

Adult Social Care Self-Assessment

To: Adults and Health Committee
Meeting Date: 9 December 2021
From: Charlotte Black – Director of Adult Social Care (DASS).

Electoral division(s): All

Forward Plan ref: N/A

Outcome: The Committee is asked to consider the self-assessment and the outlined areas for development.

For the committee to agree the Local Account for publication as a reflection of the finding of the self-assessment.

Recommendation: The report provides an overview of the Self-Assessment for Adult Social Care in Cambridgeshire, carried out as part of the Association of Directors of Adult Social Services (ADASS) regional sector led improvement programme.

Adults and Health Committee is asked to:

- a) Note the findings of the self-assessment.
- b) Approve the public facing 'Local Account' for publication.

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1. Background

- 1.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment. The self-assessment covers a wide range of themes. Cambridgeshire County Council submitted a self-assessment on 31 March 2021 which covered the previous 18 months. Subsequent to this the Council met with a former Director, Andrew Cozens, for an external challenge session in August 2021 and took part in a regional challenge event in September 2021. There is also a system where we meet with another Council and compare data and provide peer challenge. This paper summarises the key themes that have emerged through that process.
- 1.2 There is a requirement for councils to produce an annual statement to the public about adult social care called a Local Account. Appendix One provides this public summary of the self-assessment for approval for publication as the Local Account.

2. Key Findings for the Self-Assessment

- 2.1 The self-assessment tool is structured around high-level themes, each with a number of prompts to draw out both strengths and areas for development or risks. It covers the entire remit of adult social care statutory duties, operational, commissioning and strategic. On the whole the feedback from the external challenge process was positive with the Council having shown consistent progress in recent years in a number of areas. However, a number of risks and challenges have also been identified within the process.
- 2.2 **Top achievements and challenges:**
 - 2.2.1 The Council reflected on the following main achievements during 2020/21
 - a) Adult Social Care's response to COVID-19 has focused on promoting independence, Technology Enabled Care and supporting carers. The Council redeployed staff to establish COVID-19 community hubs, fill gaps in reablement staffing, provide public information about COVID-19 and support shielded residents.
 - b) Supporting Care Providers – we have received positive comments and compliments from care providers about the support they received from the Council during the pandemic. These focused on the flow of information, support with interpreting government guidance, vaccination responsiveness and financial support.
 - c) Sharing the management of some of our adult social care services across two Councils has helped our joint working with partners who cross our Council boundaries and provided an opportunity to increase resilience
 - 2.2.2 In our self-assessment we stated the following three areas as our biggest challenges:
 - a) Demand management – COVID-19 and lockdowns has created higher levels of need in the community. We are seeing more complex cases, increased levels of frailty, reduced confidence, reduced mobility and increased carer strain. Some of this is linked to reduced access to NHS services, and hospital discharges are more complex with most admissions being drive by urgent treatment requirement rather than planned surgery.
 - b) Stability of the care market – The social care workforce has been under an unprecedented amount of pressure during the last year with potential long-term impacts

on health and wellbeing. Indications are that older, more experienced workers might choose to retire sooner.

- c) Financial situation – The challenging financial position of the local NHS, and the growing costs of care, has increased pressures in the system. This is not helped by the temporary nature of some of the current national funding streams including those for hospital discharge and infection control.

2.3 Partnerships

- 2.3.1 Partnership working has always been very important for adult social care, but during the pandemic this was evidenced even more clearly. The details below do not represent an exhaustive list but are examples of partnerships that have developed over the time of the self-assessment.
- 2.3.2 Partnerships with Health were key in supporting our response to COVID-19, particularly in relation to infection prevention and control, vaccination programmes and establishing the new Discharge to Assess pathway for hospital discharges. We also continued to provide an integrated Learning Disability Partnership (LDP) with a pooled budget. The strengths of multi-disciplinary working have been evident during the pandemic. An example being setting up link workers from the LDP teams to work with LD liaison nurses in hospitals, with the person, their family and providers to ensure a timely and smooth discharge from hospital.
- 2.3.3 Just prior to the first lock down, a Public Health Consultant was appointed to specifically work with adult social care to provide evidence and evaluation support, and to ensure that public health delivery supports people with care and support needs. This role continues to provide invaluable support to both Council staff and external providers during the pandemic. There have been a number of shared campaigns including Stay Well this Winter, #50,000 reasons tackling loneliness and social isolation, Stay Stronger For Longer (falls prevention) and numerous campaigns and messaging related to COVID-19
- 2.3.4 A Section 75 agreement is in place with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) delegating the delivery of mental health social work. Recently the trust has enhanced the senior management capacity in social care and a trust lead for social care has been appointed. The trust has developed an annual work plan which is reported against regularly. There is strong engagement with the voluntary and community sector in relation to mental health and some services are jointly commissioned with the Clinical Commissioning Group (CCG).
- 2.3.5 The Council's 0-25 service transferred from Childrens Social Care to Adult Social Care in September 2020. This transfer supported the commitment to ensuring that transitioning from children's to adults' services can be planned early and in a way that maximises independence and positive outcomes.
- 2.3.6 Cambridgeshire County Council has positive relationships with District Councils and social care housing providers. There is regular representation at the Countywide Housing Board which brings key stakeholders together. A Housing Related Support Strategy has been produced and was consulted on across a wide range of stakeholders. The strategy will inform the re-procurement of housing services planned for 2021-22 which will see a change

