

ADULTS COMMITTEE



Thursday, 14 January 2021

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

14:00

Shire Hall
Castle Hill
Cambridge
CB3 0AP

COVID-19

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

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

- 1. Apologies for absence and declarations of interest**
Guidance on declaring interests is available at <http://tinyurl.com/ccc-conduct-code>
- 2. Minutes - 10 December 2020**
[Minutes - 10 December 2020](#)
- 3. Adults Committee Actions - December 2020** **3 - 4**
- 4. Petitions and Public Questions**

DECISIONS

- | | | |
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| 5. | Development of Asset-Based Area (ABA) Approach to Commissioning and Delivery | 5 - 30 |
| 6. | Adult Social Care – Directors Report | 31 - 50 |
| 7. | Adults Social Care Transport | 51 - 62 |

INFORMATION AND MONITORING

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| 8. | Adults Committee agenda plan - January 2021 | 63 - 66 |
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Date of Next Meeting

18 March 2020

The Adults Committee comprises the following members:

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

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

Clerk Name:	Tamar Oviatt-Ham
Clerk Telephone:	01223 715668
Clerk Email:	tamar.oviatt-ham@cambridgeshire.gov.uk

ADULTS COMMITTEE MINUTES-ACTION LOG

This is the updated action log as at 6 January 2021 and captures the actions arising from the most recent Adults Committee meeting and updates Members on the progress on compliance in delivering the necessary actions.

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)	TBA	Members discussed the report and requested updates on progress.	Work to resume on the review at the end of March beginning of April 2021. An update on progress will be scheduled at Committee when the results of the review are known.	On Hold	
Meeting 2 July 2020						
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. Report circulated following the December Committee meeting to both Adults and Children's Committee	Complete	
Meeting 10 December 2020						
328.	Adults Committee Review of Draft Revenue and Capital Business Planning Proposals for 2021-2026	Stephen Howarth	Members sought clarity on whether the authority was a high tax authority and how it compared to other Counties. Officers explained that they could circulate the relevant comparisons to the Committee for clarity	Explanation circulated	Complete	

Meeting 10 December 2020						
329.	Housing Related Support Strategy	Lisa Sparks	The Chairwoman highlighted that it would be beneficial to review the June date in relation to the procurement strategy and asked officers to look into revised timescales.	The current draft procurement timetable will be reviewed by the Procurement Sub-group, on 18 January 2021, which has been established for this project.		
331.	EU Exit Preparations	Tamar Oviatt-Ham	•Members requested that an update report was included for January or March depending on the outcome of EU exit negotiations.	Added to the agenda for March 2021	Complete	

Development of Asset-Based Area (ABA) Approach to Commissioning and Delivery

To: Adults Committee

Meeting Date: 14 January 2021

From: Joanne Melvin, Senior Commissioner Adults Social Care, People & Communities

Electoral division(s): East Cambridgeshire

Forward Plan ref: N/A

Key decision: No

Outcome: Adults wishing to remain living at home can easily access the support they need through a vibrant, diverse market of care and support in the community

More people fulfil their wish to remain living at home for longer, enjoying a good quality of life and wellbeing.

Recommendation: The Adults Committee is requested to:

note and endorse the proposed Area-Based Area concept and approve presentation of the business case to General Purposes Committee in January 2021

Officer contact:

Name: Joanne Melvin
Post: Senior Commissioner for Adults Social Care, People & Communities
Email: joanne.melvin@peterborough.gov.uk
Tel: 07507 602904

Member contacts:

Names: Cllr Anna Bailey
Post: Chairwoman
Email: anna.bailey@cambridgeshire.gov.uk
Tel: 01223 703608

1. Background

- 1.1 Across the county there is a strong desire to build upon the success of the Community Hubs developed in response to COVID-19 with a focus on mobilising local volunteers, third sector groups and local businesses into a sustainable model for the future; a model that aligns with and enhances statutory services such as health and adult social care and incorporates a strong preventative focus. Such a model makes good use of community assets, improves outcomes for individuals and supports the local authority (LA) in managing demand for adult social care (ASC).
- 1.2 The initial idea was to explore how community assets could be used to support older people to remain living well at home, delaying the need for long term care. Workshops were held with a number of third sector organisations, home care providers, operations, Think Communities staff and commissioners in August and September to explore this. Similarly, conversations were held in East Cambridgeshire to determine how the Community Hubs could be sustained and learning from the Neighbourhood Cares pilot embedded. Including community assets as part of a strategy to manage demand for ASC requires new ways of commissioning and delivering services.
- 1.3 At the same time, political appetite for a place-based approach continues to grow across Cambridgeshire with the emergence of Place-Based Boards and work towards an Integrated Care System. Again, the ability to design services around local needs on both a macro and micro scale has significant implications for how we commission and deliver services going forward.
- 1.4 There is also widespread recognition of the need to move towards outcome-based commissioning and delivery in ASC, away from traditional 'time and task', particularly though not exclusively in home care to improve the outcomes and care experience of individuals
- 1.5 Collectively, these local drivers challenge us to update and refine how we both commission and deliver ASC and early intervention provision.
- 1.6 The Asset-Based Area (ABA) provides a concept through which locally identified priorities can be progressed and the relationships, processes and practices required across the system can be developed to deliver it.
- 1.7 The ABA proposal has been developed across council -directorates as a demand management approach which will also support delivery of Adult Positive Challenge Programme outcomes. It has been developed by Commissioners, Think Communities and Operations in collaboration with a number of Voluntary Community Sector stakeholders, District and Parish Councils.
- 1.8 An ABA is a vision for future adult social care developed by the Social Care Innovation Network, encapsulating key principles of place-based commissioning, a Think Communities approach, outcomes and resilience based commissioning and early intervention/prevention.

