

ADULTS COMMITTEE



Thursday, 10 September 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 be 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/coc-conduct-code>
- 2. Minutes - 2 July 2020**
[Minutes - 2 July 2020](#)
- 3. Adults Committee Actions - July 2020** **5 - 6**
- 4. Petitions and Public Questions**

KEY DECISIONS

- 5. Contract Extension - Homecare Car Provision** **7 - 12**

6.	Contract Extension Request – Interim Block Beds in Cambridgeshire	13 - 18
	DECISIONS	

7.	People & Communities Priorities and Recovery Plan	19 - 30
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INFORMATION AND MONITORING

8.	COVID - 19 Resilience Funding to Support Independent Sector Providers of Adult Social Care	31 - 34
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9.	Service Directors Update - Adults & Safeguarding and Commissioning	35 - 78
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10.	Adults Committee Agenda Plan -September 2020	79 - 82
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	Adults Committee Training Plan 20-21	83 - 86
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11.	Date of Next Meeting 8 October 2020	
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12.	Exclusion of Press and Public	
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To resolve that the press and public be excluded from the meeting on the grounds that the agenda contains exempt information under Paragraphs 1, 3 and 5 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed information relating to any individual, information relating to the financial or business affairs of any particular person (including the authority holding that information), and information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

KEY DECISION

13.	A Request to increase the Contract Length of the Block Contract Opportunity for Residential, Nursing and Planned Respite Care Beds_CONF	
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- Information relating to any individual;
- Information relating to the financial or business affairs of any particular person (including the authority holding that information);
- Information in respect of which a claim to legal professional

privilege could be maintained in legal proceedings;

The Adults Committee comprises the following members:

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

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

Clerk Name: Tamar Oviatt-Ham

Clerk Telephone: 01223 715668

Clerk Email: tamar.oviatt-ham@cambridgeshire.gov.uk



ADULTS COMMITTEE

Minutes Action Log

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **2 July 2020** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 18 June 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	
295.	COVID-19 - UPDATE REPORT ON THE COUNCIL'S RESPONSE	Will Patten	Received the first phase of the infection control money from Government and a detailed action plan was in place. Government grant comes to an end in September so there was a need to understand local needs going forwards. Officers would provide a summary of their findings back to Committee.	Commissioners are currently engaging with providers to seek views from the market to inform this piece of work. This will focus on identifying and understanding market pressures in the short, medium and long term. The outcomes of this engagement piece will inform the development of approaches to support sustainability of the care market.	Complete	
		Wendi Ogle-Welbourn	She stated that there was an ONS report that was circulated on a weekly basis by Public Health and she agreed to ask for the Committee to be included in the distribution list for circulation.	This has been shared with Adults Committee.	Complete	
		Wendi Ogle-Welbourn	She also explained that a detailed action plan on how the test and trace would work in different settings had been produced and this would also be circulated to the Committee.	This has been shared with Adults Committee.	Complete	
		Charlotte Black	A Member commented that a buddy system for carers would help to solve some of these issues. The Chairwoman agreed that this would be a good system to look into and asked officers to consider this further.	This has been picked up as a suggestion and is now part of the Adults Positive Challenge Work stream and we are working on the best way to offer this in line with the Carers Commissioned Provider, the Volunteer Hub and Adults Social Care to ensure we don't duplicate but move forward in the right way	Complete	
296.	ADULTS COMMITTEE AGENDA PLAN AND TRAINING PLAN	Tamar Oviatt-Ham	Members noted that the Housing Related Support Strategy would be added to the agenda plan for October 2020.ACTION	Added to the agenda for October	Complete	

CONTRACT EXTENSION REQUEST – HOMECARE BLOCK CAR PROVISION

To: **Adults Committee**

Meeting Date: **10 September 2020**

From: **Will Patten, Service Director, Commissioning**

Electoral division(s): **All**

Forward Plan ref: **2020/050** *Key decision:* **Yes**

Outcome: **To outline the case for the approval of a contract exemption for the provision of homecare capacity provided by a block car arrangement across Cambridgeshire.**

Recommendation: **a) To approve the extension and award of homecare block car provision to the current providers for 12 months until 26 November 2021**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Karen Chambers	Names:	Councillors Bailey and Ambrose-Smith
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Tel:	07776 679602	Tel:	01223 706398

1. BACKGROUND

- 1.1 Cambridgeshire County Council currently has a block contract for 20 cars to deliver 1,771 hours of care provision per week across the county at a value of **£1,919,511**, funded by what was the Winter Pressures Grant, which from 2020/21 forms part of the Improved Better Care Fund grant. The contract is due to expire on 26th November 2020.
- 1.2 This is an addition to the main Transition and Block Car contract which provides approximately 2,310 hours of care per week
- 1.3 The provision delivers domiciliary care to people who are being discharged from hospital. Through block purchasing domiciliary care through this contract the Council are able to ensure support for people to return home as soon as they are able to do so, particularly within areas of Cambridgeshire where mainstream homecare is difficult to source. This provision is intended to be used on a short term basis to ensure the resource and support can be maximised to support as many people as possible. Once discharged from hospital, the service providers focus on transferring people to longer term, mainstream homecare arrangements as they recover. Therefore it is important that provision is maintained to support prompt hospital discharge across the County; whilst we develop a revised care pathway and recommissioning.
- 1.4 It was planned to carry out a review of this contract early this year. However due to the impact of COVID 19 on resources and the need to retain the capacity to meet demand, this has not been possible.
- 1.5 An extension is sought to continue this contract whilst work is undertaken to develop a new care pathway to enable more, older people to return home from hospital. The block cars will be reviewed as part of this work and the commissioning plans developed as a result. The extension period will align with the conclusion of the care pathway commissioning.
- 1.6 The development of the revised care pathway will take into consideration the wider vision for homecare commissioning in the future, the aim of which is to move towards a place-based approach and ethos. There are a number of actions that have been identified to support this within the vision paper which is due to be considered by JCB in August.

2. MAIN ISSUES

- 2.1 As noted in 1.2, the current contract ends on the 26th November 2020 which does not allow sufficient time for Officers to carry out the planned relevant research, analysis, engagement and subsequent procurement process required to put in place a new service delivery model within the developing care pathway to support hospital discharge.
- 2.2 The extension is needed to maintain current capacity whilst the contract is reviewed and recommissioned as part of a care pathway to support hospital

discharge and enable more people to return home rather than enter long term bed-based care.

- 2.3 It is anticipated the new care pathway will comprise of a range of short stay beds for step up and step down purposes, along with respite and reablement interventions and in-reach domiciliary care. All of which aim to maximise the independence of individuals and enable them to remain within their own homes for as long as possible. This will also link with the Discharge to Assess Pathway.
- 2.4 This will be developed in line with and taking into consideration the move towards place-based outcomes and commissioning.
- 2.5 Current demand for this provision means there is the need for the Council to retain the current capacity and flexibility that the block cars provide for people being discharged from hospital. The cars supplement quick access to homecare across the County, which will still be required until the new discharge care pathway is in place. It also works in conjunction with the discharge and transition block car contract; particularly supporting areas of Cambridgeshire where mainstream homecare is difficult to source.
- 2.5 Table 1: Projected milestones and completion dates for the development and procurement of the revised service provision supporting hospital discharge.

Milestones	Dates
Extension approval	27 May 2020
Committee approval	10 Sep 2020
Research/evidence/development of care pathway	July – November 2020
Market engagement	December –January 2021
Specification/outcomes/budget development	Feb – Mar 2021
Approvals – SMT/JCB/Adults Committee	Mar – May
Procurement	June – Sep
Implementation	Sep- Nov
Contract starts	27 Nov 2021

3.0. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following four Corporate Priorities.

- 3.1 A good quality of life for everyone**
There are no significant implications for this priority.
- 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**
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 identified by officers:

The reviewed care pathway will consider and support:

- 4.1.1 Appropriate, expedited, safe discharge from hospital supporting independence which might include an appropriate stay in a reablement or interim bed (the project to develop the new care pathway will be developed on conjunction with the Interim and Reablement bed transformation).
- 4.1.2 Reducing the risk of inappropriate admission to hospital with the right intervention at the right time, supporting people to stay at home or facilitating a short stay in a respite bed, and regain/retain independence.
- 4.1.3 The annual funding allocated to this contract is **£1,919,511**; this is built into the budget and therefore there are no budget pressures anticipated from the contract extension.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The Head of Procurement has highlighted that this is over the EU threshold and therefore the strategy is a breach of the EU Regulations with this proposal however this is the best/ probably only approach now given the effects of COVID-19. If approved by Committee I would recommend a *VEAT notice to mitigate a challenge under these regulations.

*A VEAT notice is a notice for the Official Journal of the EU. Similar to an OJEU notice which you use 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 your reasons 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: Tony Darnell
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

Source Documents	Location
<i>None</i>	

**CONTRACT EXTENSION REQUEST – INTERIM BLOCK BEDS IN
CAMBRIDGESHIRE**

To: **Adults Committee**

Meeting Date: **10 September 2020**

From: **Will Patten, Service Director, Commissioning**

Electoral division(s): **All**

Forward Plan ref: **2020/051** *Key decision:* **Yes**

Outcome: **To outline the case for the approval of a contract exemption for the provision of block interim beds across Cambridgeshire.**

Recommendation: **To approve the extension and award of interim block bed provision to the current Providers for a further 7 months and 26 days until 26 November 2021**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Alison Bourne	Names:	Councillors Bailey and Ambrose-Smith
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1. BACKGROUND

- 1.1 The Council currently commissions 18 interim beds through a block contract across Cambridgeshire. The contracts are due to expire on 31st March 2021.
- 1.2 The 18 interim beds comprise of 14 nursing and 4 residential interim beds across 8 Homes in Cambridgeshire. The annual contract value of these beds is £701,615.65.
- 1.3 The purpose of these beds is to provide short-term bed based care for people who require varying degrees of 24-hour care. This can be as part of a planned period of respite, emergency access to 24 hour care, or to facilitate hospital discharge.
- 1.4 An extension is sought to retain the 18 Interim beds beyond March 31st 2021 in order to develop a new care pathway across Cambridgeshire and Peterborough to support better hospital discharge. This work is being undertaken in conjunction with a review of the hospital discharge cars which provide domiciliary care on discharge from hospital and the extension period will align with the conclusion of the care pathway commissioning.

2. MAIN ISSUES

- 2.1 There is scope to improve our existing interim bed provision in identifying more innovative and outcome focused ways to better meet the needs of our community. We need sufficient beds in the right locations to meet demand and maximise the number of older people returning home after a stay in hospital.
- 2.2 To achieve this by November 2021, the Council will seek to design and commission a new care pathway to support a greater number of older people to return home after hospital discharge and reduce avoidable hospital admission from the community. The care pathway is likely to comprise of a range of short stay beds which can be accessed on discharge from hospital or where someone requires short term support within the community setting, along with consideration of respite and reablement interventions and in-reach domiciliary care.

The indicative timeline for this work is shared below.

Table 1: estimated headline steps and completion dates

Steps required	Dates
Extension approval	03 June 2020
Adults Committee approval	10 Sep 2020
Analysis of bed utilisation and decommissioning as appropriate	Quarterly through to November 2021
Research/evidence/development of care pathway	July – November 2020
Market engagement	December –January 2021

Specification/outcomes/budget development	Feb – Mar 2021
Approvals – SMT/JCB/Adults Committee	Mar – May
Procurement	June – Sep
Implementation	Sep- Nov
Contract starts	27 Nov 2021

- 2.4 The extension to the current contract is needed to maintain current capacity whilst this work is undertaken. A detailed analysis of the utilisation of the block Interim beds is needed as well as exploration of different care models. It is necessary to maintain our existing interim bed provision whilst the care pathway is developed and commissioned, particularly to mitigate against the impact of a second wave of COVID.
- 2.5 If the contract is not extended, and the interim beds contracts expire in March 2021, there is likely to be an exponential rise in spot-purchase of short term placements which may be more expensive than the current arrangements. Care homes hold the right to refuse to take clients for a short-term placement on a spot basis, and have the ability to significantly increase the price at which they offer such placements.
- 2.6 Regular monitoring of the utilisation of the interim beds will be undertaken. In the event under-utilised beds are identified we have reserved the right to terminate any of the interim block beds with 28 days' notice. Any beds which are under-utilised and therefore not offering value for money will be decommissioned.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

There are no significant implications for this priority.

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

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 identified by officers:

4.1.1 The cost of the extension will be £461,335

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The Head of Procurement has highlighted that this is over the EU threshold and therefore the strategy is a breach of the EU Regulations with this proposal however this is a suitable approach given the strategy. If approved by Committee I would recommend a VEAT notice to mitigate a challenge under these regulations.

*A VEAT notice is a notice for the Official Journal of the EU. Similar to an OJEU notice which you use 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 your reasons and the EU community has 10 days to challenge that declaration

4.3 Statutory, Legal and Risk Implications

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: Emily Smith

Source Documents	Location
<i>None</i>	

OUTLINE OF PEOPLE & COMMUNITIES PRIORITIES AND RECOVERY PLAN

To: **Adults Committee**

Meeting Date: **10 September 2020**

From: **Executive Director, People & Communities**

Electoral division(s): **ALL**

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

Outcome: **To discuss the approach for People and Communities Recovery Plan**

Recommendation: **The Committee is asked to discuss and agree the approach for People & Communities recovery plan and priorities**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Wendi Ogle-Welbourn	Names:	Councillor Bailey
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Tel:	01223 699692	Tel:	01223 706398

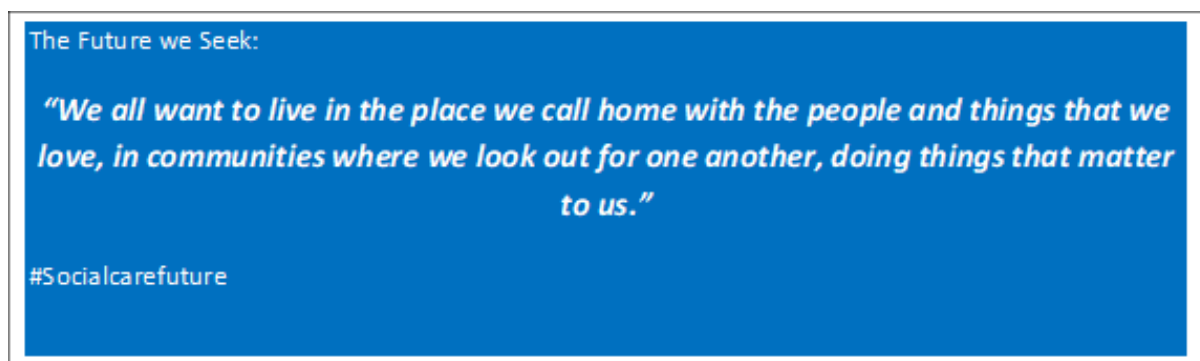
1. BACKGROUND

- 1.1 COVID has had a significant impact on demand and financial implications for services across the People and Communities Directorate. Whilst the outcomes we aim to deliver remain the same, we are operating in a different environment. The purpose of this paper is to provide an overview of the business planning approach being undertaken by the People and Communities Directorate.