of direction towards more flexible and personalised approaches based on the person's need, rather than available accommodation.

2.3.7 Adult social care in Cambridgeshire continues to have strong relationships with the voluntary and community sector, with the Community Navigator service delivered by Care Network providing direct support to social care professionals wishing to link people into opportunities within their communities. Currently there are two shared delivery plans with the wider Cambridgeshire Local programme, carers and Technology Enabled Care/digital resilience. Adult social care also regularly support community and voluntary sector groups to access funding from the Innovate and Cultivate Fund to set up effective support groups such as 'Men's Sheds'.

2.4 Engagement

2.4.1 Healthwatch Cambridgeshire and Peterborough are commissioned by the Council to bring together individuals with lived experience and local partners through our five Adult Social Care Partnership Boards. These groups support us in our continuous improvement of social care practice and commissioning. The Partnership Boards met virtually during 2020/21 and have developed the following joint objectives for focus in 2021/22.

Partnership Board	Annual priorities set by the Partnership Board
Carers Partnership Board	<ol style="list-style-type: none"> 1) Support for adult sibling carers. 2) Prioritisation of healthcare services for carers. 3) Improvements in health and social care communications.
Older People's Partnership Board	<ol style="list-style-type: none"> 1) Transport. 2) Digital inclusion/exclusion and resilience.
Physical Disability Partnership Board	<ol style="list-style-type: none"> 1) Digital inclusion/exclusion and resilience. 2) Stroke (cause/prevention/rehabilitation). 3) Hate Crime (disability). 4) Membership recruitment.
Sensory Impairment Partnership Board	<ol style="list-style-type: none"> 1) Transport. 2) Digital inclusion/exclusion. 3) Membership recruitment.
Learning Disability Partnership Board	<ol style="list-style-type: none"> 1) Digital inclusion/exclusion and resilience. 2) Health subgroup. 3) Transport. 4) Coronavirus delivery.

2.4.2 Specific engagement and co-production work also took place with specialist experts by experience groups such as SUN Network (representing those who use mental health and drug and alcohol services), The Speak Out Council (representing those who are autistic or have a learning disability) and the Counting Every Adult co-production group.

2.4.3 Healthwatch Cambridgeshire and Peterborough undertook a survey with people who left hospital between June and August 2020 (during the COVID-19 pandemic). Not all discharges were those involving adult social care and themes identified were therefore useful to and shared across the health and social care acute and community system. Key issues from the report were:

- A significant number of people reported lack of communication during discharge meaning that they did not know what support they should expect when they got home, and they did not have information on who to contact if they needed help. Only one in five people were given information about the voluntary sector and the support they could offer.
- Just over one in three people waited over 24 hours to go home, there were lots of reasons for the wait but the main one was transport.
- Some patients reported not having the equipment they needed, or not knowing how to use it.

2.4.4 There were positive themes too:

- a) Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent
- b) Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to and most people were positive about the care put in place

2.5 Performance and activity

2.5.1 The adult social care statutory reporting year runs from 1 April to 31 March. The period April 2020 to March 2021 was heavily impacted by COVID-19 and this led to some changing patterns in our activity. The reductions in people contacting the Council for early help services reflected the reductions seen in other services such as primary care.

- We received 18,569 new requests for support or signposting in 2020/21 which was around 17% less than 2019/20.
- Fewer people were provided with Technology Enabled Care, 5,293 in total, around 39% less than in 2019/20.
- 3722 completed a period of reablement with the Council, 5% less than the previous year.

2.5.2 However we supported a greater number of people with long term packages of care during the year- 7694, an increase of 2%.

2.5.3 The performance of local authority adult social care functions is currently compared nationally via the Adult Social Care Outcomes Framework (ASCOF). This framework has been in place for a number of years and many of the indicators no longer reflect the outcomes and challenges of the current function. A national consultation is underway on a replacement for this framework. A number of the indicators were also not collected for 2020/21 due to the pandemic putting the national service user and carer surveys on hold and the change in hospital discharge pathways.