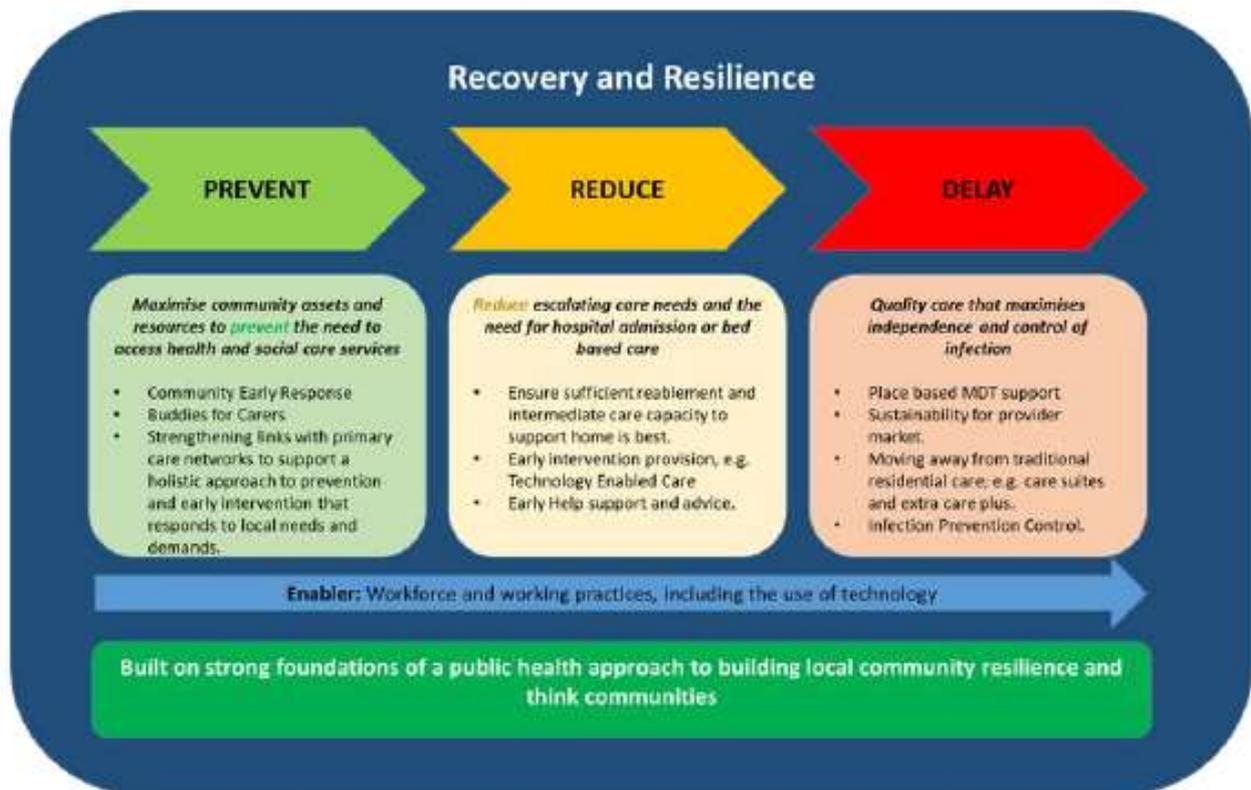
2. Main Issues

- 2.1 Implementation of an ABA approach to commissioning will require significant system level transformation of existing commissioning and delivery models. The resource requested within the accompanying business case is necessary to set up an early adopter site and pump prime the development and refinement of this new approach.
- 2.2 Implementing an ABA approach to commissioning and delivery will require significant transformations in behaviours, relationships, processes and practices both internally within the council and partner organisations and externally, between organisations. New commissioning and delivery models, underpinned by a shared strategic understanding of need and assets of a given place or community will be needed, co-designed with stakeholders.
- 2.3 To progress the proposed ABA model and early adopter site, additional commissioning resources are required. A business case for £268,671 of Transformation Funding over a 3 year period has been developed. This was endorsed by the Joint Management Team on 3rd December 2020. Endorsement from Adults Committee is sought to enable submission to General Purposes Committee on 26th January 2021.
- 2.4 The business case describes the ABA concept and outlines a proposal to develop a sustainable model of community-based care and support for adults using an ABA approach to commissioning and delivery as a first phase. The ABA Business Case is appended to this report.
- 2.5 Key benefits are likely to be through demand management and reducing the level of demand budget that needs to be factored into the medium term financial plan, rather than cashable savings through cost reduction. There will also like be social return on investment. The lack of robust research in Return on Investment (ROI) for ASC specifically means we need to undertake and evaluate the work to evidence its impact (both financial and social). Commercial viability is a key theme to test within the programme, to ensure our future commissioning models manage demand and deliver maximum cost avoidance and ROI
- 2.6 There are 5 primary drivers behind the project;
 - Increasing demand for ASC and the need to reduce and delay that demand
 - Recognition that investment to meet increasing demand is unlikely; we need to make best use of the resources already available in the system
 - the need and political desire to make better use of community and third sector assets in managing ASC demand
 - the need to develop sustainable commissioning and delivery models to achieve the above
 - Improve outcomes and quality of care
- 2.7 A significant amount of work has been undertaken via the Adults Positive Challenge Programme, driving a cultural shift towards asset-based approaches. However, there is still more we can do. New commissioning and delivery models will be needed to develop a sustainable model for the future; a model that aligns and coordinates resources from across the system around an individual, group of people or within a given place - a model that

empowers communities to develop local solutions to meet local needs. Accordingly, this will require a shift in our commissioning approach to one that is:

- More collaborative and inclusive, coproducing solutions and enabling outcome-based approaches with the market and community assets
- Focused on systems leadership, driving transformation across systems and partners around a strategic vision and shifting away from sporadic, disparate and siloed working
- Preventative and resilience building in ethos, recognising the importance of community and individual assets in prevention and self-management
- Evidence based, maximising opportunities for efficiency, value for money and return on investment
- Able to support new, innovative ways of commissioning, contracting and delivery

- 2.8 Given the scale of transformation the first Phase will be the development of a single early adopter site. This is proposed to be East Cambridgeshire to build upon and ensure continuation of Neighbourhood Cares investment in the area and target a mixture of rural and urban areas. Following successful evaluation, it is proposed to apply the learning from the early adopter site to successive districts across the county.
- 2.9 The focus of the early adopter site will be improving the range of care and support available in the local community to enable more people to remain living happily at home. The target group will be adults on the edge of care or in receipt of LA (Local Authority) funded home care due to the specific challenges the LA face in managing demand. Although the benefits will be applicable to all in the community including those who pay for their own care and support. . A shortage of LA funded homecare capacity is evident in the local market, reducing choice and flexibility and increasing waiting times for homecare. This impacts the wider system, slowing hospital discharges and encouraging unnecessary flow into more expensive bed-based care. There is a pressing need to release capacity within the existing homecare market and develop new and diverse capacity to support more adults to remain living at home for longer.
- 2.10 Research undertaken for Nottinghamshire County Council by the Oxford Brookes Institute of Public Care identified key factors and sequences in the community which trigger an older person's need for long term care and support from the LA. Incorporating this research into our community care provision could help manage future demand for long term care.
- 2.11 Targeting adults on the edge of care fits with the Recovery and Resilience Framework to prevent, reduce and delay demand for ASC illustrated below.