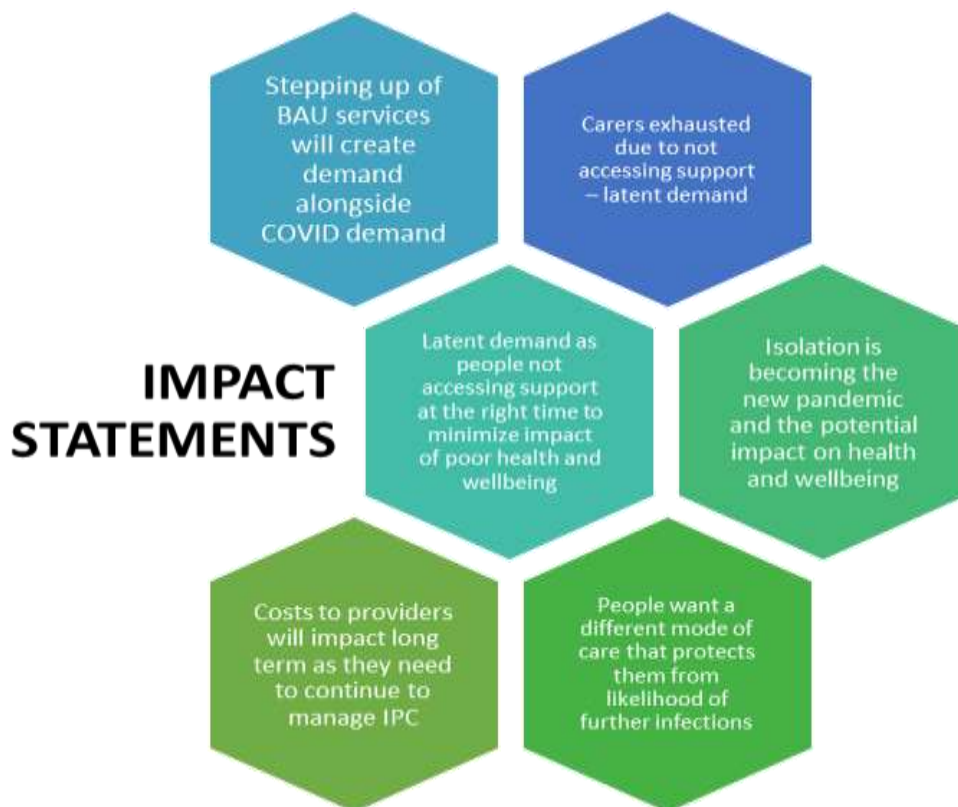
2. MAIN ISSUES

2.1 Commissioning and Adult Social Care

- 2.1.1 Whilst we need to respond to the immediate challenges we face over the coming months; including further waves of COVID, winter pressures and the impact on adult social care as the NHS resets to business as usual activity. We believe that our level of ambition needs to go beyond the immediate short-term 'recovery' process our approach to recovery is focused on the next 18-24 months. COVID has changed the push for change to a 'shove' and this is now a real opportunity for transformation.



- 2.1.2 We will build on the community mobilisation and response to date to embed the Think Communities principles and evolve integrated place based models of delivery and commissioning. In addition, the impact of COVID on the independent provider market provides us with a key opportunity to reshape the market, to move away from the traditional offering of residential home provision to deliver more flexible, local, person centred solutions based around peoples' homes, that promote independence, such as extra care plus and care suites.
- 2.1.3 The impact of COVID has been wide ranging. The effects on Adults social care are due to demand changes, cost changes and income changes. The ongoing economic effects of the outbreak will increase demand for support and reduce income. In addition, the length of lockdown and subsequent lockdowns locally or nationally will increase demand for support. The below impact statements have informed our approach to recovery and resilience.



2.1.4 Adult services aim to deliver the following outcomes for people:

- People access the right support and advice at the right time, in the right place, by the right people
- A focus on prevention and early intervention.
- Maximising independence by empowering people to do more for themselves
- Fewer hospital admissions and delayed transfers of care
- Care and support is consistent and joined up, so people feel supported in regaining/retaining independence in their usual place of residence.
- Carers (including young carers) are supported in their communities to continue caring for loved ones.
- Stronger collaboration and joint working with the voluntary sector, networks and support in local communities.
- Develop models of care that maximise independence and the ability to control infection whilst remaining homely.

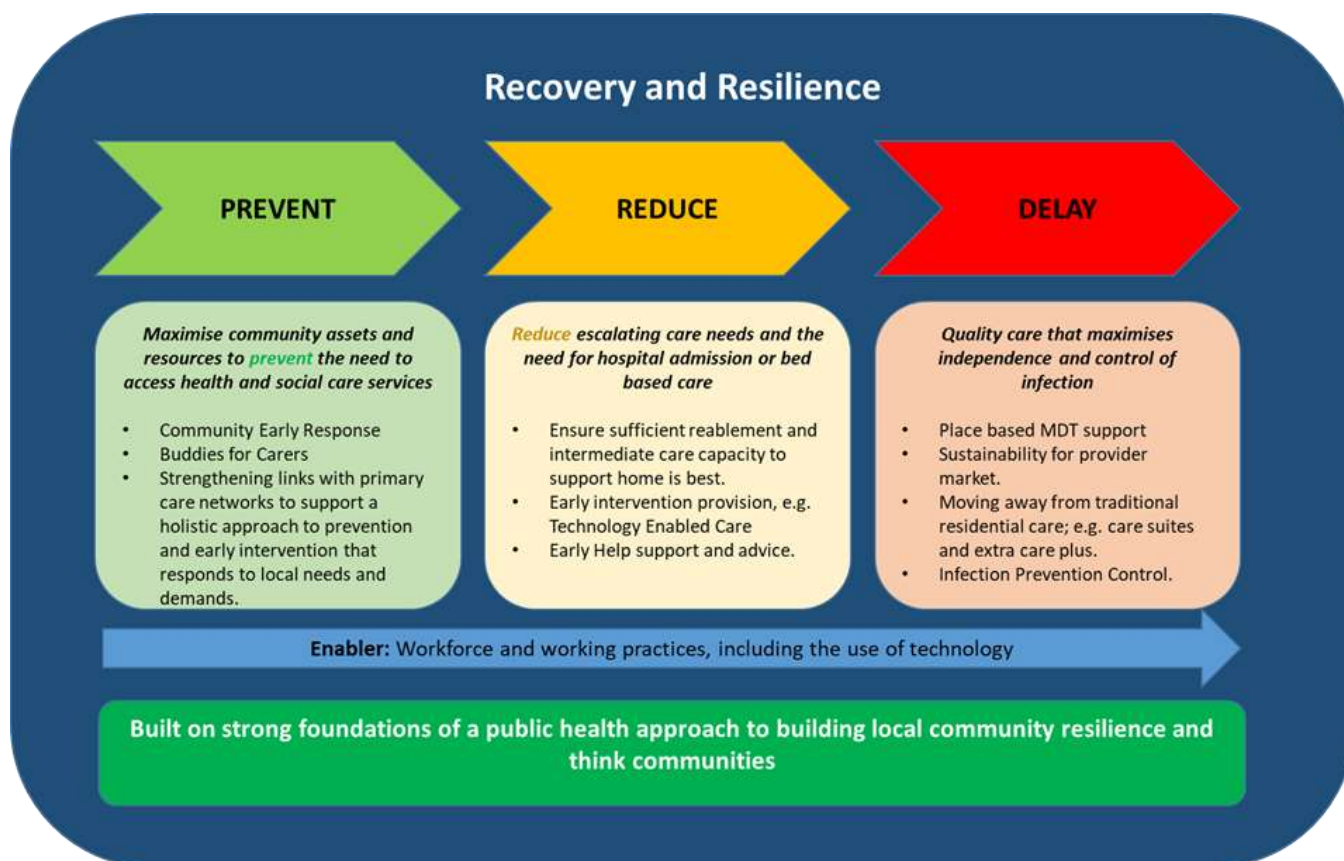
2.1.5 Previous demand modelling applied historical demand patterns to future demographic assumptions. COVID is affecting demand in ways we have never experienced and there are many unknowns around what the longer-term impacts might be. We will face the following types of demand over the coming months:



2.1.6 In addition, we also know we will need to respond to the following immediate system challenges:

- Further waves of COVID
- NHS reset and the impact on adult social care
- Winter pressures and flu
- Provider fragility – financial viability and quality
- Brexit – impact on care workforce

2.1.7 The strategic approach to recovery for adults is based upon the ‘Prevent – Reduce – Delay’ framework, taking into account lessons learnt over the past months, as outlined below.



2.1.8 The Adults Positive Challenge Programme continues to be our primary model of delivering transformation for adult social care and this has been reframed in light of the COVID impact. COVID has impacted on workstream delivery with some of the activity delayed or paused. However, a number of new delivery areas have been identified to inform the future programme priorities.

Adult Positive Challenge – Our demand management programme

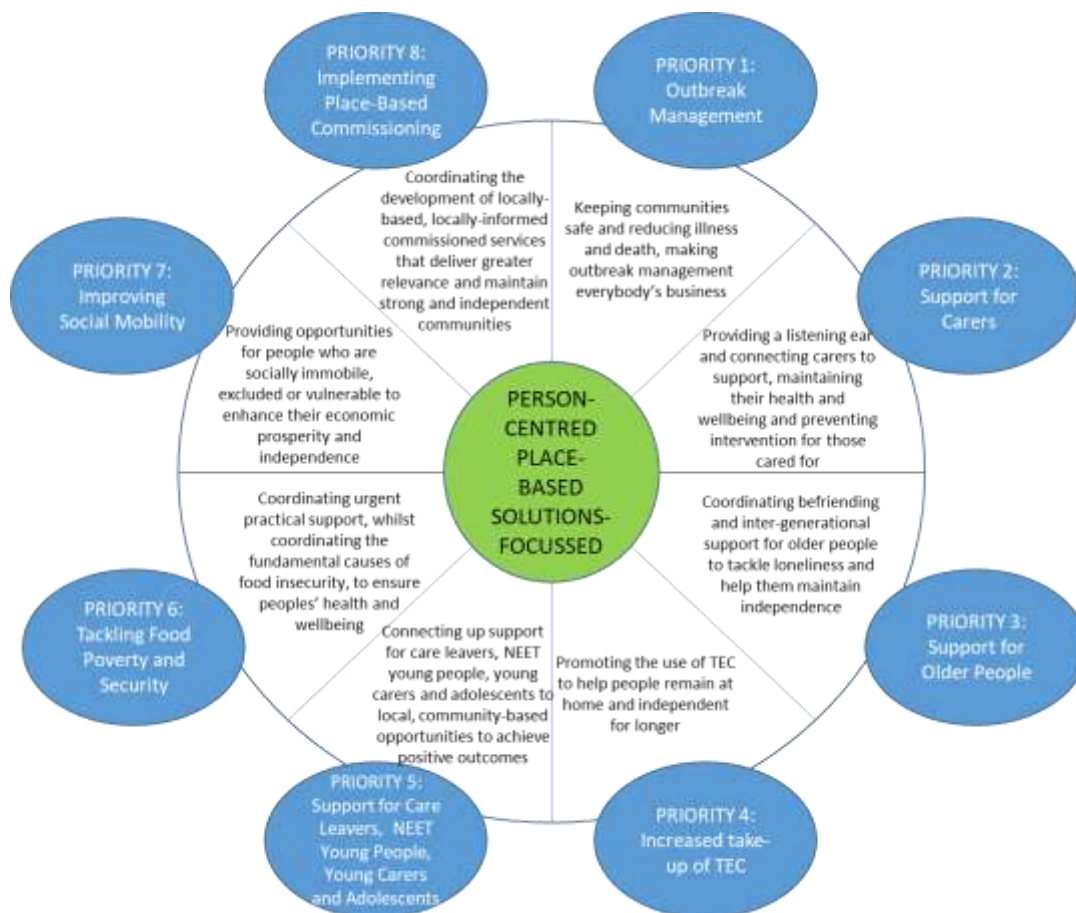


3 Communities

- 3.1 Local community knowledge, assets and innovations are core to the local delivery of health and social care, with a shift away from the initial acute focused response to the pandemic and the need for additional bed based capacity, to one that is primarily focused on the community and a changed conversation, which embeds a strengths and assets based approach.
- 3.2 Building on the significant community and mobilisation response our future approach embeds the 'Think Communities' principles and evolves place based models of delivery. Over the last 100 days, the coordinated Hub response has proven the concept of the Think Communities approach in real time; supporting tens of thousands of residents to protect themselves from COVID-19, and as such not overload the NHS or other statutory services. This way of working together across all local councils, voluntary, community and other public services and volunteers in our communities has resulted in some amazing individualised outcomes for our residents. It did not rely on public sector reform, but just a common-sense approach to working smarter together. This unified approach is something we will build on, alongside recognising the opportunity, we now have to shape the independent provider market to move away from traditional models of residential care to deliver more flexible, local and person centred solutions.
- 3.3 The Think Communities approach aims to deliver prevention, delay and a reduction in demand for statutory interventions, through the creation of a unified approach to the coordination of support for residents, which is place-focused, people-centred and solutions-focussed, which:
- Makes fast, joint decisions and takes rapid creative action to address local issues and prevent escalation

- Enables decisions to be made at the most local level, as close to communities as possible
- Transforms VCS infrastructure support that enables the sector and us to work seamlessly together, supporting volunteers, and ensuring quality VCS voice and representation
- Achieves timely, meaningful, appropriate, flexible data sharing - to enable a single version of the truth, joined up support and effective problem solving
- Analyses and interprets data in order to make the right decisions and support a focused partnership approach to real time challenges
- Transforms our services to evolve to a place-based commissioning model rooted in the community

3.4 The below diagram provides an overview of the Think Communities approach in action and the key priorities for the programme.



4 Children's Services

4.1 Much of the impact of COVID for vulnerable families, children and young people will not be immediate. Harm will emerge over time as a result of lack of school, limited opportunities for play and social development. This impact will be greatest for:

- Families with fewer means, lower job security, poorer and less secure housing
- Families struggling with routines, possibly compounded by increased financial stress
- Children & young people from black & minority ethnic groups

- Young people of secondary age already disaffected at school
- Children and young people with special educational needs and disabilities
- Young people leaving care
- Relatively smaller numbers of children at acute need of safeguarding, who are currently less visible to schools, early years and health services:
 - Significant increase in Domestic Abuse; reduced health visiting services not picking up issues such as significant post-natal depression; children suffering significant neglect, emotional and sexual abuse in particular – harms that are difficult to spot even when services are operating normally.

4.2 Children's services aim to deliver the following outcomes:

- Children live in resilient communities and make the best use of educational and other opportunities
- Families struggling with parenting are supported to re-establish routines
- Families with the most entrenched difficulties make sustainable change to safeguard their children
- Young children at risk of criminal exploitation and/or mental ill-health receive effective support
- Children in care live in permanent loving homes
- Children and young people with disabilities are able to remain at home with their families
- Supporting young people including care leavers into education, employment and training

4.3 The approach to managing demand for Children's services is outlined below.



4.4 The delivery model, which is based on family safeguarding, early health and community focused support, is outlined below.