2.5.4 Cambridgeshire performs better than the regional average on the following outcomes:

- Higher social care related quality of life – latest 2019/20
- Higher service user satisfaction with care and support – latest 2019/20
- More service users with control over their daily life – latest 2019/20
- More service users with as much social contact as they want – latest 2019/20
- More service users receiving self-directed support – latest 2020/21
- More adults with learning disabilities living in their own home – latest 2020/21
- Fewer permanent admissions to care homes – latest 2020/21

- More people completing reablement who need no further long-term care and support – latest 2020/21.

2.5.5 Cambridgeshire performs less well than the regional average on the following outcomes:

- Fewer service users who find it easy to get information and advice – latest 2019/20
- Fewer service users receiving Direct Payments – latest 2020/21
- Fewer adults with Learning Disabilities in employment – latest 2020/21
- Fewer older people still at home 91 days after leaving hospital – latest 2020/21
- Fewer older people receiving reablement services after hospital – latest 2020/21
- Fewer people who use services who feel safe – latest 2019/20
- Higher number of delayed transfers of care – latest 2019/20

2.6 **Impact of COVID-19 adult social care in Cambridgeshire**

2.6.1 The impact of COVID-19 on adult social care has been unprecedented. Adult social care has been given high priority by the Council, with additional resources redeployed at the peak of the pandemic and dedicated public health support throughout. The system wide response, including voluntary and community sector colleagues, has provided an opportunity to build sustained relationships, levels of trust and mutual understanding across the system.

2.6.2 The pandemic had a significant impact on the providers of direct social care support services, such as care homes, domiciliary care and day services. Collaboration with social care providers has been central to the response to COVID-19. This included ensuring that where we have discretion about use of infection control funding, we consulted providers to understand what will achieve the greatest benefit. We face a significant challenge going forward in understanding and planning for the long-term impact of the pandemic.

2.7 **Areas for focus in 2021/22**

2.7.1 A valuable aspect of the self-assessment process is the external challenge from both our buddy Council and the ex-Director review. From these conversations a number of areas for further development have been agreed. These are summarised the table below alongside the current actions.

Theme	Current Actions
Market sustainability and market management.	Close working with the region to share knowledge and tools to support what is a challenge for all. This includes looking at how we might better utilise the regional Provider Assessment and Market Management Solution (PAMMS).
Direct Payments and Individual Service Funds	Direct Payments Board driving forward the introduction of individual service funds as an alternative to Direct Payments Work with Community Catalysts to develop micro enterprises. This is supported by the Joint Administration priorities and proposals set out in the business planning process.

Data Quality and Performance reporting	Project underway to rebuild full suite of adult social care reporting as self-service dashboards. Preparations for new national assurance framework and performance metrics, alongside introduction of client level statutory data set return.
Integrated neighbourhoods and early intervention and prevention	Linking into the work of the Integrated Care System (ICS) and the Integrated Partnerships (ICP) work on developing integrated neighbourhoods and developing a clear adult social care ask and offer. Looking at tools and best practice to understand how well we are delivering early intervention and prevention outcomes and effective community led initiatives, in our Care Together programme. Work is ongoing with the adult social care forum and partnership boards to review and improve access to information and advice.
Workforce pressures	Looking at in-house recruitment, retention and career pathways. Development of wider workforce strategy in partnership with providers.
Carers support	Continued development of the carers support offer. Learning from the national carers survey, currently underway, to understand the current experience of carers and the impact of COVID-19.
Co-production	Co-producing our vision for co-production in both practice and strategy working with our expert by experience groups and partnership boards and drawing from the nationally recognised Making It Real model and the Social Care Futures movement.

2.7.2 As many of the areas of focus are common across the region, we will be making use of the regional networks and resources where possible to support.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

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

- The self- assessment reflects our work with communities in a number of sections and as a consistent theme.
- The section on partnerships gives an overview of our relationship with the community and voluntary sector in paragraph 2.3.7
- The community and voluntary sector is key to a number of actions in relation to our areas of development referenced in section 2.7.

3.2 A good quality of life for everyone

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

- Providing the best quality of life possible to people with care and support needs and their carers is core to adult social care and hence reflected throughout the report.
- Specific reference is made to the national ASCOF Quality of Life indicator in paragraph 2.5.4

3.3 Helping our children learn, develop and live life to the full

The report above sets out the implications for this priority in 2.3.5

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications for this priority

3.5 Protecting and caring for those who need us

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

- This is a core function of adult social care and is therefore reflected in the content throughout the entirety of the report.

4. Source documents guidance

4.1 Source documents

Results from the Adult Social Care Outcomes Framework published 21 October 2021

5.2 Location

<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2020-21>