2.12 The project will be overseen by a strategic steering group, comprising of senior decision makers from the local authority, district councils and key delivery partners. The steering group will be responsible for ensuring delivery of the project, providing strategic direction and challenge to the delivery groups below. The steering group will remain cognisant of individual partner agencies' governance and decision-making structures. It is envisaged during the lifetime of the programme, the function of the steering group may be taken on by Place-Based Boards or other suitable partnership.

2.13 An area-based delivery group will be created to setup and implement the early adopter site. They will comprise of key stakeholders such as providers, partner agencies and volunteer and community groups. The delivery groups will be facilitated by the Locality Coordinator, a Place-Based Commissioning Officer and Transformation Support. It is proposed to embed the Commissioner within local libraries to forge strong links with the local community. Each delivery group will be responsible for co-producing the detailed scope with local stakeholders under the umbrella of the overarching programme aims. This is to ensure the right balance of autonomy and innovation with adherence to the ABA programme. A programme/project lead will be required for this, along with responsibility for driving the delivery of the early adopter site and evaluation methodology.

2.14 Consideration will also be given to establishing a stakeholder forum(s) to ensure all VCS and stakeholders have sufficient opportunity to influence and co-design the ABA.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The ABA will deliver several key benefits for adults:

- Joined up, holistic packages of care and support which meet individuals' needs and wishes not just for personal care but also their social and emotional needs too.
- Enables more people to fulfil their wish to remain living well at home for longer (fewer falls, slow progression of dementia etc).
- Ensures vulnerable older people remain connected to their communities rather than living in isolation.
- Co-design services with those who use them.
- Offer greater choice and flexibility and reduce waiting times for provision.
- A diverse range of care and support available in the community that is easier to navigate to find the support a person needs.
- Enables more people to return home after hospital.

3.2 Thriving places for people to live

The ABA will contribute to increases in the range and accessibility of community assets and stimulate development of mutual aid and microenterprises in the early adopter area.

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:

- Given the scale and complexity of change required and the significant number of internal and external delivery partners, an additional resource of £268,671 will be required over three years as set out below.

Summary of Expected Project Costs	Resource Required	21/22	22/23	23/24	Total
Project Set Up Costs	1 x FTE Commissioner - P3 (top) + on-costs	£ 64,276.12	£ 66,204.40	£ 68,190.54	£ 198,671.06
Project Evaluation Costs	Independent Evaluation	£ 23,333.33	£ 23,333.33	£ 23,333.33	£ 70,000.00
Procurement Costs	Potential costs arising from contract enhancements/ incentives or procurements (yet to be identified)	£ -	£ -	£ -	£ -
Equipment/Property	None identified	£ -	£ -	£ -	£ -
	Total	£ 87,609.45	£ 89,537.74	£ 91,523.87	£ 268,671.06

- The resource identified is necessary to set up an early adopter site and pump prime the development and refinement of this new approach to commissioning and delivery. Without it, commissioning and delivery models will remain as is. Opportunities to harness community and partner assets in a sustainable way will be missed and services will continue to operate in silos with gaps and duplications persisting. Efficiency and return on investment of LA commissioned spend will be limited and opportunities for upstream prevention will not be progressed.

- Through the creation and development of an early adopter site, the programme will seek to generate sustainable, affordable commissioning and delivery models supported by clear evidence of demand management and return on investment.
- Upon Adults Committee approval, the ABA business case will be taken to General Purposes Committee for Transformation Funding approval.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications identified within this category

4.3 Statutory, Legal and Risk Implications

There are no significant implications identified within this category

4.4 Equality and Diversity Implications

There are no significant implications identified within this category.

4.5 Engagement and Communications Implications

Coproduction is a key principle within the ABA. Engagement with service users, communities and partners will be a key part of the set up and implementation of the ABA. Representatives from the voluntary and community sector (VCS) have been involved over several months in shaping the ABA proposal. This has included representatives from Faith groups, voluntary and community groups and charitable organisations that the Local Authority works alongside or commissions directly. There is strong support for the ABA proposal across the VCS and amongst key politicians and executive officers in East Cambridgeshire. To not progress may risk undermining relationships and goodwill with key partners.

4.6 Localism and Local Member Involvement

The ABA proposal has a significant localism focus and so engagement and support of District and Parish Councils and Members will be key to the success of the programme.

4.7 Public Health Implications

The ABA will contribute towards Public Health objectives and vice versa. Public Health will be engaged as key stakeholders throughout the ABA set up and implementation.

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	Yes Name of Officer: Gus da Silva

implications been cleared by the LGSS Head of Procurement?	
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: Shauna Torrance
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: Shauna Torrance
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Emily Smith

5. Source documents guidance

5.1 Source documents - None

Business Case

Business Case

Project Title: Asset-Base Area Approach to Commissioning & Delivery

Date: September 2020

Strategic Lead: Oliver Hayward, Assistant Director, People & Communities

Project Manager: TBC

Approvals: 1. COVID Resilience

Distribution:

1. Adult Social Care Commissioning (Shauna Torrance)
2. Think Communities (Matt Oliver)
3. Joint Operations & Commissioning Call (Charlotte Black)

VERSION HISTORY		
Version	Date	Comments/evidence of decision

		(hyperlink to document)
1.0		Final Version for Sign-off
2.0		Updated version following changes posts sign-off

DRAFT

1) Introduction

This business case seeks £268,671 over a 3 year period to fund the development of an Asset-Based Area (ABA) approach to commissioning and delivery of support services across Cambridgeshire.

It forms part of the People & Communities Recovery Plan and sits under the umbrella of Think Communities.

The business case requests the resources necessary to develop and test the concept of ABA commissioning and delivery as well as the models which underpin it. Through the creation and development of an early adopter site, the programme will seek to generate sustainable, affordable commissioning and delivery models supported by clear evidence of cost avoidance and return on investment.

Upon successful proof of concept, learning from the early adopter site will be used to drive strategic development of place-based commissioning and practice in Cambridgeshire through an ABA approach. The intention is to expand the approach across remaining areas of the county and to wider population groups.

