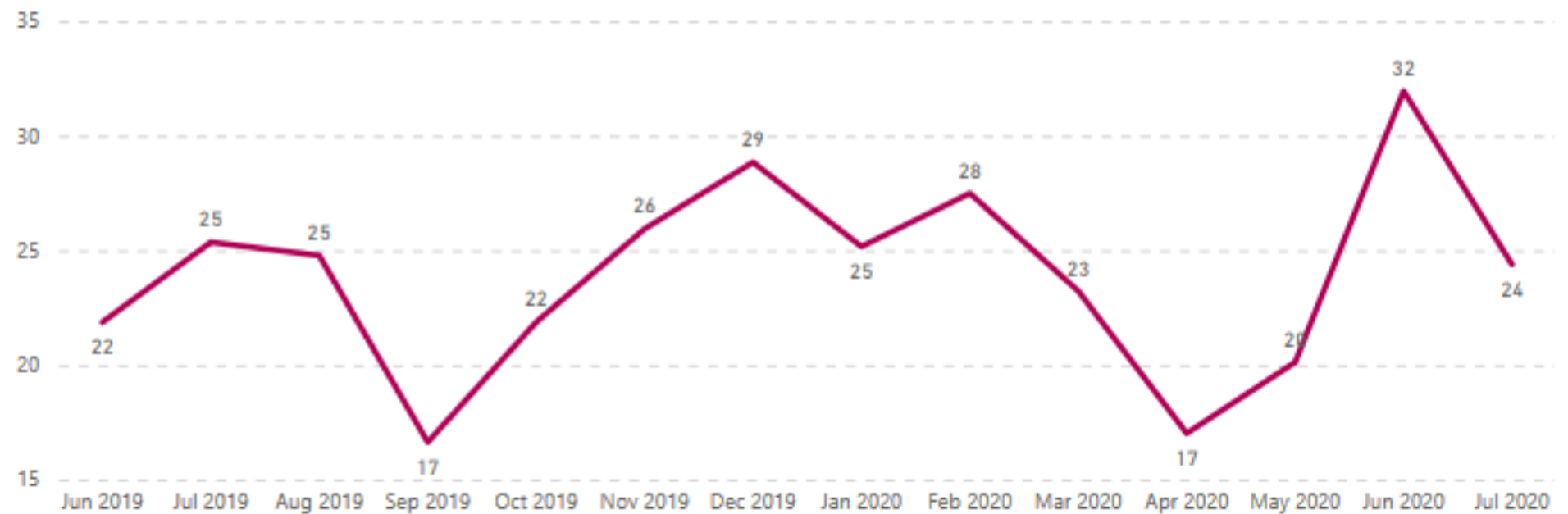


Table 22:

Round up from Adults Leadership Forum

Assumption	Solutions mentioned which are already being explored	Solutions to add to exploration & priority
Independence	<ul style="list-style-type: none"> Working with the community hubs around their ongoing support model Practice workshops on post lockdown conversations 	<ul style="list-style-type: none"> Falls prevention work to be stepped up Promotion of online Stronger for Longer exercise campaign
Carers	<ul style="list-style-type: none"> Carers huddles Carers brochure Day service review Role of community hubs with carers 	<ul style="list-style-type: none"> Continuing calls to carers Contingency/What if planning to be built into upcoming workshops and discussions with teams
Care & Support choices	<ul style="list-style-type: none"> Emergency overnight care in own homes. 	<ul style="list-style-type: none"> Sharing awareness of BAME issues for Covid-19 and how our services can fulfil any cultural aspects and health issues
Changing needs	<ul style="list-style-type: none"> Tracking of changes in demand flows. 	<ul style="list-style-type: none"> Getting feedback from our customers regarding virtual working
Technology	<ul style="list-style-type: none"> Online TEC training and virtual TEC huddles SCDIP guided TEC app 	<ul style="list-style-type: none"> Consider re-branding of TEC development of a digital resilience workstream