5 Education

5.1 Schools and Settings reopening successfully and leadership support is a key priority, until we return to business as usual. This includes:

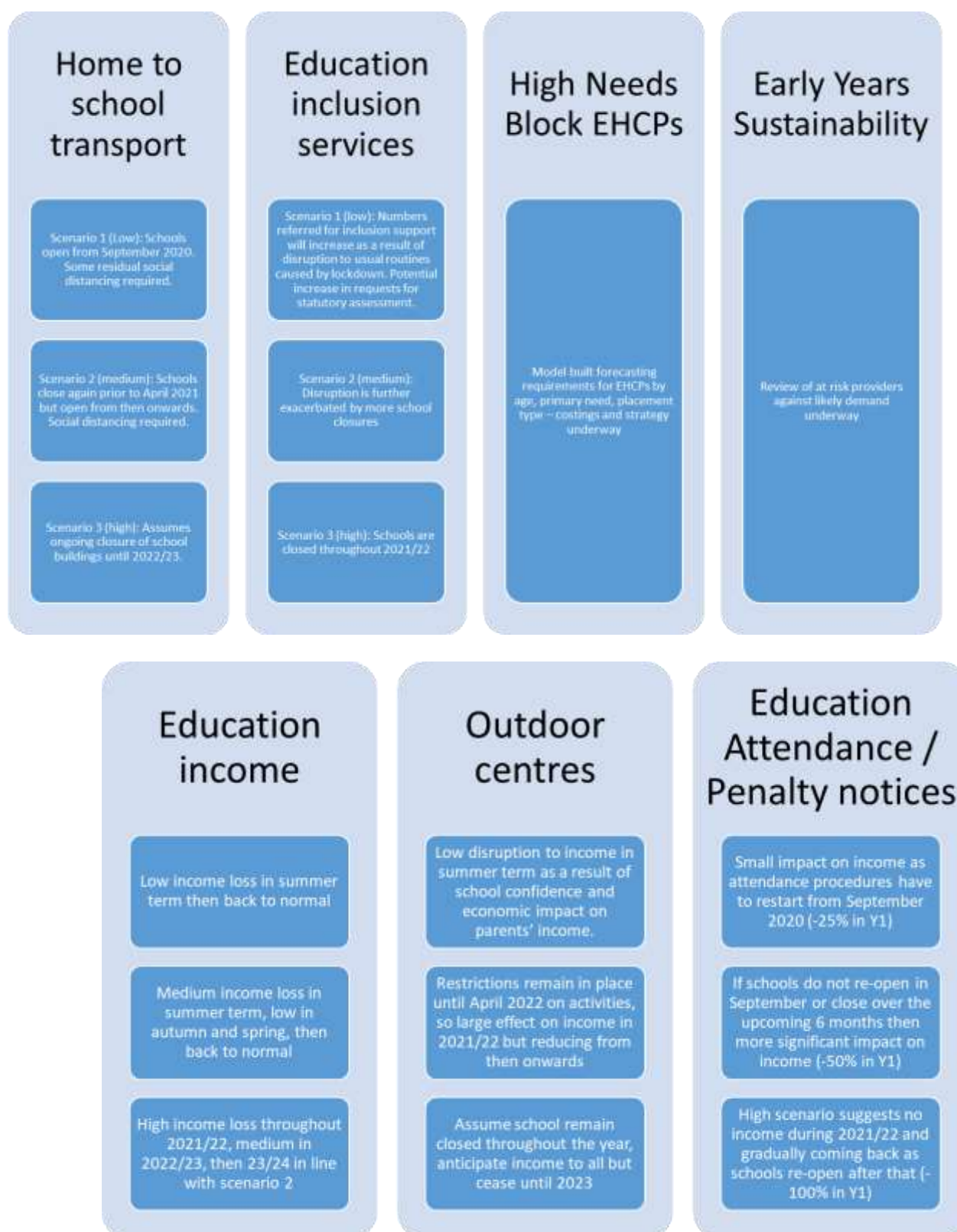
- Ongoing horizon scanning of DfE guidance and working with key stakeholder groups.
- Adhoc advice and guidance is provided when needed as government policy changes.
- Effective processes for dealing with the closure of bubbles and local lockdowns to minimise the need for school closures.

5.2 There is a key focus on returns to academic achievement and progress, ensuring schools are ready for inspection from January 2021. This includes ensuring all schools use the Ofsted recovery planning template; continue to work on developing wider curriculum coverage in Key Stage 2, support the teaching and research school to establish a tuition agency and establish the size of the 'gap' in key pupils groups to help develop process for catch up.

5.3 Support for vulnerable pupils is focused on the following key areas:

- Continue work around SEND to ensure high and sustainable outcomes are delivered.
- Move back to statutory processes and ensure all children return to school in a planned and appropriate way.
- Recovery planning in Cambridgeshire.
- Review Elective Home Education (EHE) cases with an EHCP and the options for blended learning to ensure children don't fall further behind.
- Focus on impact on vulnerable groups and provide support and challenge to schools / settings on inclusion

5.4 As part of the business planning process, a number of transformation opportunities are being considered, alongside understanding the future demand implications of COVID. The below scenario planning is informing business planning projections.



6. ALIGNMENT WITH CORPORATE PRIORITIES

6.1 A good quality of life for everyone

There are no significant implications for this priority.

6.2 Thriving places for people to live

There are no significant implications for this priority.

6.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

6.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

7. SIGNIFICANT IMPLICATIONS

7.1 Resource Implications

There are no significant implications within this category.

7.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

7.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

7.4 Equality and Diversity Implications

There are no significant implications within this category.

7.5 Engagement and Communications Implications

There are no significant implications within this category.

7.6 Localism and Local Member Involvement

There are no significant implications within this category.

7.7 Public Health Implications

There are no significant implications within this category.

Source Documents	Location
None	

COVID-19 RESILIENCE FUNDING TO SUPPORT INDEPENDENT SECTOR PROVIDERS OF ADULT SOCIAL CARE

To: **Adults Committee**

Meeting Date: **10 September 2020**

From: **Executive Director for People and Communities**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **No**

Purpose: **To provide Adults Committee with an update on the urgent decision taken under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council to allocate the discretionary element of the Infection Control Grant.**

Recommendation: **Adults Committee are recommended to:**

Note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council in consultation with the Chairwoman of the Adults Committee, to allocate the Infection Control Grant provided by central government

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Shauna Torrance	Names:	Councillor Anna Bailey
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Tel:	01223 714697	Tel:	01223 706398

1. BACKGROUND

- 1.1 The pandemic has had a huge impact on the health and social care system, including independent sector providers. Whilst social distancing protocols are starting to have a positive impact on the overall population, independent sector providers are working with health and social care to support people most at risk.
- 1.2 Adherence to infection control guidance put in place in response to the COVID-19 pandemic has had significant cost implications on service delivery across adult social care. On the 14th May 2020, the Government announced £600m of one off funding to support infection control across adult social care providers. This equated to £6,146,908 in Cambridgeshire. The primary purpose of this fund is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience.
- 1.3 Central Government specified the fund be allocated in accordance with guidance issued:
 - 75% of the funding was allocated to both residential and nursing care home providers, with each home receiving an amount per CQC registered beds. This equated to £991 per bed in Cambridgeshire.
 - The local authority was given discretion to allocate 25% of the funding to care homes or providers operating within the wider market. To date, the local authority has been consulting with providers on the most effective use of this money to ensure any approach taken maximises the benefits of the funding. The outcome of this has been detailed in paragraph 2.1 below.
- 1.4 Use of the funding by providers needs to comply with clear guidance outlined by central government, and all local authorities were given a directive to passport the funding through to services quickly to support the sustainability of the sector. Central government is releasing the funding in two tranches. The first tranche of the 75% allocated to care homes has been distributed to date, and this will be closely followed by the second tranche.

2. MAIN ISSUES

- 2.1 Following consultation with local providers, a decision has been made under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council to allocate the remaining 25% of the fund, equating to £1,536,727, to providers commissioned by the County Council to deliver 'homecare' type services in the following ways:
 - Domiciliary Care: Funding allocated based on number of hours delivered
 - Extra Care: Funding allocated based on number of hours delivered based on a return from providers
 - Supported Living: Funding allocated based on number of hours delivered based on a return from providers

- Direct Payments: A fund based on number of service users and average number of hours has been allocated to draw upon in the event PPE is required
- 2.3 To ensure adherence to state aid regulations, as well as conditions of the grant funding, all providers will be required to review and disclose any state aid implications and confirm adherence to the grant conditions prior to the award of allocated funds.
- 2.4 The approach outlined above aims to distribute funding available in a fair and equitable way ensuring that wherever possible the level of funding given to each commissioned provider reflects the level of complexity each service is managing, as this will ultimately have an impact on the cost of adhering to infection control guidance.

3. ALIGNMENT WITH CORPORATE PRIORITIES

- 3.1 A good quality of life for everyone**
There is no significant implications
- 3.2 Thriving places for people to live**
There is no significant implications
- 3.3 The best start for Cambridgeshire's children**
There is no significant implications
- 3.4 Net zero carbon emissions for Cambridgeshire by 2050**
There is no significant implications

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- Grant Funding has been awarded by central government so will come at no additional cost to the Council

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- The Grant carries with it a number of conditions and could have implications under state aid regulations. An outline of how this is being managed is within paragraph 2.3

4.3 Statutory, Legal and Risk Implications

Covered in paragraph 2.3

4.4 Equality and Diversity Implications There is no significant implications

4.5 Engagement and Communications Implications

- Due to the urgent nature of this resilience payment this decision has been taken following consultation with the Section 151 Officer, Executive Director of People and Communities, the Chair of Adults Committee, the Leader of the Council and other Committee Chairs. We have also engaged with the market.

4.6 Localism and Local Member Involvement

There is no significant implications

4.7 Public Health Implications

There is no significant implications

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: Jeandre Hunter
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 McMillan
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: Tony Darnell
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: Emily Smith

Source Documents	Location
None	

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
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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:

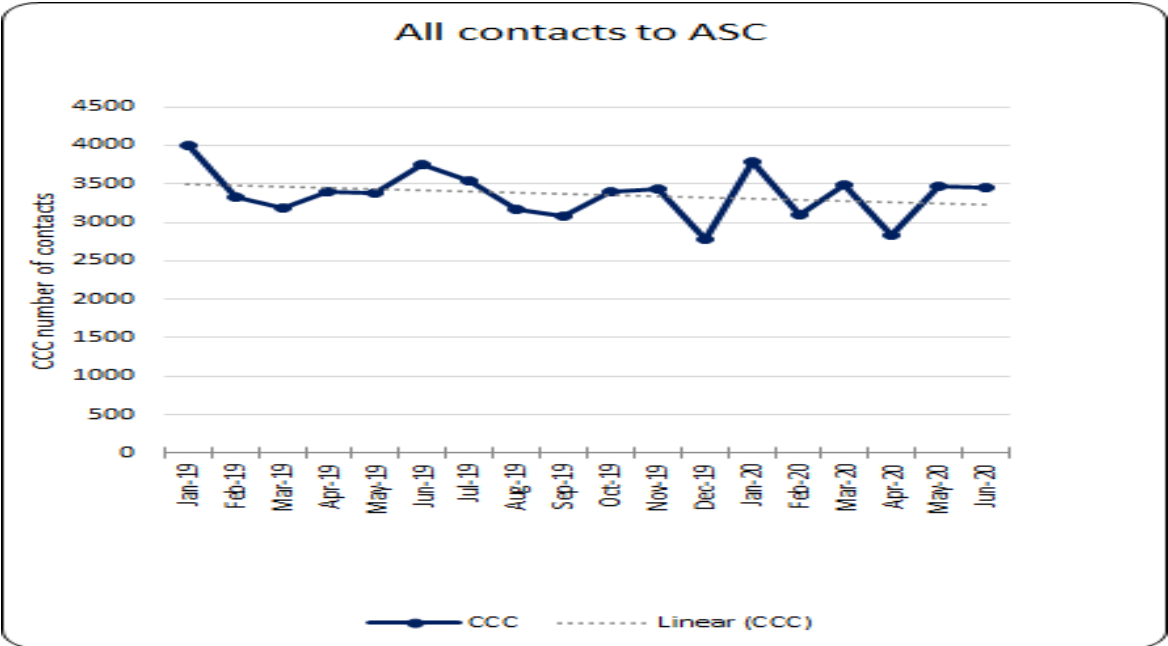
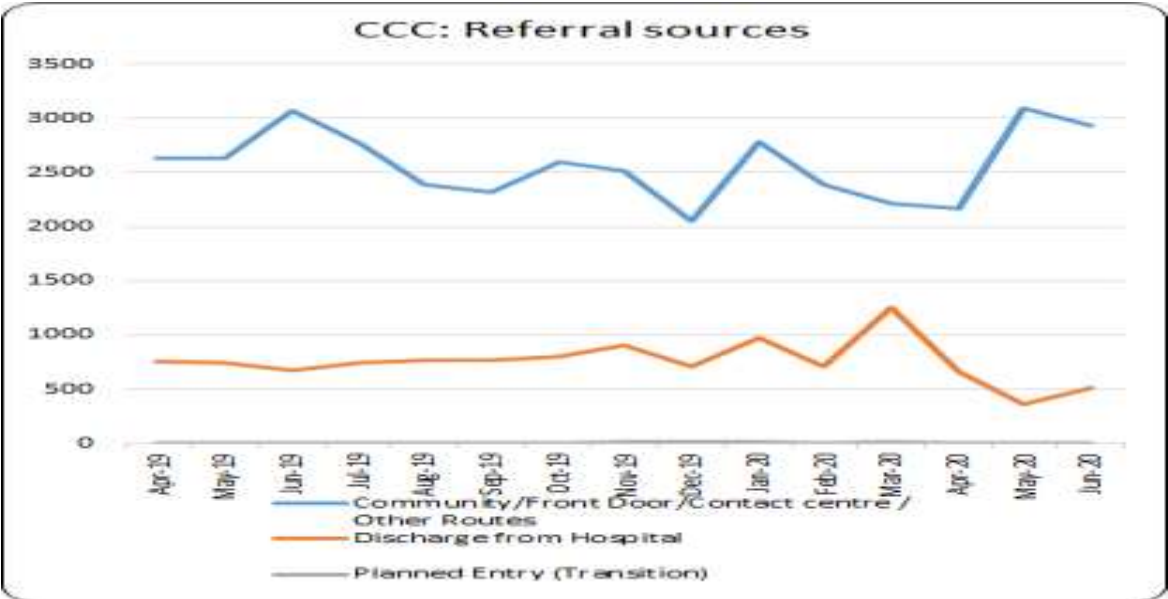


Table 3:



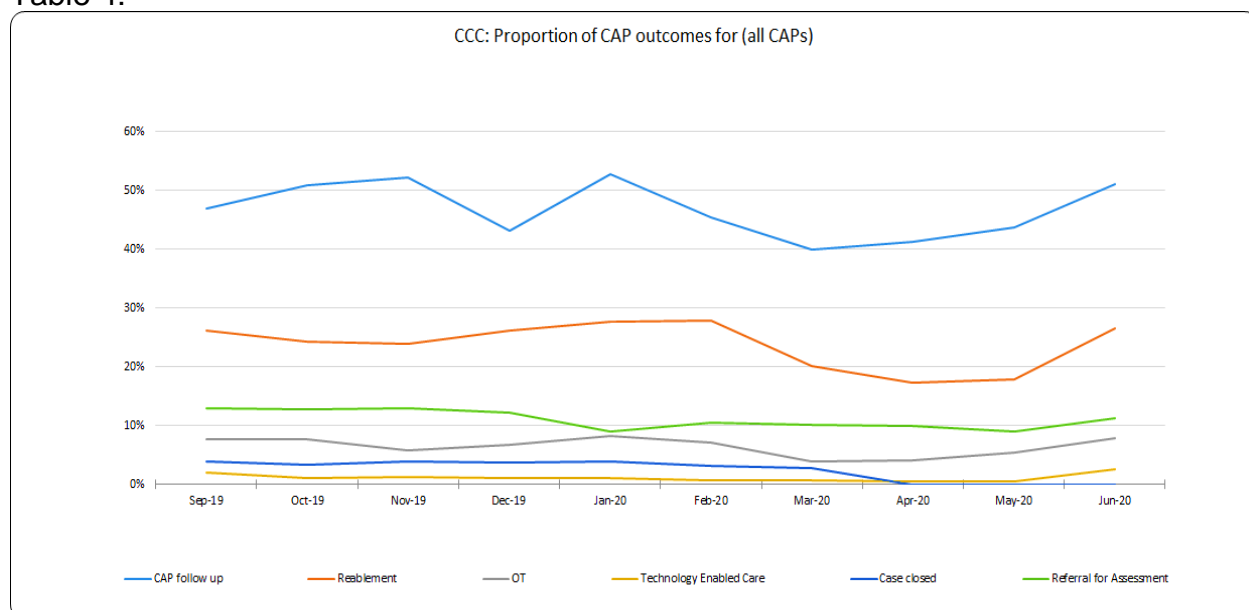
Over the 3 months of April, May and June 2020, we received 8,200 contacts from community sources, people themselves, family, friends, the community hubs or other professionals. This averaged out at 2,733 per month, whereas the average the previous year was 2,533. However, in common with the previous 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:



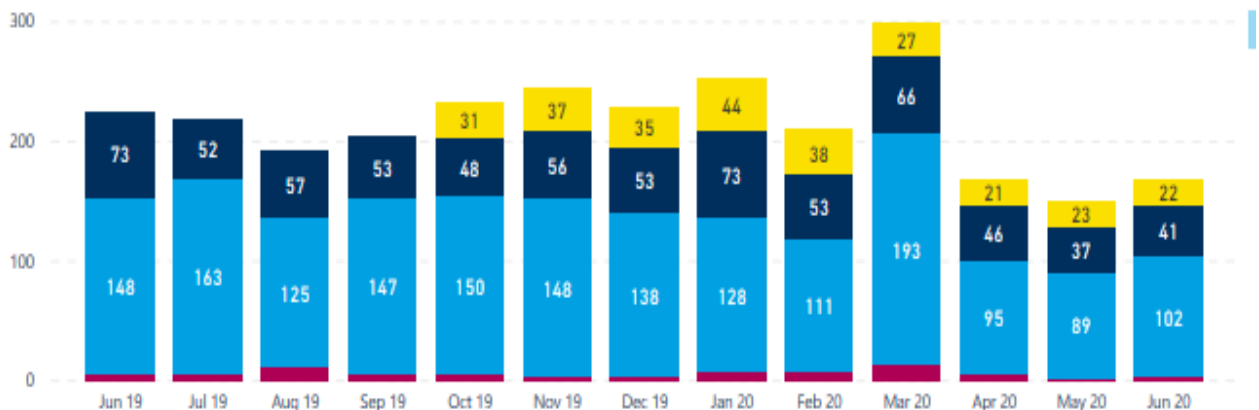
The percentage of contacts resulting in reablement (red line) in April and May 2020 reduced, in line with the significant reduction in referrals coming through from the hospital. However, this did recover to 27% in June (291 people), reflecting the increased referrals from the hospital into the reablement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

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

Table 5:

Completed episodes by outcome, by month

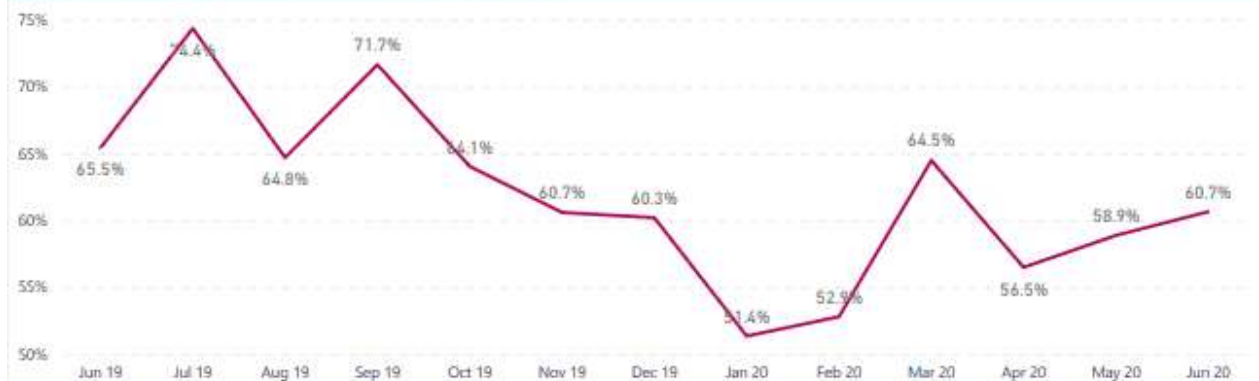
Grouped Episode Outcomes ● End of Life/NHS Funded/Deceased ● Independent ● Long Term Services ● Readmitted to Hospital



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:

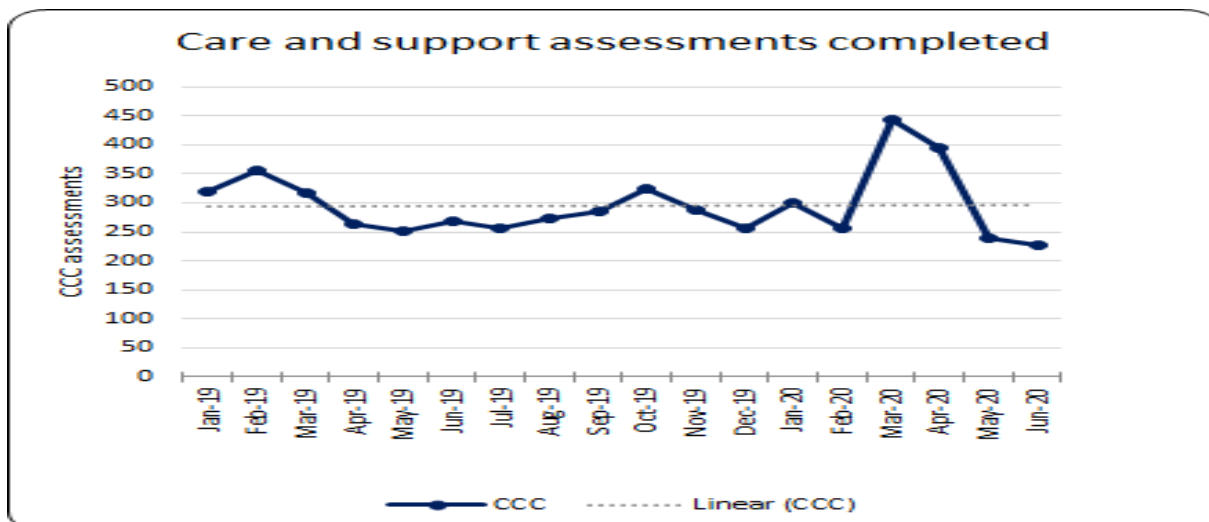
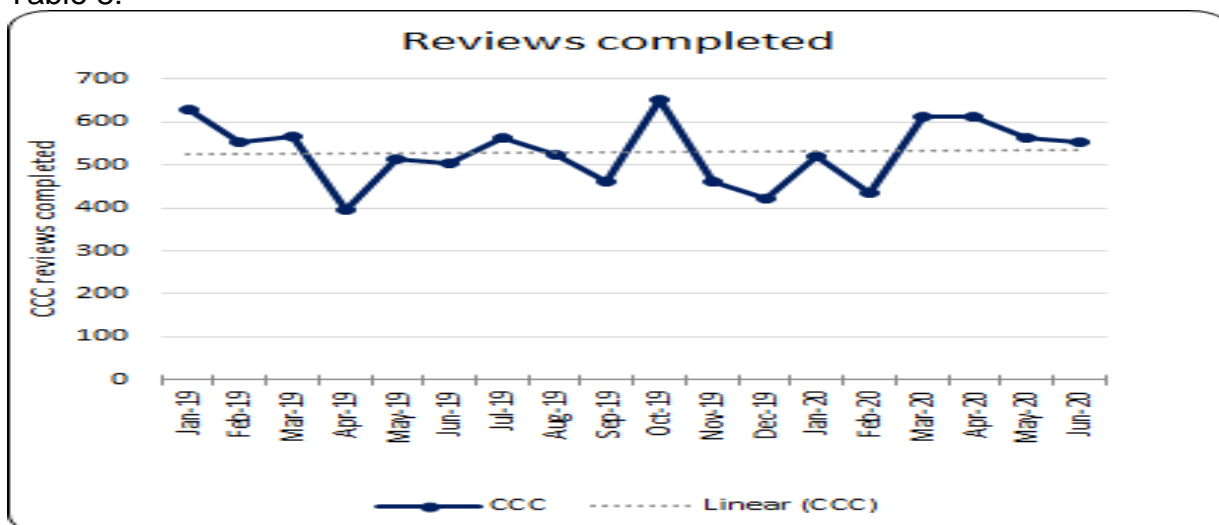
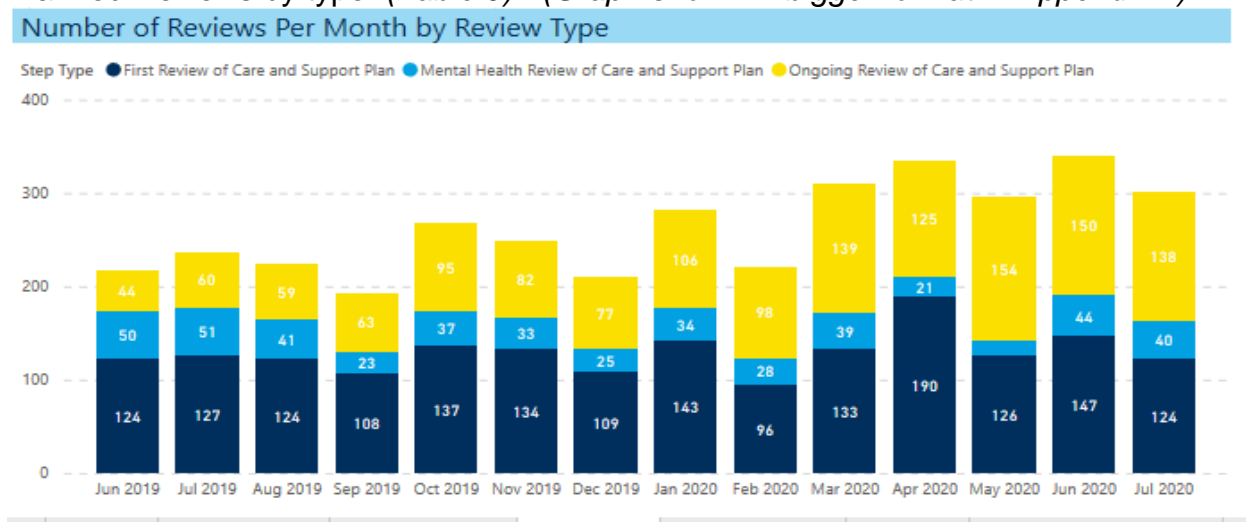


Table 8:



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:

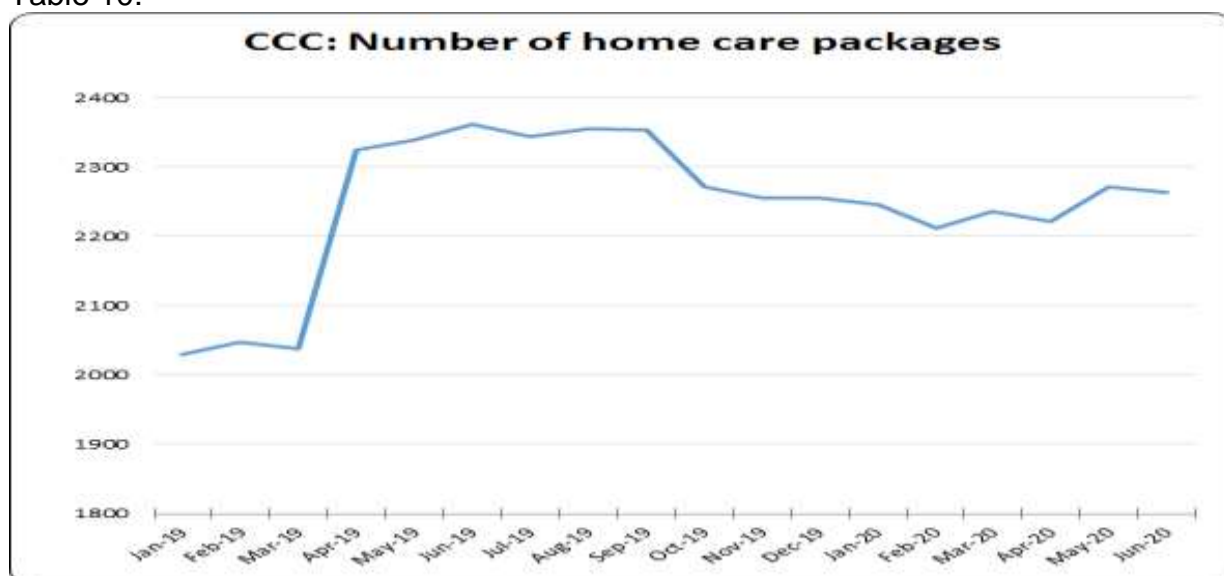
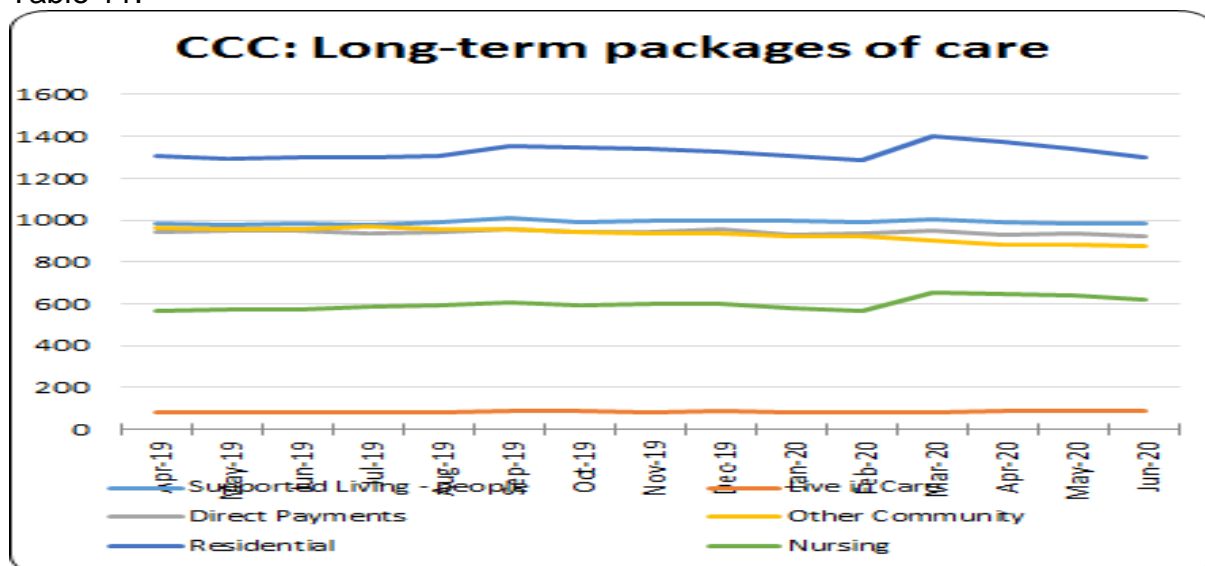


Table 11:

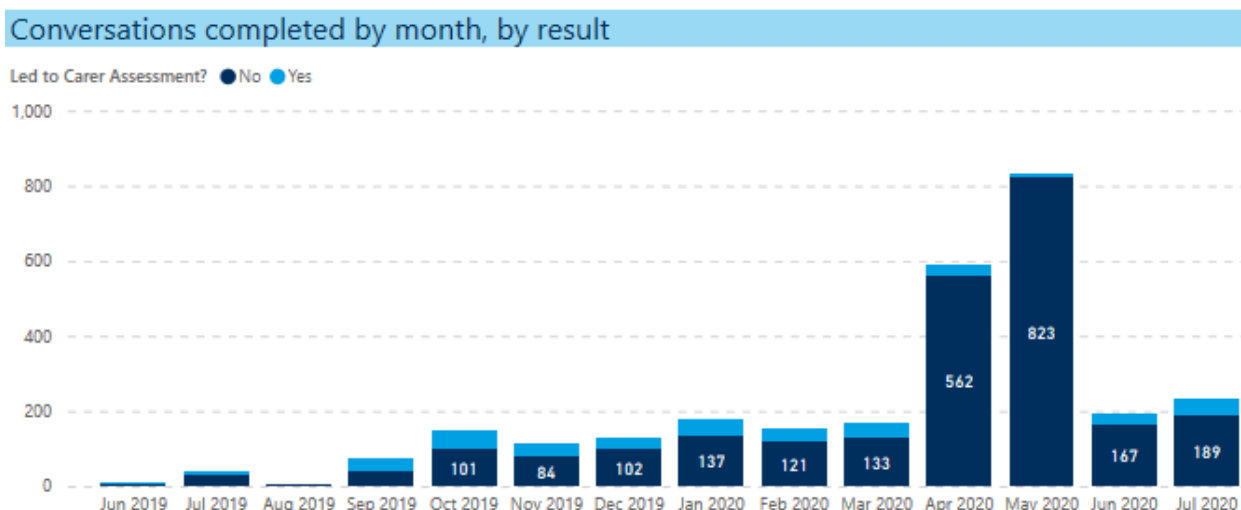


There has been an increase in the number of home care packages against the pre COVID trend of reductions. This in part reflects the focus on trying to limit new admissions to care homes during the peak of the outbreak. There has also been a reduction in both residential and nursing care placements, although 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.