The business case has been developed by Adult Social Care commissioning in collaboration with the following:

Jo Melvin, Senior Commissioner, Adult Social Care
Matt Oliver, Head of Service for Think Communities
Elaine Matthews, Strengthening Communities Manager
Louise Tranham, Adult Social Care
Wendy Lansdowne, Locality Coordinator, Think Communities
Karen Chambers, Homecare Commissioner

It has been informed by the attached proposal to develop the Asset-Based Area approach, developed through a series of workshops and meetings with:

Wendi Ogle-Welbourn, Executive Director People & Communities
Charlotte Black, Director of Adult Social Care
Jo Brookes, Chief Executive of East Cambridgeshire District Council
Cllr Anna Bailey, Council Leader of East Cambridgeshire District Council and Chair of Adults Committee, CCC
Representatives from Parish Councils
Healthwatch
Representatives from a range of voluntary and community organisations and home care providers

2) Background

Across the county there is a strong desire to build upon the success of the Community Hubs developed in response to COVID-19 with a focus on mobilising local volunteers, third sector groups and local businesses into a sustainable model for the future; a model that aligns with and enhances statutory services such as health and adult social care and incorporates a strong preventative focus. Such a model makes good use of community assets and supports the local authority (LA) in managing demand for adult social care (ASC).

The initial idea was to explore how community assets could be used to support older people to remain living well at home, delaying the need for long term care. Workshops were held with third

sector organisations, home care providers, operations, Think Communities staff and commissioners in August and September to explore this. Similarly, conversations were held in East Cambridgeshire to determine how the Community Hubs could be sustained and learning from the Neighbourhood Cares pilot embedded. Including community assets as part of a strategy to manage demand for ASC requires new ways of commissioning and delivering services.

At the same time, political appetite for a place-based approach continues to grow across Cambridgeshire with the emergence of Place-Based Boards. Again, the ability to design services around local needs on both a macro and micro scale has significant implications for how we commission and deliver services going forward.

There is also widespread recognition of the need to move towards outcome-based commissioning and delivery in ASC, away from traditional 'time and task', particularly though not exclusively in home care.

Collectively, these local drivers challenge us to update and refine how we both commission and deliver ASC and early intervention provision. The Asset-Based Area provides a concept through which locally identified priorities can be progressed and the relationships, processes and practices required across the system can be developed to deliver it.

What is an [Asset-Based Area](#)?

It is a vision for future social care in which services are co-designed by service users, communities, third sector, health, social care, providers and LA. Where best use of resources is made by integration and coordination of services around a shared strategic understanding of needs and assets of individuals and communities, rather than organisational silos.

The Asset-Based Area empowers communities, providers and commissioners to develop solutions to meet local needs, offering more flexible commissioning practices which promote innovation and entrepreneurship and places greater value on the assets of communities in management of ASC demand. It encapsulates the key principles of place-based commissioning, Neighbourhood Cares, a Think Communities approach, outcomes and resilience based commissioning and early intervention/prevention.

Implementing an Asset-Based Area approach to commissioning and delivery will require significant transformations in behaviours, relationships, processes and practices both internally within the council and partner organisations and externally, between organisations. New commissioning and delivery models, underpinned by a shared strategic understanding of need and assets of a given place or community will be needed, co-designed with stakeholders.

3) Project Drivers

There are 5 primary drivers behind the project;

- a. Increasing demand for ASC and the need to reduce and delay that demand
- b. Recognition that investment to meet increasing demand is unlikely; we need to make best use of the resources already available in the system
- c. the need and political desire to make better use of community and third sector assets in managing ASC demand
- d. the need to develop sustainable commissioning and delivery models to achieve the above
- e. Improve outcomes and quality of care

Demand for local authority (LA) funded adult social care is rising along with the cost of care, placing a significant pressure on LA budgets. Horizon scanning suggests the current funding gap will grow, driven by forecasts of an ageing population and further austerity in public spending post-Covid. Increases in new types of demand are also projected as a result of Covid arising from

increased hospital discharges, changes to people's conditions and low-level dependence created by services that did not exist pre-Covid.

Additional investment from central government to meet this rise in demand is uncertain at best, unlikely at worst. The requirement to prevent and delay the need for long term adult social care and develop sustainable, affordable and quality care solutions has never been more pressing.

The LA cannot achieve this on its own. If we are to meet the challenges of future demand we must join up and coordinate with partners across social care, local businesses, health, third sector and local communities and make best use of the resources we already have. Empowering communities and coproducing services around the needs of an area, group or individual is key to removing the duplication and organisational silos we currently have.

The Community Hubs demonstrated the positive impact coordinated community resources can have upon the lives of vulnerable people in our communities, providing informal support and friendship and reducing the need for more formal care. They also demonstrated the scale of change possible when all parties commit to it. The emerging place-based agenda across Cambridgeshire and Peterborough is well placed to take this forward.

A significant amount of work has been undertaken via the Adults Positive Challenge Programme, driving a cultural shift towards asset-based approaches. However, there is still more we can do. New commissioning and delivery models will be needed to develop a sustainable model for the future; a model that aligns and coordinates resources from across the system around an individual, group of people or within a given place - a model that empowers communities to develop local solutions to meet local needs. Accordingly, this will require a shift in our commissioning approach to one that is

- more collaborative and inclusive, coproducing solutions and enabling outcome-based approaches with the market and community assets
- Focused on systems leadership, driving transformation across systems and partners around a strategic vision and shifting away from sporadic, disparate and siloed working
- Preventative and resilience building in ethos, recognising the importance of community and individual assets in prevention and self management
- Evidence based, maximising opportunities for efficiency, value for money and return on investment
- Able to support new, innovative ways of commissioning, contracting and delivery

The resource requested within this business case is necessary to set up an early adopter site and pump prime the development and refinement of this new approach to commissioning and delivery. Without it, commissioning and delivery models will remain as is. Opportunities to harness community and partner assets in a sustainable way will be missed and services will continue to operate in silos with gaps and duplications persisting. Efficiency and return on investment of LA commissioned spend will be limited and opportunities for upstream prevention will not be progressed.

Project Scope

The scope of transformation and development necessary to set up the first Asset-Based Area is such that it risks becoming too large, complex and very slow to deliver. By initially focusing on a specific group of service users and locality area, the programme remains manageable and deliverable. It will quickly provide the learning necessary to inform a second phase of development which can expand to cover whole populations and range of services across the rest of the county.

Adults on the edge of care or in receipt of LA funded home care have been selected due to the specific challenges the LA face in managing demand for ASC. A shortage of LA funded home care

capacity is evident in the local market, reducing choice and flexibility and increasing waiting times for homecare. This impacts the wider system, slowing hospital discharges and encouraging unnecessary flow into more expensive bed-based care. There is a pressing need to release capacity within the existing homecare market and develop new and diverse capacity to support more older people to remain living at home for longer.

Research undertaken for Nottinghamshire County Council by the Oxford Brookes Institute of Public Care identified key factors and sequences in the community which trigger an older person’s need for long term care and support from the LA. Incorporating this research into our community care provision could help manage future demand for long term care.

Targeting adults on the edge of care fits with the Recovery and Resilience Framework to prevent, reduce and delay demand for ASC illustrated below.

Figure 1: Recovery and Resilience Framework



4) Project Overview

Please refer to the attached proposal to develop Asset-Based Areas in Cambridgeshire and Peterborough.

In short, the project will implement a sustainable model of community-based care and support for adults using an Asset-Based Area (ABA) approach to commissioning and delivery for the first time. This is with the strategic aim of delaying demand for long term adult social care and improving outcomes of adults with care and support needs in the community.

This will be enabled through realignment of existing LA spend on home care and VCS provision to the Asset-Based Area and the localised commissioning and delivery model developed through the programme.

It sets out the first steps to develop an Asset Based Area approach to commissioning and delivery, recognising the scope, outcomes and objectives will continue to be refined as progress is made.

Learning from this project is intended to drive wider strategic developments of place-based commissioning and delivery in Cambridgeshire and Peterborough under the ABA approach.

5) Project Objectives

The project objectives, outcomes and outputs (extracted from the accompanying proposal) are summarised below.

<p>Key Objectives</p>	<ul style="list-style-type: none"> • Reduce and delay demand for long term adult social care • Improve wellbeing and outcomes of adults with care and support needs living at home • Inform the development of the Area-Based (ABA) approach to commissioning and delivery • Rationalise and improve efficiency/ value for money of system resources • Progress outcome-based commissioning and care planning • Accelerate the realisation of benefits from the Adults Positive Challenge Programme (APCP)
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The key outcomes of the programme are illustrated below, recognising these will evolve and expand as the scope is refined.

<p>Key Outcomes</p>	<p>Demand for long term care is reduced or delayed</p> <hr/> <p>Individual and community resilience, independence and wellbeing is increased</p> <hr/> <p>More people fulfil their wish to remain living at home for longer, enjoying a good quality of life and wellbeing</p> <hr/> <p>Efficiency, impact and value for money of commissioned and non-commissioned services are improved</p> <hr/> <p>Best use is made of system resources and assets</p> <hr/> <p>A vibrant, diverse market of care and support is available for those wishing to remain living at home that is easy to access and navigate</p> <hr/> <p>The realisation of APCP benefits is accelerated</p> <hr/> <p>Services are co-designed with stakeholders and enabled by flexible, innovative commissioning and delivery solutions</p>
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The outputs of the programme and specifically the early adopter site are summarised below. As above, this is an initial high-level view and detailed outputs will be developed as part of the programme set up and evaluation.

Outputs
Comprehensive system mapping of needs, assets and resources within a level of place undertaken
Opportunities for integration, alignment and shared resources with partners to reduce duplication, gaps and silo working are identified
A network of services based upon a shared strategic vision is co-designed by community, third sector and partner agencies
Commissioning solutions are developed which are flexible, promote innovation and entrepreneurship, deliver best value and balance the needs and assets of a place and its population
Commissioning processes to enable the ABA approach are developed and implemented
Community assets and resources are harnessed in delivery of services
A sustainable model to maintain the work of the COVID hubs is created
An expanded, diverse care and support market in the community is delivered
The role of LA as system leader is tested
The extent to which integration and alignment with health, partner agencies and local businesses can be achieved is explored
Appropriate levels of commissioning within an ABA approach (macro/micro) are established, continuing to ensure commercial robustness
Governance and decision-making processes for an ABA approach across partners and departments are established
Clarity on which needs/services can be safely diverted to community resources and which require statutory provision is reached
Holistic, outcomes-based care and support replaces time and task in commissioning and delivery models

6) Key Benefits

There are several key benefits for numerous stakeholders. These are extracted and summarised below.

For the local authority

- Released domiciliary care capacity will reduce Reablement bridging and pending lists, supporting hospital discharges and reducing spend on more expensive alternatives to domiciliary care
- Reduce demand for long term residential care as the community market is better placed to support more people to remain at home
- Develops response for management of latent demand and new demand identified via the work of the Covid Hubs
- Improve knowledge and use of block funded commissioned Early Intervention and Prevention services such as Volunteer Visitors or Handyperson Services to achieve outcomes and create capacity within other areas of ASC
- Assurance of impact, efficiency and ROI from commissioned provision

For the individual

- Joined up, holistic packages of care and support which meet individuals' needs and wishes not just for personal care but also their social and emotional needs too
- Enables more people to fulfil their wish to remain living well at home for longer (fewer falls, slow progression of dementia etc)
- Ensures vulnerable older people remain connected to their communities rather than living in isolation
- Co-design services with those who use them
- Offer greater choice and flexibility and reduce waiting times for provision
- A diverse range of care and support available in the community that is easier to navigate to find the support a person needs
- Enables more people to return home after hospital

For local communities and VCS

- Recognises and values the contributions of local citizens in coproducing informal care and support
- Empowers local communities to be self-reliant and take on some responsibility for supporting its most vulnerable
- Flexible commissioning practices better able to
 - support community organisations, social enterprise and mutual aid
 - Reward innovation and enterprise
- Establishes a sustainable model to continue the work established through the Hubs during the pandemic

For local businesses

- Continued meaningful contribution to the most vulnerable in our local communities
- Allows local businesses to continue to associate their brand with community support

7) Project Interdependencies

People & Communities Recovery Plan- The programme aligns to the Prevent-Reduce-Delay Framework and will make a key contribution to the recovery and resilience of ASC services.

Adults Positive Challenge Programme - The Programme aims to ensure ASC effectively manages current and future demand for services through the adoptions of outcome focused approaches which recognise and build on the strengths of individuals and their communities. ABA will have a positive impact on several workstreams within this programme including changing the conversation, carers support, day opportunities and connecting people and places.

Homecare Vision and Commissioning Strategy – sets out the direction of travel and actions necessary to build a sustainable, affordable home care market across Cambridgeshire and Peterborough. Development and implementation of the place-based pilots is one of the actions within the strategy, intended to manage future demand for home care and release market capacity through more integrated working with local VCS resources based on learning gained from the COVID 19 Volunteer Hubs.