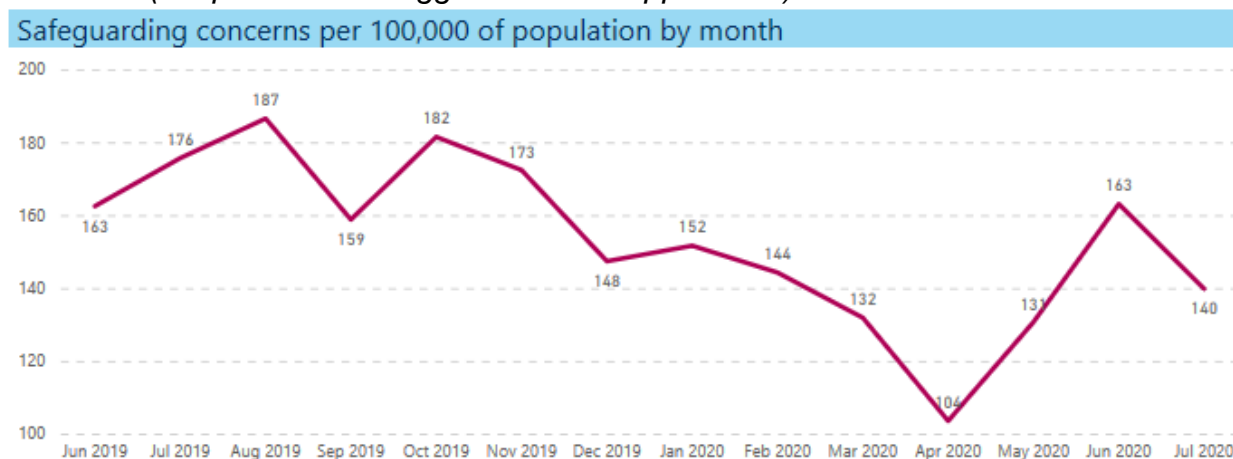
During the lock down period, we have been particularly alert to the potential strain on carers, and the proactive calls made over that time is reflected in the overall number of recorded carer conversations. The graph below illustrates the step change in April/May 2020, but also the continuation of the 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:



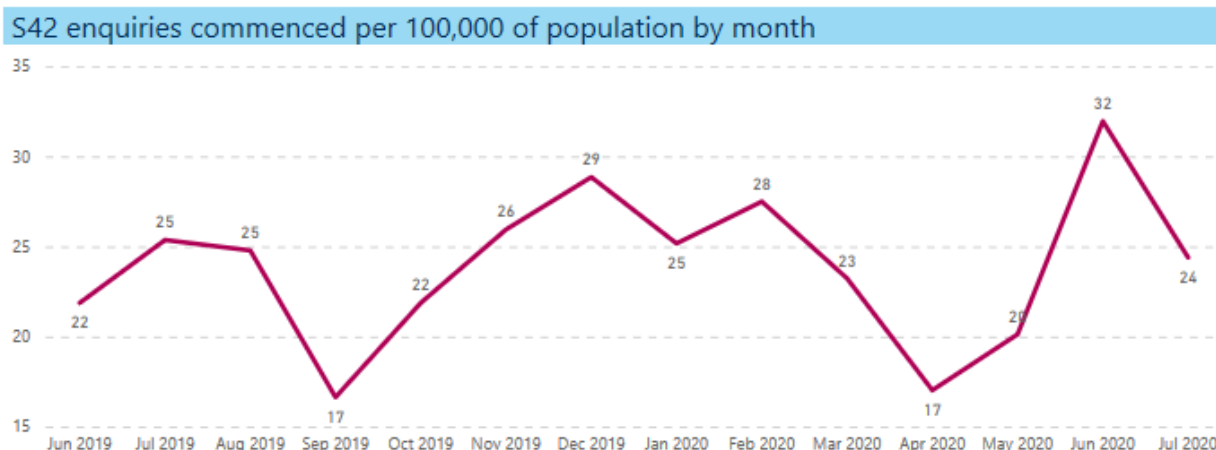
Safeguarding concerns nationally reduced at the onset of the lock down and Cambridgeshire experienced this also. The graph below shows that the number of safeguarding concerns received dipped significantly in April 2020 but has recovered to normal levels since then. (NOTE July is not quite a full month)

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)



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:

What impact was delivered in 2019/20		
Maintain the number of reviews we completed, showing that we can deliver new ways of working without impacting our capacity to remain in contact with those in receipt of a service.	£3.1 million of cost avoidance across Cambridgeshire, supporting the financial sustainability of the council.	An increase in both the number and quality of conversations we are having with carers, without increasing the number of carers assessments or carers direct payments, showing that having the right conversation at the right time is of more value than a one off payment.
An increase in the proportion of people leaving reablement with no ongoing care requirements. Increasing from 59% to 67% in Cambridgeshire	Improvements to our public facing advice and information has reduced the number of community contacts we are receiving, down 9% in Cambridgeshire.	We saw the highest levels of TEC usage in supporting people to remain independent at home, with referrals to the TEC team up by 38% in Cambridgeshire.

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:

Connecting People and Places	Independence and Wellbeing
<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. 	<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:

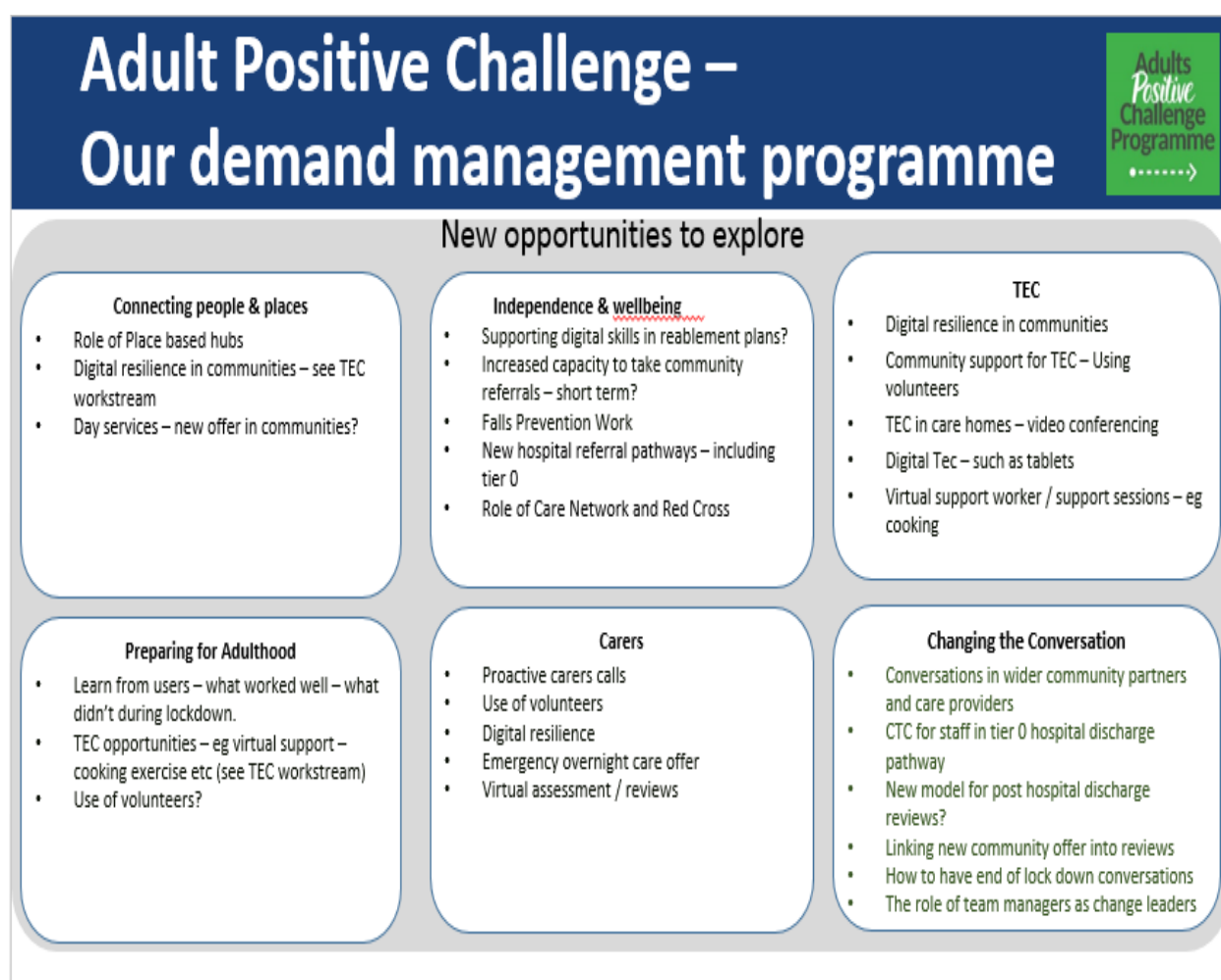
<p>Technology Enabled Care</p> <ul style="list-style-type: none"> • TEC first training delivered to all ASC teams • TEC self-service model defined and launched • Targeted engagement to raise awareness of TEC with other partners • New methodology for promoting innovative TEC is embedded 	<p>Preparing 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
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Table 18:

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


Table 19:



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	<p>Some people will have deconditioned and haven't been able to access the support they need resulting in increasing need</p> <p>Some people discharged from hospital at the end of March are in the wrong setting and not able to get back home</p>
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

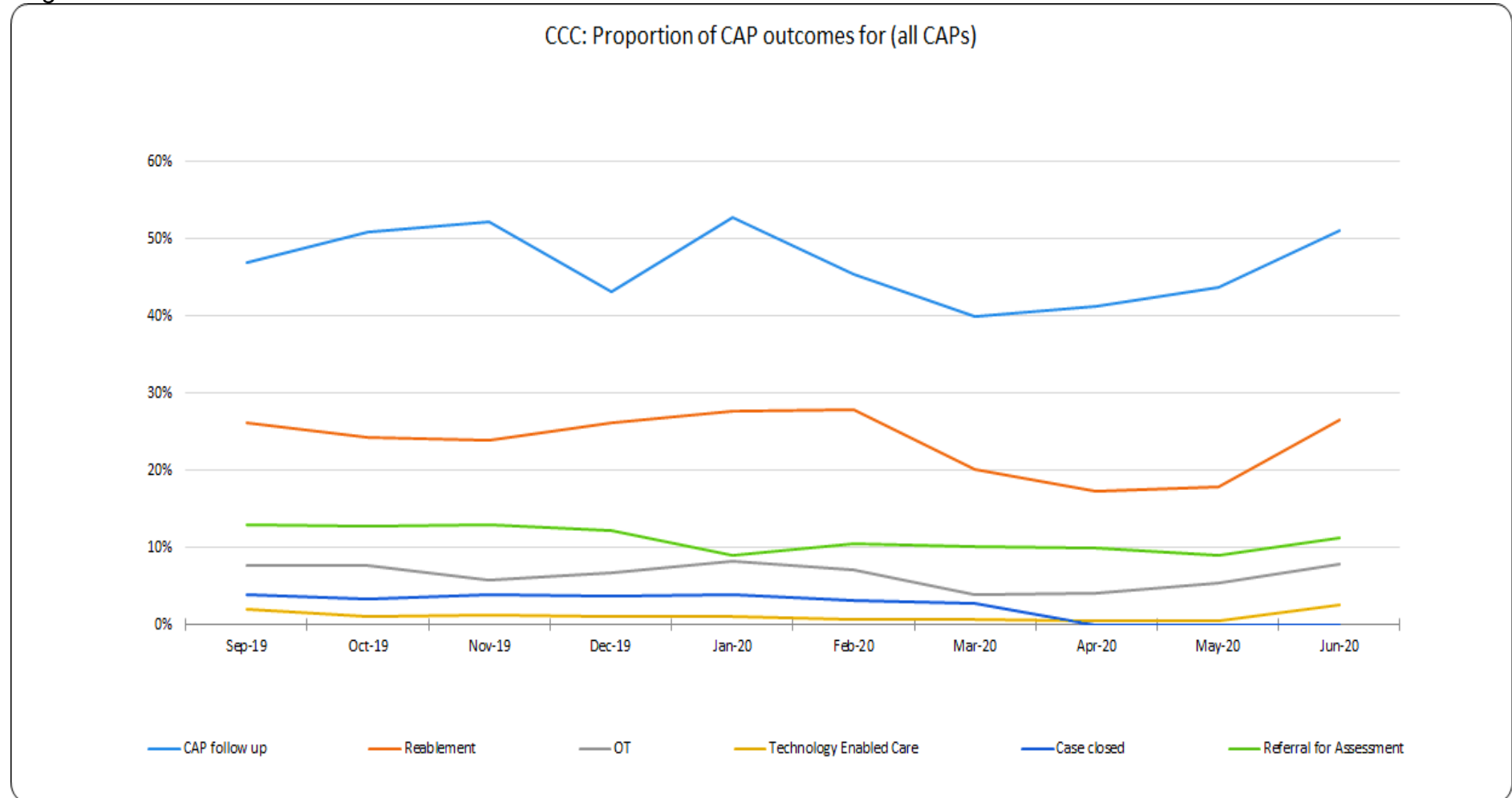


Table 6:



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

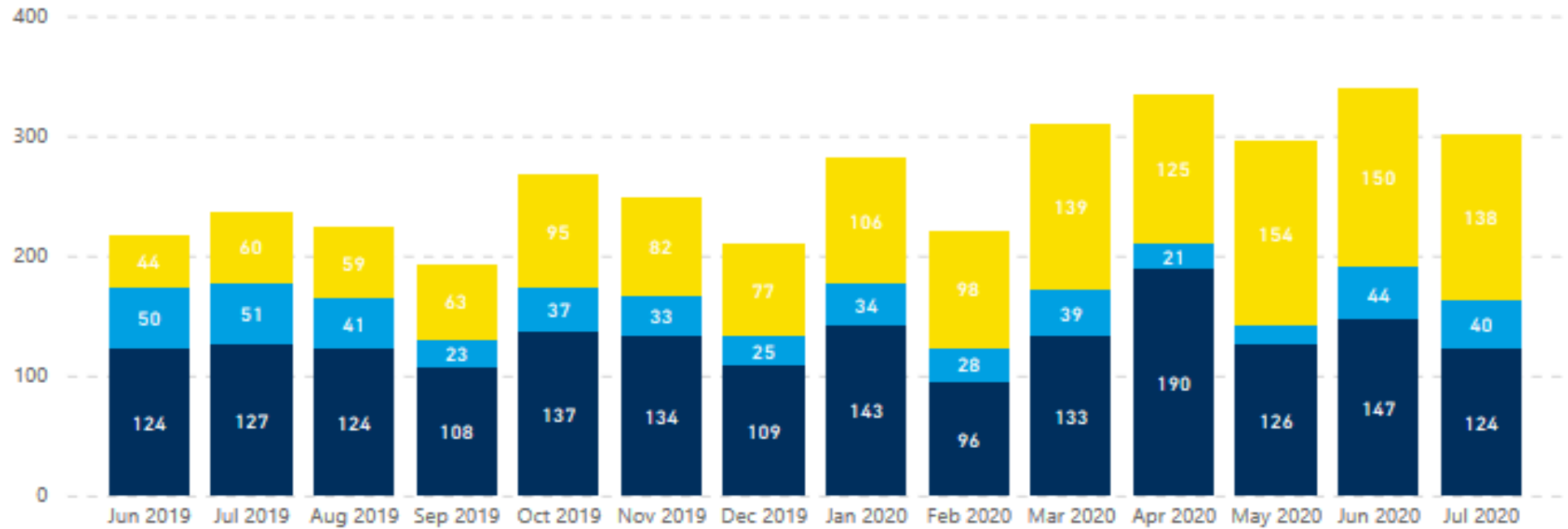


Table 13:

Safeguarding concerns per 100,000 of population by month

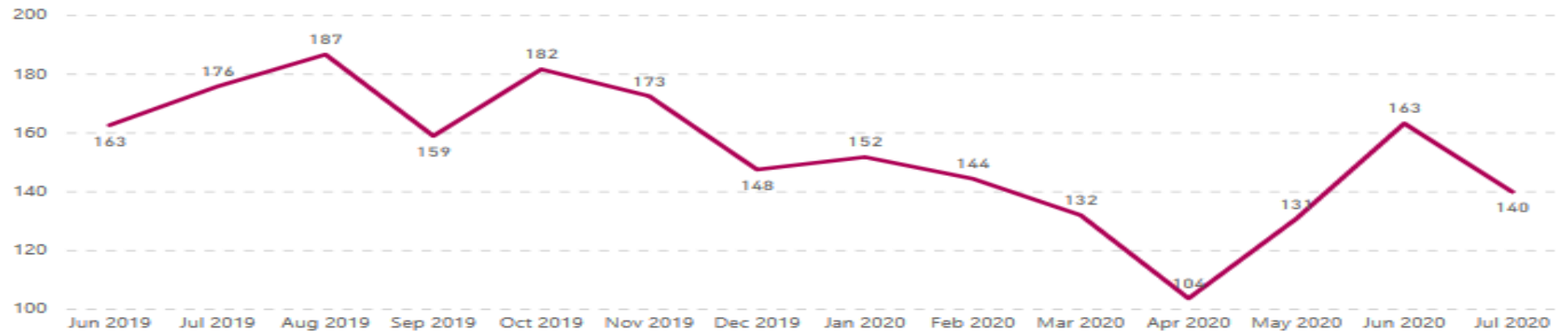


Table 14:

S42 enquiries commenced per 100,000 of population by month

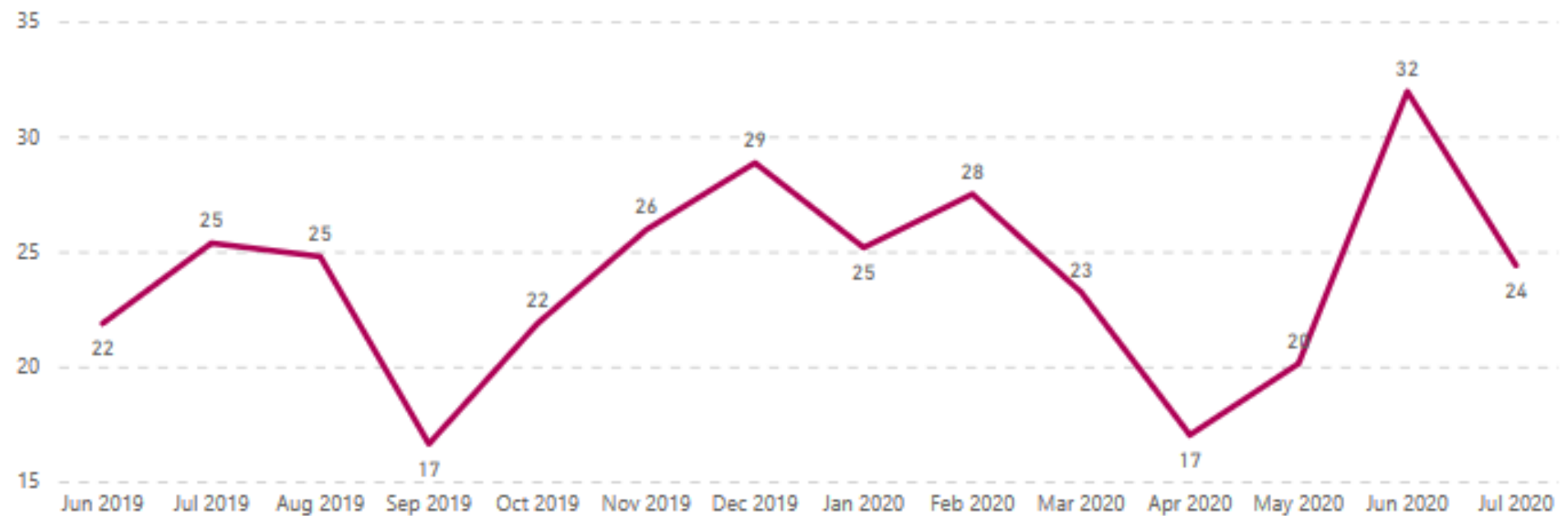


Table 22:

Round up from Adults Leadership Forum

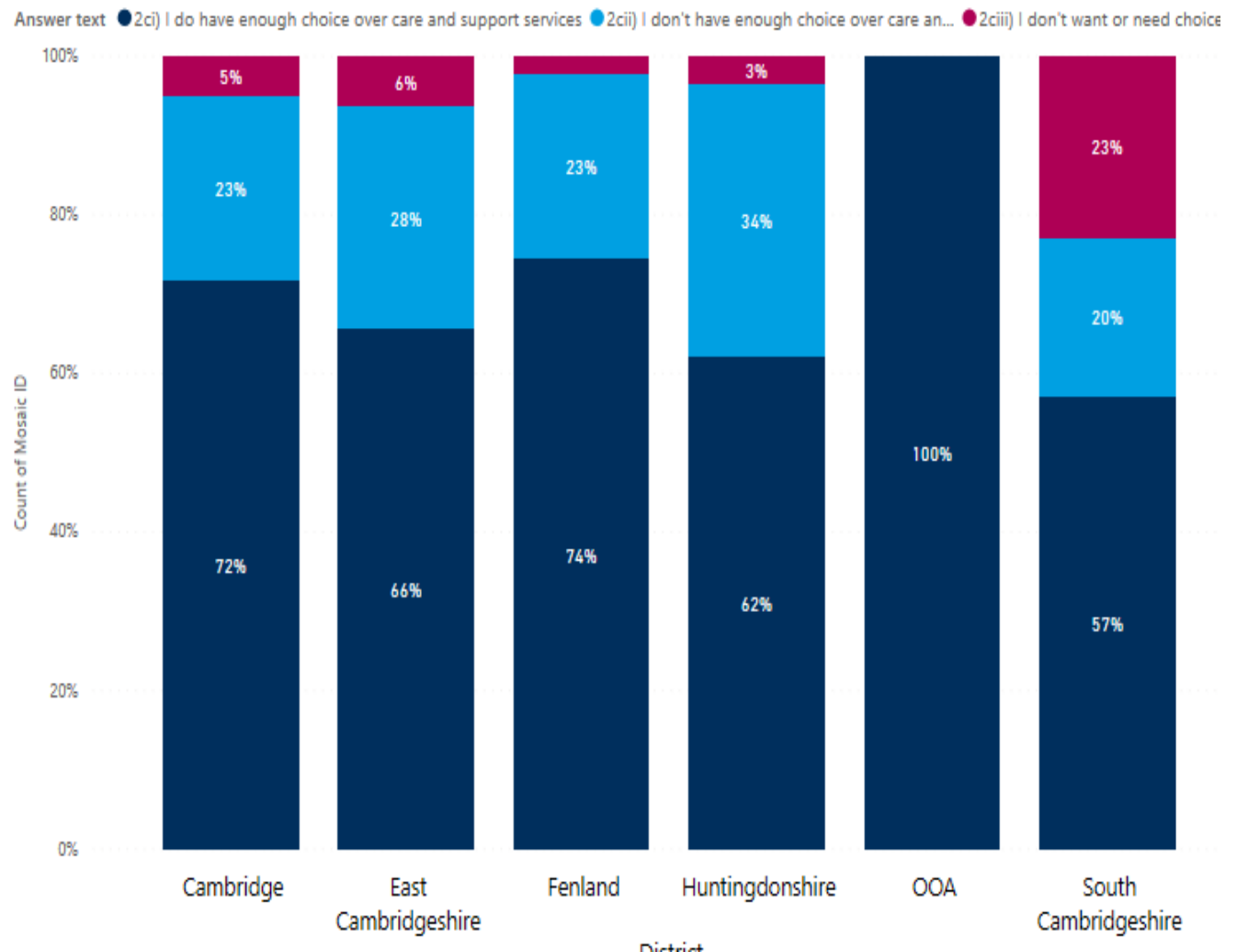
Assumption	Solutions mentioned which are already being explored	Solutions to add to exploration & priority
Independence	<ul style="list-style-type: none"> Working with the community hubs around their ongoing support model Practice workshops on post lockdown conversations 	<ul style="list-style-type: 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

Adults Survey at District Level – Key points

The analysis below was undertaken following a request from Adults Committee to review the findings of the 18/19 Adults Service User experience survey at district level to determine whether there are any differences in user experience relating to where they live.

Choice over Care and Support Services

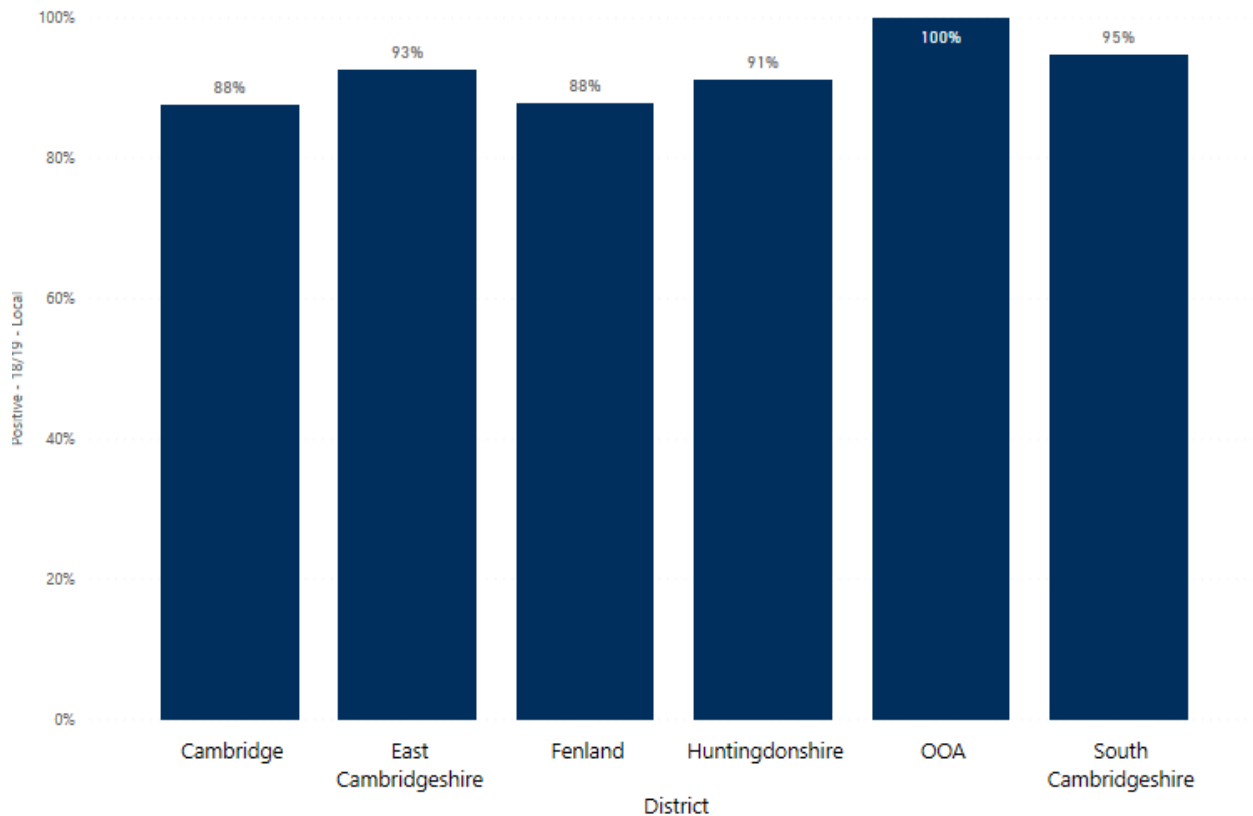
The percentages stating that they did not have enough choice (light blue on the graph below) did vary across the districts. The lowest percentage was in South Cambridgeshire (20%), although this was accompanied by a high percentage of people stating that they did not want or need choice (23%, pink on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



Those stating that they did not want or need choice were almost exclusively aged 65 or over.

Do care and support services help to give you control over your daily life?

All districts had relatively positive results in regards to this question, with South Cambridgeshire having the highest percentage giving a positive response at 95%. The lowest rate of positive responses was in both Fenland and Cambridge City at 88%.



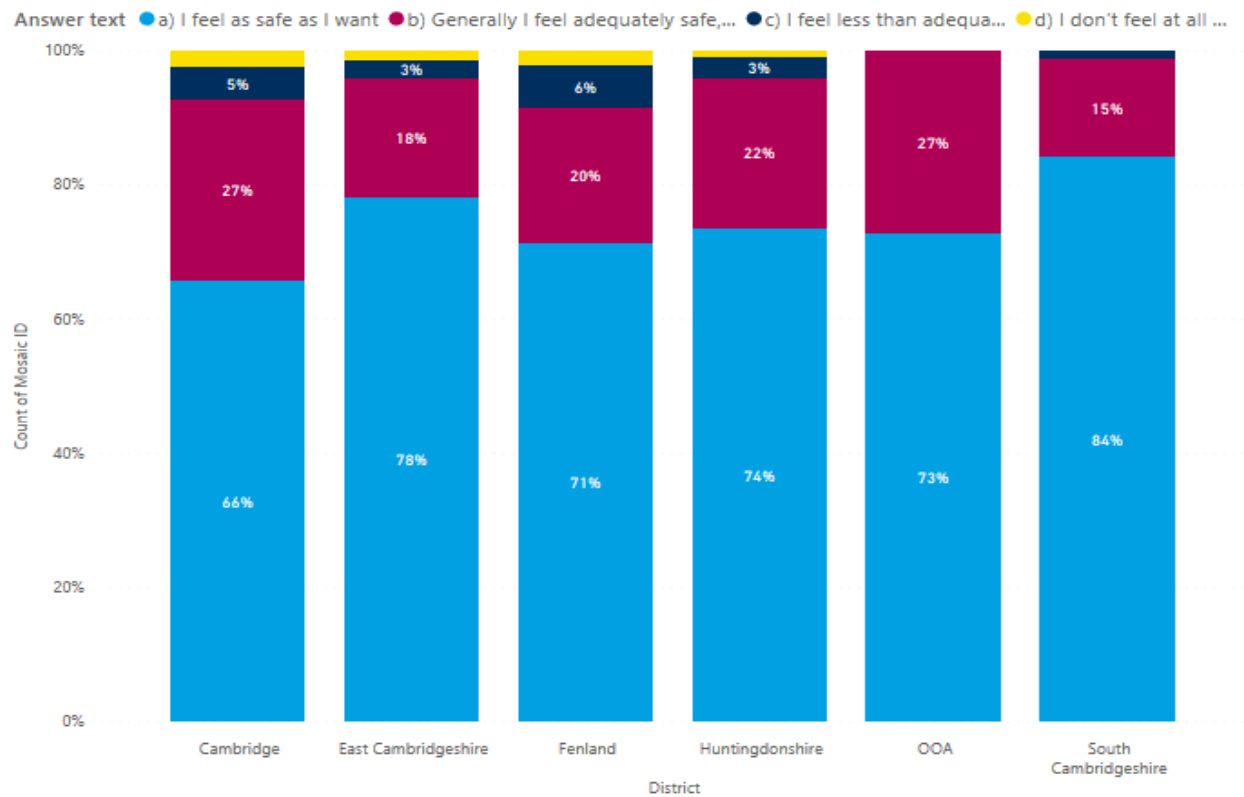
NOTE: OOA – represents responds placed in care settings outside of Cambridgeshire, Out Of Area.

Feeling safe

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 (light blue on the graph) and a further 15% feeling adequately safe (pink on the graph). Meaning that 99% expressed positive statements around feeling safe. People living in Cambridge City had lower percentages feeling safe with 66% feeling as safe as they wanted (light blue) and 27% (pink) feeling adequately safe, (93% in total).