Microenterprise Transformation Bid – building a network of micro enterprises over the next 2 years will contribute to the work of early adopter area in developing a diverse care and support market in the community.

Providers on the Homecare DPS and Framework across Cambridgeshire and Peterborough will be key to coproducing new ways of working which support more people to remain at home for longer

Direct Payments Strategy – action to increase uptake of direct payments and number of Personal Assistants available will contribute to the work of the early adopter area in building a diverse and affordable care and support market in the community.

Early Intervention & Prevention: The EIP Framework provides a commissioning mechanism for the VCS which will be able to be used by Districts as well. Key benefits of the EIP Framework include quality assured providers, strategic, avoid duplication for best use of assets

Adult Early Help: The programme will support the work of Adult Early Help with a coordinated and easy to navigate offer of community-based care and support for adults on the edge of care or who require early help.

Think Communities - aims to create a shared vision, approach and priorities for building Community Resilience across Cambridgeshire and Peterborough partner organisations. The vision for this programme focuses on:

- People: Resilient communities across Cambridgeshire where people can feel safe, connected and able to help themselves and each other.
- Places: New and established communities that are integrated, possess a sense of place, and which support the resilience of their residents.
- System: A system wide approach in which partners listen, engage and align with communities and with each other, to deliver public service and support community-led activity.

Commissioned provision from all areas of LA including Public Health and Community Safety should be considered to identify opportunities for alignment in support of the place-based approach.

8) Key Stakeholders

In producing the overarching scope of the pilots several key stakeholders have been included. This includes homecare providers, Healthwatch, several commissioned providers, charitable organisations, representatives from parish and district councils along with commissioners, Locality Coordinators, Think Communities and colleagues from operations.

A full stakeholder map will be required for each pilot area in order to coproduce the final scope. A Community Impact Assessment will also be needed as part of the project development.

9) Delivering the Project

The project will be overseen by a strategic steering group, comprising of senior decision makers from the local authority, district councils and key delivery partners. The steering group will be responsible for ensuring delivery of the project, providing strategic direction and challenge to the delivery groups below. The steering group will remain cognisant of individual partner agencies' governance and decision-making structures. It is envisaged during the lifetime of the programme, the function of the steering group may be taken on by Place-Based Boards or other suitable partnership.

An area-based delivery group will be created to setup and implement the early adopter site. They will comprise of key stakeholders such as providers, partner agencies and volunteer and community groups. The delivery groups will be facilitated by the Locality Coordinator, a Place-Based Commissioning Officer and Transformation Support. It is proposed to embed the Commissioner within local libraries to forge strong links with the local community. Each delivery group will be responsible for co-producing the detailed scope with local stakeholders under the umbrella of the overarching programme aims. This is to ensure the right balance of autonomy and innovation with adherence to the ABA programme. A programme/project lead will be required for this, along with responsibility for driving the delivery of the early adopter site and evaluation methodology.

Consideration will also be given to establishing a stakeholder forum(s) to ensure all VCS and stakeholders have sufficient opportunity to influence and co-design the ABA.

Internal resources

The following internal resources will directly support the programme.

0.5 FTE Think Communities Project Manager – project management during set up/implementation phases

1 x FTE Transformation Project Support Assistant - project support
 0.6 FTE Think Communities Locality Coordinator – facilitation of asset-based community development, co-production and partnership working
 1 x FTE Place-based Commissioner (additional resource requested) - development of localised commissioning and procurement solutions
 0.5 FTE – Social Worker - subject matter expert on safeguarding, social work practice and sharing of Neighbourhood Cares learning

The following will contribute towards the programme as required.

ASC Head of Commissioning and Senior Commissioners – provision of strategic commissioning advice to Programme / Project Manager and strategic steering group
ASC Commissioners – provision of subject specific commissioning and market advice (e.g Home Care, Learning Disability, EIP Framework, Direct Payments)
Adult Early Help Team – links to Adult Early Help Team
LGSS Procurement – specialist procurement advice
CCC Finance – provision of financial information and scrutiny
CCC Commercial Team – provision of specialist advice and scrutiny
Business Intelligence – provision of data relating to service planning
ASC Contracts Team – specialist advice on contracts
ASC Brokerage Team – information and advice on placement processes

Given the scale and complexity of change required and the significant number of internal and external delivery partners, additional resource will be required. This is summarised in the table below.

Additional resource requirements (estimated)

Summary of Expected Project Costs	Resource Required	21/22	22/23	23/24	Total
Project Set Up Costs	1 x FTE Commissioner - P3 (top) * on-costs	£ 64,276.12	£ 66,204.40	£ 68,190.54	£ 198,671.06
Project Evaluation Costs	Independent Evaluation	£ 23,333.33	£ 23,333.33	£ 23,333.33	£ 70,000.00
Procurement Costs	Potential costs arising from contract enhancements/ incentives or procurements (yet to be identified)	£ -	£ -	£ -	£ -
Equipment/Property	None identified	£ -	£ -	£ -	£ -
	Total	£ 87,609.45	£ 89,537.74	£ 91,523.87	£ 268,671.06

**The profiled spend is based upon an April 2021 start for all resources, however this may be brought forward dependent upon the approval timescales and recruitment. Assumes 3% inflation on salary pa*

** Lines with £ - show resource costs being met elsewhere or not yet identified for information purposes*

Project Team Roles

Programme/Project Manager

This role is needed to drive the setup and implementation of both projects, providing robust project management and leadership for the first 12 months. This will be essential to ensure the complex transition to this new way of working across multiple delivery partners and governance channels is setup and running successfully. Once the early adopter site has been successfully embedded, ongoing project leadership can revert to an appropriate internal resource such as commissioning under the direction of a project sponsor such as the Adults Positive Challenge Programme.

This role can be fulfilled through the Partnership Manager role, currently providing project management to Think Communities.

Placed-Based Commissioner

Working under the direction of Senior Commissioners and linked into Adult Social Care Commissioning Teams, these officers will be responsible for developing, implementing and monitoring appropriate, localised commissioning and procurement solutions. Embedded in local libraries and working alongside their Think Communities colleagues, their focus will be on implementing robust commissioning models and practices to deliver impact, cost avoidance and return on investment.

There is no available capacity within ASC Commissioning to fulfil this work alongside business as usual and the ongoing COVID response.

Asset-Based Development Manager

Embedded within Think Communities, this manager will be responsible for building partnerships with organisations, providers and communities in the early adopter site and facilitating collaboration and co-design with communities and service users. Working alongside their Commissioner counterparts they will focus on stimulating and facilitating local communities to develop the localised care and support provision needed.