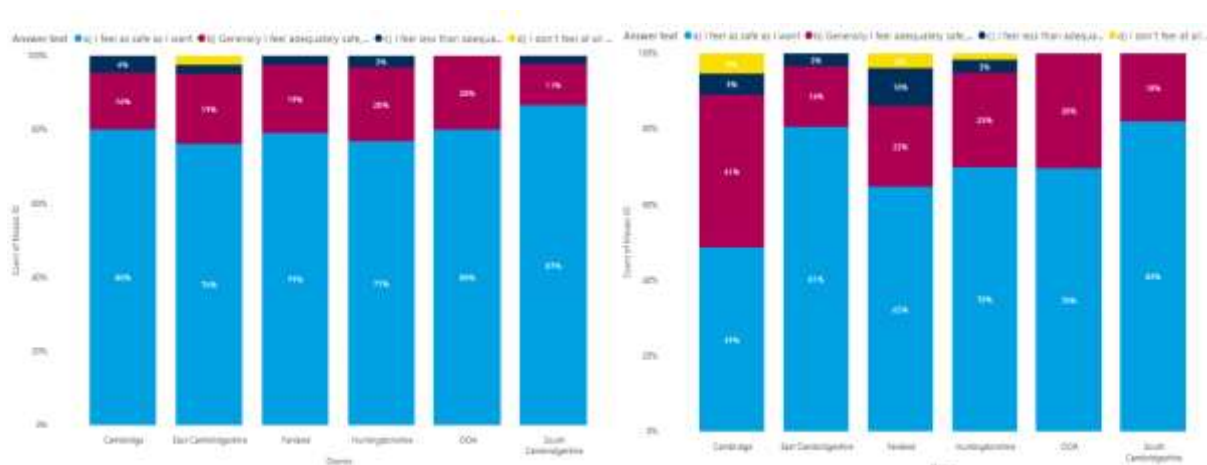
Appendix 3

How safe do you feel? - graph



Over 65s

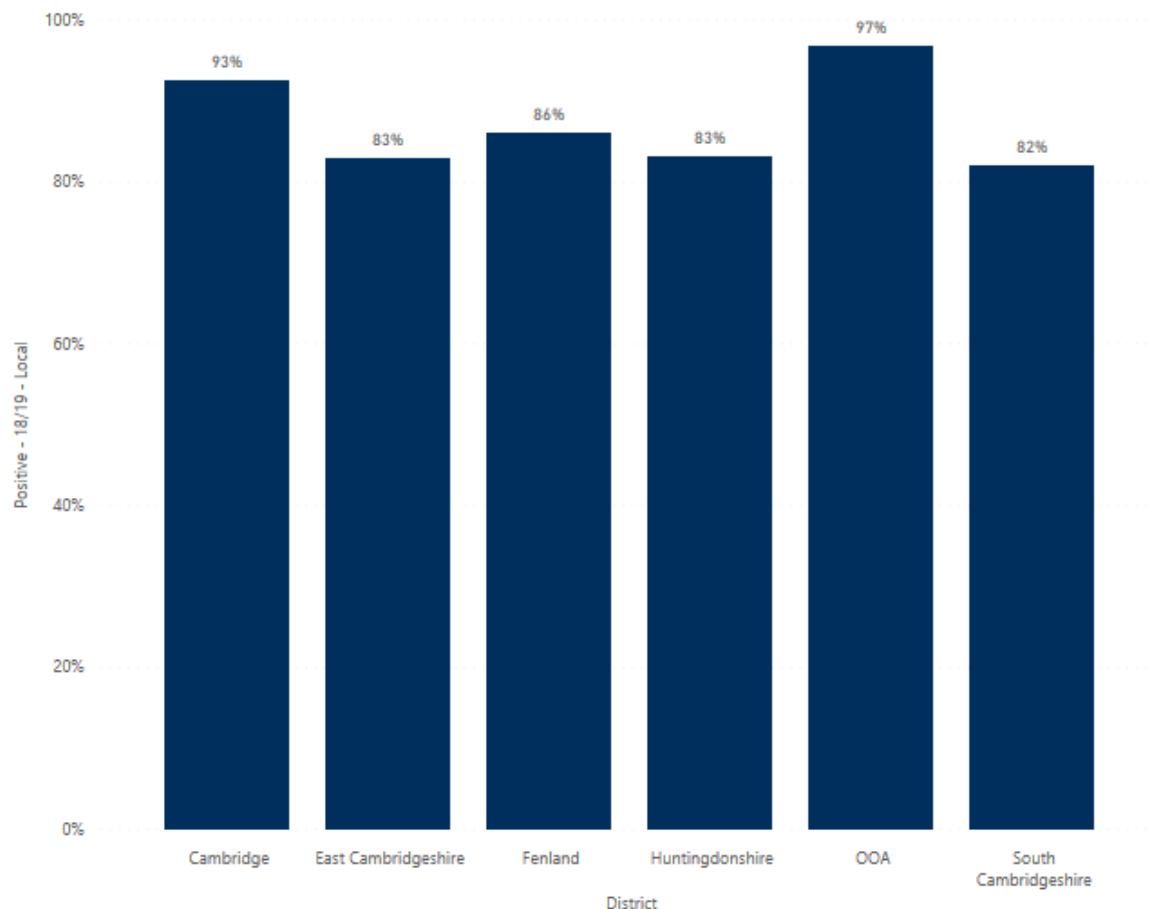
Ages 18-64



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

The answer to the question of whether care and support services made people feel safe was more positive overall, with 93% stating that services did make them safe in Cambridge City, reducing to 82% in South Cambridgeshire. The lower rates of services making people feel safe in South Cambridgeshire is probably due to that district having the largest people feeling safe regardless of their care and support services.

Do care and support services help you in feeling safe?

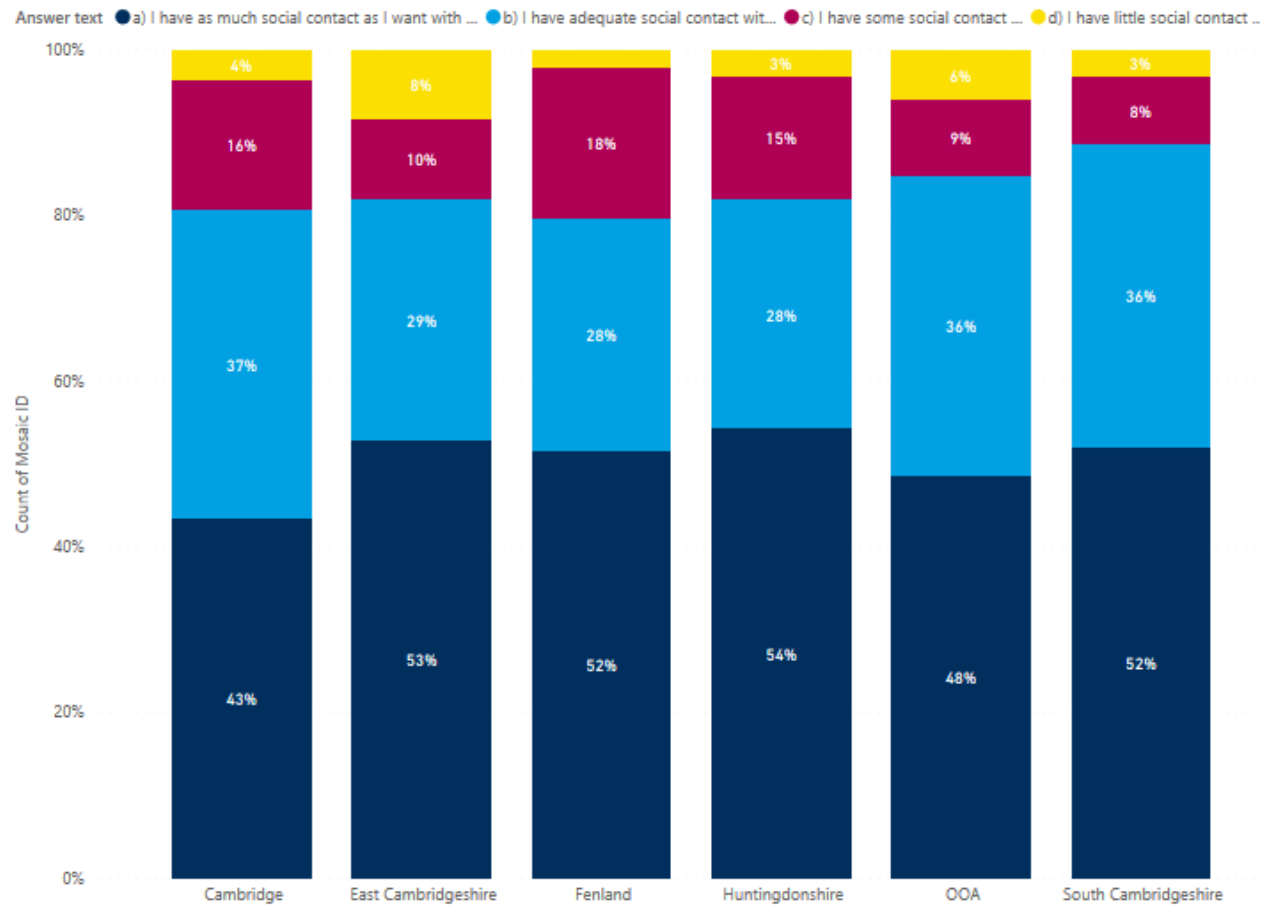


Social contact

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% (dark blue on the graph). The highest levels were reported in South Cambridgeshire with 52% (dark blue) reporting as much social contact as they want and a further 36% (light blue) feeling they had adequate social contact.

Appendix 3

8a) Which of the following best describes your social situation?



Older adults were more likely to answer positively around social contact than younger adults

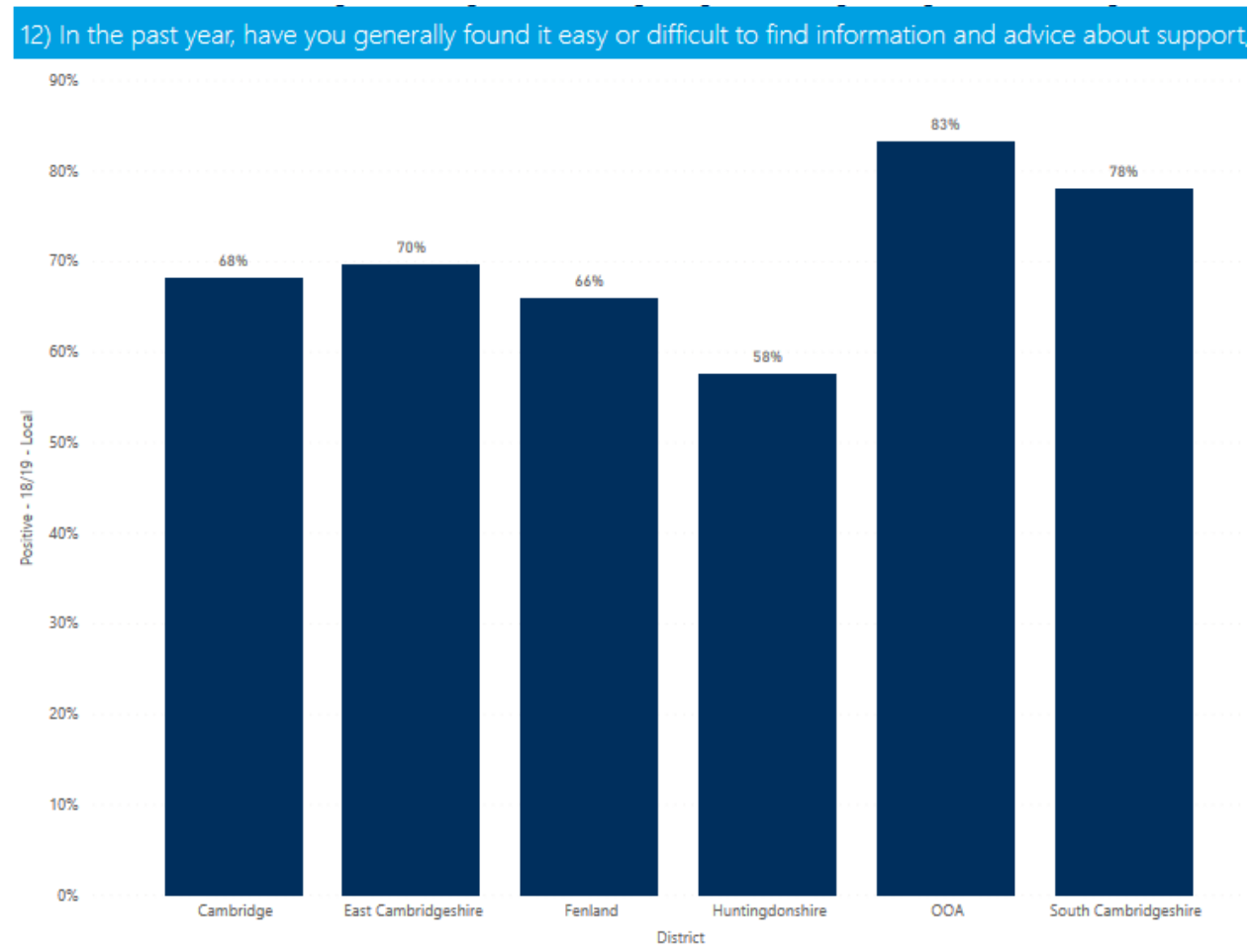
Aged 65+

Aged 18-64



Access to Information and Advice

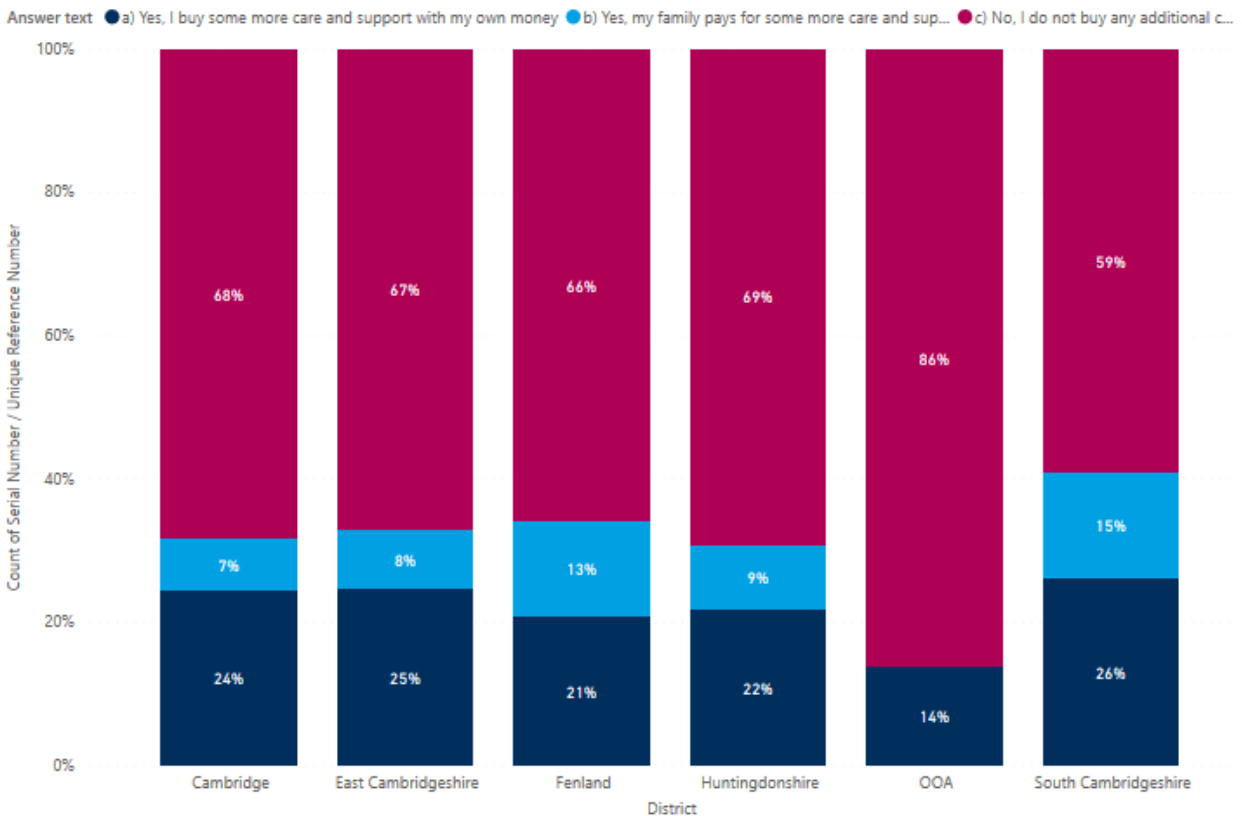
Despite the corporate nature of the overall information and advice offer for adult social care there was a marked difference in how people experienced this accessibility between districts. In South Cambridgeshire 78% found information easy to find, compared to only 58% in Huntingdonshire.