This role can be fulfilled through an existing Place Coordinator 3 days per week at no extra cost.

Project Support Assistant

This role will be filled by Transformation using existing internal resources at no extra cost upon approval of the business case. It will provide support to the Programme / Project Manager, Place-Based Commissioner and Asset-Based Development Manager across the delivery group and early adopter site.

Sustainability

Assuming the evaluation of the Programme provides robust evidence of impact and ROI, the ABA approach will be expanded across the rest of the county. Accompanying this will be a fully costed, evidence-led business case identifying the resources required to implement the second phase and the expected ROI based on learning from the early adopter site. It is not possible to identify at this stage those resources will be.

10) Financial Benefits

The ABA approach has significant social return on investment potential which should be considered;

- Improvement in individual outcomes (reduced social isolation, improved wellbeing etc)
- A diverse range of care and support available in the community that is easier to navigate and offers greater flexibility and choice
- Enables the contributions of local citizens in coproducing informal care and support
- Empowers local communities to be self-reliant and take on some responsibility for supporting its most vulnerable
- Support and stimulate development of community organisations, social enterprise and mutual aid
- Reward innovation and enterprise
- Contribute to improvements in care workforce opportunities and retention

Not only will the ABA approach improve outcomes for individuals it has strong potential to generate ROI for the LA across several areas. The lack of robust research in Return on Investment (ROI) for adult social care specifically (as opposed to ROI for health, society or Quality Adjusted Life Years for individuals) means we need to undertake and evaluate the work to evidence its impact (both financial and social).

Commercial viability is a key theme to test within the programme, to ensure our future commissioning models manage demand and deliver maximum cost avoidance and ROI. Key programme outputs will include identification of efficiencies within existing commissioned provision. Spend, cost-avoidance and ROI metrics will be established as part of the programme set up, once the detailed scope of each early adopter area is confirmed. Data on these metrics will be collated and reported regularly, as well as informing the learning within the formal evaluation.

The demand management focus of the programme is such that key benefits are likely to be through demand management and reducing the level of demand budget that needs to be factored into the medium term financial plan, rather than cashable savings through cost reduction. There will also likely be social return on investment and improved efficiency of council commissioned provision. Below are the principle areas of cashable and non-cashable benefits to be explored through the programme.

Areas for potential cashable benefits or cost avoidance

The following areas are highlighted for initial exploration for ROI.

1.) Reduction in overall Home care and Supported Living Packages

Cambridgeshire spent just over £62m pa on home care and supported living packages for adults in 19/20. If a small proportion of these packages could be supported by community and voluntary organisations it could yield a number of benefits for the LA whilst also improving the quality of life for those individuals.

A crude illustration of potential savings is provided below, assuming a 5% reduction in spend as a result.

	Num of existing LA home care and supported living clients *	Cost per week (total)	Cost (Full Year Effect)	Potential saving based on 5% reduction (full year effect)	Savings of 5% reduction over 3 year period
East Cambs	469	£ 203,730.00	£10,593,960.00	£ 529,698.00	£ 1,589,094.00
Cambridgeshire	3117	£ 1,208,906.00	£62,863,112.00	£ 3,143,155.60	£ 9,429,466.80

* excludes clients placed out of area

Further modelling is needed to explore the economies of scale that could be realistically achieved by transferring suitable activities from home care and supported living providers to volunteers and community organisations, notwithstanding the associated infrastructure costs that would be needed to maintain a quality volunteer base. As there is no additional LA funding available to expand VCS capacity it is likely that a proportion of existing spend would need to be realigned to towards the VCS sector.

Also to be considered are the costs avoided by operating this model in future years as demand for home care increases with population growth amongst older people. Home care is likely to be an increasing area of spend for both LAs in the next 5-15 years as demand rises as a result of population growth amongst older people and increasing preference for care at home rather than residential care. This trend, identified by Kings Fund in recent years has been compounded by Covid-19 and bad press associated with care homes.

Another avenue to explore is the proportion of current home care and supported living packages that have 'social support' as their primary need. By reviewing these packages and working with VCS partners it is feasible to reduce LA spend in this area by making better use of VCS resources within the community. Whilst in essence similar to the point above, this approach specifically targets an easily definable and identifiable cohort and type of need which may naturally lend itself towards community support.

A crude illustration of the potential savings is provided below. If we were to redirect half of the LA's current 'social support' spend in its home care packages to the VCS in the East Cambridgeshire area it could save £84k pa or £252k over 3 years. Across the whole of Cambridgeshire, it could save £1.5m pa or £4.6m over 3 years.

	Num of existing LA funded home care packages and supported living packages with 'social support element'	Cost per week (total)	Cost (Full Year Effect)	Saving based on 50% reduction (full year effect)	Savings of 50% reduction over 3 year period
East Cambs	17	£ 3,242.00	£ 168,584.00	£ 84,292.00	£ 252,876.00
Cambridgeshire	254	£ 60,135.00	£ 3,127,020.00	£ 1,563,510.00	£ 4,690,530.00

2.) Early Intervention and delaying demand for ASC

The People & Communities Recovery Plan notes how latent demand and low level need identified through the Community Hubs will contribute to demand pressures on the LA. During the workshops to establish the scope of Asset-Based Areas, several third sector and community organisations identified small amounts of help and support are often all that is needed to keep people living well at home but can be the hardest to find.

Developing affordable, sustainable early intervention services is a critical part of effective demand management for ASC, delaying the need for long term care.

The data below illustrates the significant volume of adults potentially in need of early intervention services:

- in Cambridgeshire in 2019/20, 1190 individual requests for support were made (which did not result in long term care, CHC funding or death). Of those, 236 received short term intervention or ongoing low level support, 702 were signposted to universal services and 306 received nothing.

Work is needed to better understand the cohort of adults 'on the edge of care' and what programme of evidence-based early interventions are most appropriate and affordable to put in place (be that a response from the LA or from a robust network of community based services) to delay or reduce that demand.

The Institute for Public Care identified 7 primary risk factors to older people's independence and subsequent institutionalisation to support Nottingham County Council develop an early Warning System¹. The resulting report outlined an evidence based approach of identification, assessment and subsequent interventions to modify the 7 primary risk factors. The programme should give due consideration to including this approach in the design of community based care and support to ensure it focuses sufficiently on resilience and early intervention.