Buying additional care and support.

Cambridgeshire as a whole has seen a year on year reduction in the percentage of respondents who say they or a family member pay for additional support on top of what the Council funds. Dropping from 39% in 14/15 to only 31% in the latest 18/19 survey. This is low compared to national (37%) regional (37%) and comparator Councils (38%). A breakdown of the responses by district shows lowest rates in Huntingdonshire (31%), and highest rates in South Cambridgeshire (41%).

20) Do you buy any additional care or support privately or pay more to 'top up' your care and support?

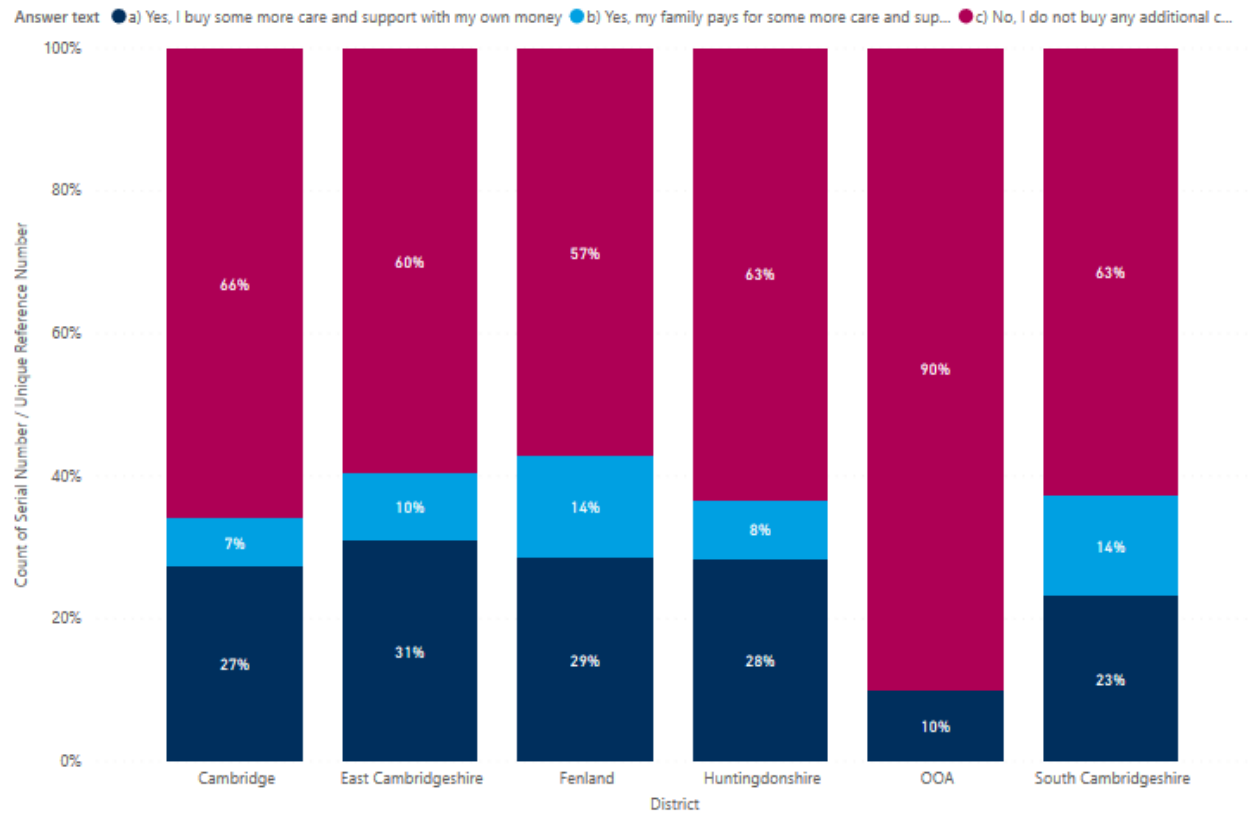


Older people with the primary support reason Older People Mental Health were the mostly likely to pay for extra care at 41%, whilst younger adults with the primary support reason Mental Health were less likely to pay for additional care at 17%.

If looking at older service users (those 65 and over) only, then the district where people or their family were most likely to pay for additional care was Fenland at 43% and the least likely was Cambridge City at 34%.

Older People paying for additional care

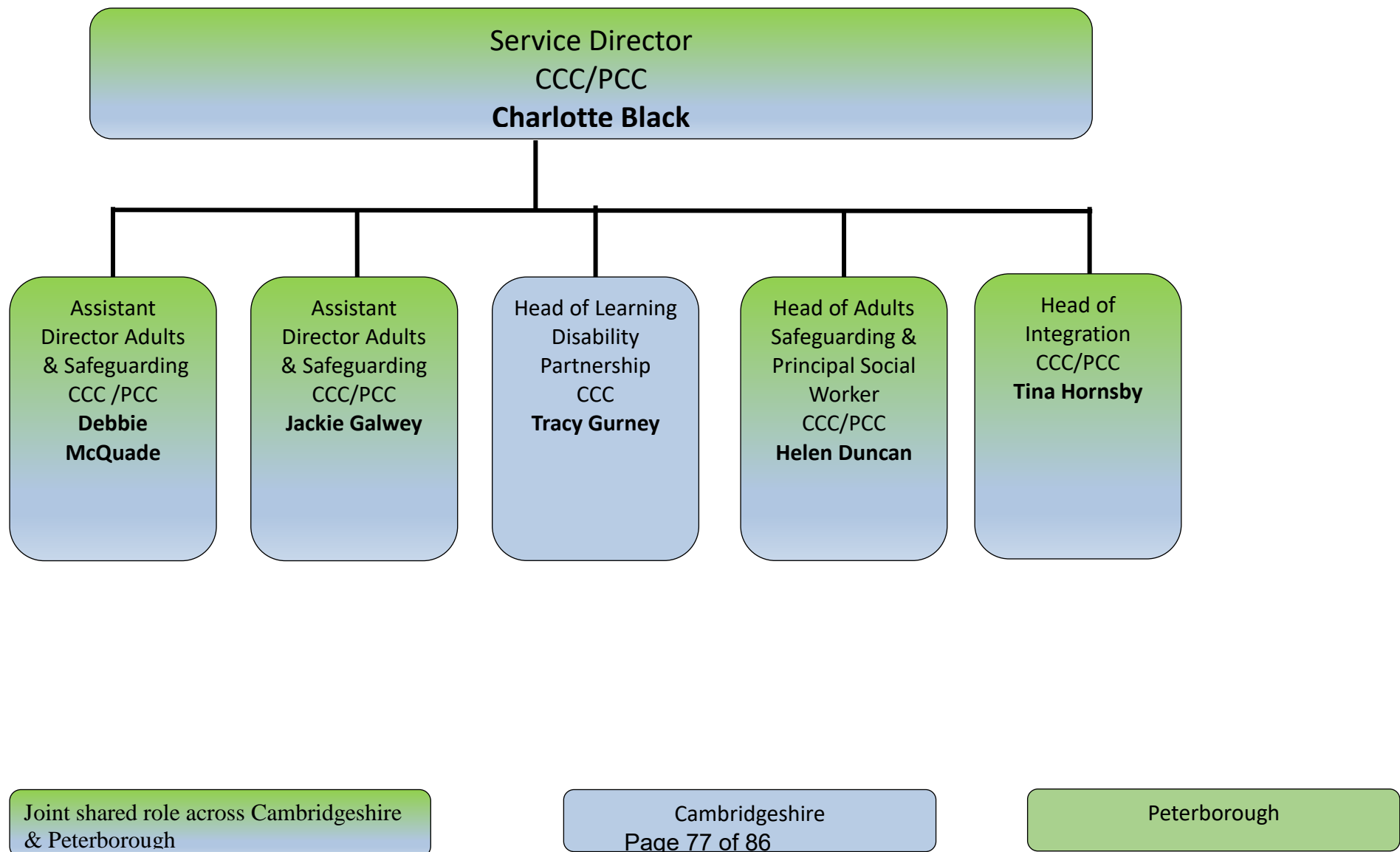
20) Do you buy any additional care or support privately or pay more to 'top up' your care and support?

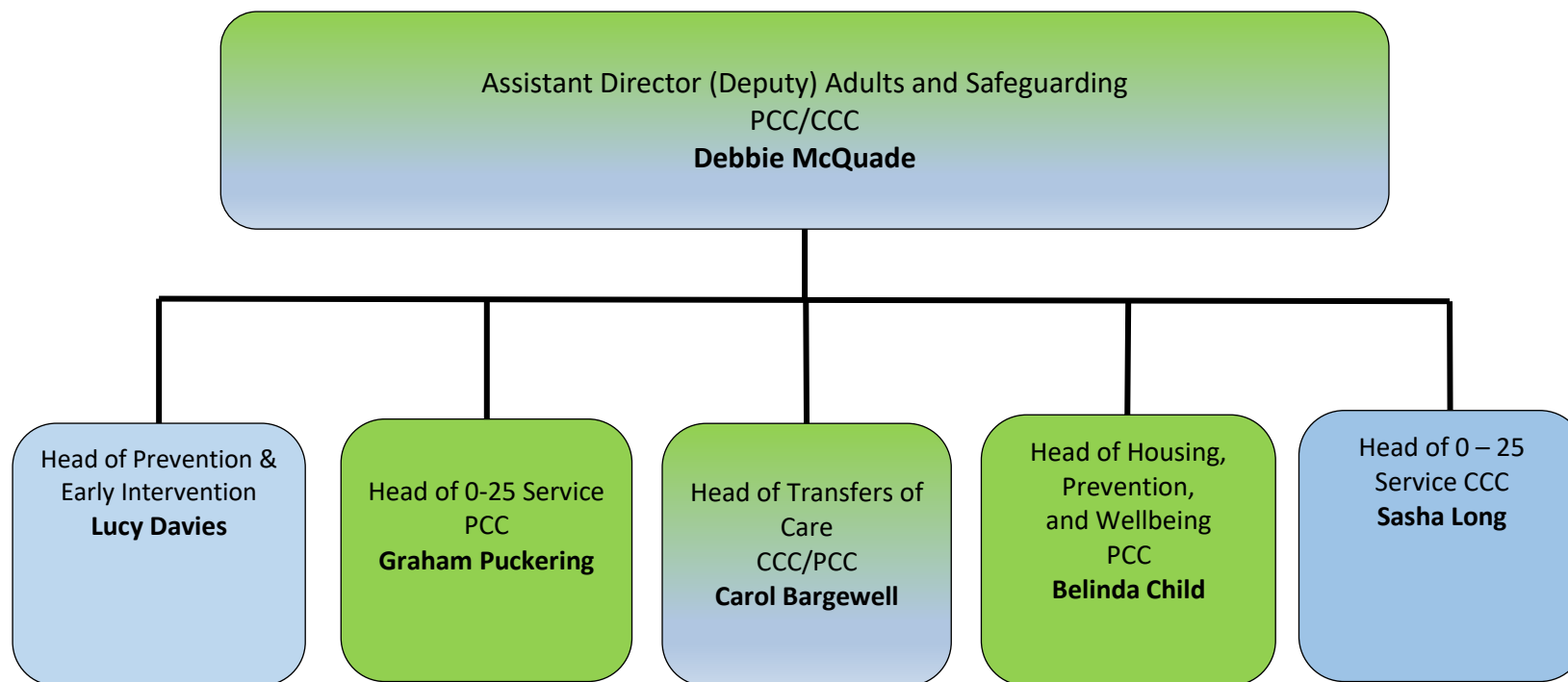


Adults COVID-19 Practice Update Index

Update Number	Topic
Update 1	Introduction to Updates
Update 2	Care Act Assessments, Care and Support Planning, Mental Health Assessment, Reviews, Case notes & Recording
Update 3	Care Package Changes
Update 4	Amended: Staff Support
Update 6	Emergency prepaid cards for CCC, Direct Payments Support Service (CCC Only)
Update 7	Point of contact for Voluntary Sector discharge support CCC & PCC
Update 8	Visits & Ethical Framework, Contact with our Carers, Continuing Health Care for PCC & CCC.
Update 10	Amended: Discharge to Assess Pathway, Adult Requiring Reablement, Adults requiring residential/ nursing placement, Useful Contacts
Update 11	CTC Virtual Huddles CCC & PCC, Countywide COVID-19 Coordination hub CCC & PCC
Update 12	Amended: Emergency prepaid cards for CCC & PCC. Foodbank access for customers CCC & PCC, PPE response
Update 13,	Amended: COVID_19 HUBS, Support for Hospital Discharge CCC & PCC
Update 14	Charging for Care
Update 15	Easements Guidance
Update 16	TEC Update, Microsoft Teams PCC
Update 17	Legal Support, Practice Queries during COVID-19, Letters CCC & PCC
Update 18	COVID-19 Outbreaks in Care Settings
Update 19	Care Home Support
Update 21	Arrangements responsibility following a death, Applications for Deprivation of Liberty (DoLs)
Update 23	Councillor Enquiries CCC & PCC
Update 24	Temporary Mental Health Services for COVID-19
Update 25	Resources for Social Care Practitioners CCC & PCC, Simple Meditation techniques
Update 26	COVID-19 Testing, Update and guidance for Individuals using a Direct Payment
Update 27	Concerns about Providers, Key Worker badges for PA's
Update 28	Virtual Assessments and Reviews, Stay Well Heating Grants CCC
Update 29	Remote working COVID-19 principles
Update 30	Support for Care Homes
Update 31	Contingency planning for service users who are unable or unwilling to comply with restrictions and isolation
Update 32	Information for staff involved in Care Home visits

Appendix 4 – Adults Management Structure





ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1 September 2020



Cambridgeshire
County Council

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
10/09/20	Contract Extension Request – Homecare Block Car Provision	K Chambers	2020/050		02/09/20
	Interim Block Beds in Cambridgeshire – Contract Extension	A Bourne	2020/051		
	Block Beds Tender	W Patten	2020/054		
	Service Director Report – Adults and Commissioning (including Covid-19 update)	C Black/W Patten	Not applicable		
	Allocation of Infection Control Funding in response to the COVID-19 Pandemic	S Torrance	Not applicable		
	Outline of P&C Priorities and Recovery Plan	W Ogle-Welbourn	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Quarterly Performance Report – Q1	T Barden / D Lee	Not applicable	Circulate via email	
	Annual Customer Services report	J Collinson	Not applicable	Circulate via email	
	Risk Register	D Revens	Not applicable	Circulate via email	
08/10/20	Early Intervention and Prevention Framework.	S Bye	2020/044	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	TBC		
	Business Planning	C Black/W Patten	Not applicable		
	Housing Related Support Strategy	O Hayward/Lisa Sparks	Not applicable		
	Deep Dive (Carers)	H Duncan	Not applicable	Circulate via email	
	Brexit Preparation - Update	S Grace	Not applicable	Circulate via email	
<i>12/11/20 (Provisional Date)</i>				<i>30/10/20</i>	<i>04/11/20</i>
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		
14/01/21	CPFT Annual Report	S Torrance	Not applicable	23/12/21	06/01/21

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	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		
<i>18/02/21 Provisional date</i>				<i>05/02/21</i>	<i>10/02/21</i>
18/03/21	Quarterly Performance Report – Q3	T Barden	Not applicable	05/03/21	10/03/21
	CPFT Annual Report	S Torrance	Not applicable		
	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		
<i>15/04/21 Provisional date</i>				<i>02/04/21</i>	<i>07/04/21</i>
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

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