3). Rationalisation/Reductions/Efficiencies in LA commissioned provision

As part of the programme, mapping of assets and resources across the early adopter area should highlight duplication and overlaps in provision. It is likely a proportion of this will apply to LA commissioned services. Therefore, the programme should seek to rationalise existing LA commissioned provision within the context of system resources, increasing efficiency, achieving similar outcomes with fewer resources and decommissioning elements of duplicated services. The work of the programme will identify and quantify these efficiencies.

¹Whyard, Julia, May 2019, *Nottinghamshire County Council Reducing Older People's Need For Care: Exploring Risk Factors For Loss of Independence*

Potential areas for review include:

- *Commissioned home care provision (see point 1)*
- *Greater use of Personal Assistants and micro enterprises (c.£13p/h versus c.£17-18p/h home care)*
- *Early Intervention and Prevention commissioned provision – VCS contracts to support older people (Current spend - £305,397pa (CCC))**
- *Shift to individual outcomes-based commissioning in place of time and task approach*
- *Other LA spend in Early Adopter Area*
 - *Other commissioned services (e.g. Public Health)*
 - *Other VCS or infrastructure contracts*
 - *Other short term / project based spend in*

4). Demand Management – benefits for other parts of the system

Supporting more adults with care and support needs to remain living well at home is key to reducing demand for long term and bed-based care. A sustainable model of community-based care and support is critical to this providing it promotes independence and resilience. Whilst it may not result in cashable savings it may release capacity, allowing more people to be supported for the same expenditure or enabling people to be access support more quickly. Expected areas of benefit include:

- *Released home care capacity, reduced waiting times for home care*
- *Reductions in Reablement bridging (c.£35p/h compared to c.£17-18p/h home care) and other expensive alternatives to home care*
- *Reduced delayed transfers of care*
- *Avoided cost of residential care (analysis undertaken by commissioners in Peterborough noted people with average home care packages paid at an improved hourly rate of £18.50 cost a quarter of the average residential care placement per annum).*

The ROI for social care interventions is greatly under-research. Accordingly, the programme should attempt to evidence how community-based care and support contributes to a reduction in demand in these areas of the system.

11) Key Risks

Risk	Impact	Mitigation
Additional resources are not made available.	Insufficient capacity to set up and implement programme. Momentum is lost, project stalls. Damage to LA reputation.	Robust business case with clear rationale and scope for ROI. Consider requesting feasibility study prior to full resource request.
Covid cases rise and system returns to emergency footing	Capacity across LA teams and partner organisations is focused on Covid. Insufficient capacity to progress	Place programme on temporary hold during. Continue with programme but adapt scope/timeframes to account for pressures of COVID.
Lack of community and provider interest in ABA approach	Lack of engagement. Limited progress.	Extensive coproduction and stakeholder engagement. Capitalise on existing momentum and mood.

Size and scale of transformation is too large/complex	Limited progress. Programme stalls.	Dedicated additional resources including programme / project manager to drive set up. Limit scale to 1 early adopter area
Reluctance or complexity prevents VCS from taking on personal care	Limited progress. Partial delivery of outcome	Incremental approach codesigned with VCS and home care providers E.g. First phase focus on social support needs and nonregulated activities, subsequent phases build upon this. Development of alternative localised models of homecare and regulated activities such as local carer recruitment, greater use of PAs
ABA approach doesn't deliver impact or ROI	Inefficient use of resources	Robust evaluation criteria. Robust commissioning and commercial input into programme set up and delivery models. Regular monitoring and review points.

12) Key Milestones - High Level Plan

Milestone Point/ Task/Phase	Date	Dependency/ Interface	Overall Responsibility
Resources approved	Feb/March 21	Business case approval	Oliver Hayward
Staffing resources sourced and in post	April 21	Recruitment approvals. Suitable candidate availability.	Matt Oliver, Jo Melvin, Sarah Bye
Independent evaluation procured	April 21	Business Case approval	Programme / Project Manager
Programme planning and set up: <ul style="list-style-type: none"> Governance processes and reporting mechanism Stakeholder engagement Asset & resource mapping Co-design of commissioning and delivery models 	April-Sept 21	Potential procurement requirements	Programme / Project Manager

Implementation of ABA delivery solutions (Go Live)	October 21	Potential procurement processes	Programme / Project Manager & Strategic Steering Group
Monitoring and evaluation • Identification of outcomes measures	Go Live + 2 years		Strategic Steering Group
Final evaluation	Jan 2024	Any delays to Go Live	Strategic Steering Group
Business Case for ABA Phase 2	Jan 2024	Any delays to evaluation	Strategic Steering Group

DRAFT

Adult Social Care – Directors Report

To: Adults Committee

Meeting Date: 14 January 2021

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

Electoral division(s): All

Forward Plan ref:

Key decision: No

Outcome: This report is provided as an update on Adults Social Care across Commissioning and operational functions and informing Committee of the current work of the service.

Recommendation: Adults Committee are asked to:

Note the information contained in this update report

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1. Background

- 1.1 This paper provides an update on Adult Social Care across commissioning and operational functions.
- 1.2 The information is intended to provide committee with an overview of the current work of the service.

2. Main Issues

2.1 Financial update

- 2.1.1 Similarly to councils nationally, cost pressures have been faced by Adult Services in Cambridgeshire for several years. This includes 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. Adult Social Care generally benchmarks as low cost with good outcomes. Despite this situation, for 2020/21, Adults Services had a balanced starting budget with no un-mitigated pressures carried-forward from the previous year.
- 2.1.2 The impact of Covid-19, however, will be significant 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 until September, but the Council is having to make investments into the care sector to ensure stability and sustainability (the major element of which 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) and infection control measures). Adult Social Care is also facing a severe impact on its delivery of demand management and savings programmes.
- 2.1.3 We have also faced increasing demand pressures. Adults who were previously supported at home by friends, family and local community services have not been able to secure this support during COVID-19 due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology or other preventative services have been restricted due to the refocusing of staffing resources towards COVID-19 needs. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based services due to lockdown.

2.1.4 At the end of October, Adult Services are forecast to be £9.7m overspent (5.4%), most of which is related to COVID-19, and we expect increased costs once NHS COVID-19 funding is discontinued.

2.1.5 Total estimated spend, specifically on COVID-19, within Adult Services is:

£000					Funding sources			
Upper estimate of Covid impact	New Commitments	Income forgone	Savings Shortfall	Total	NHS	Peterborough City Council	Infection Control Grant	Net total
Adults	30,616	434	4,588	35,638	-8,358	-424	-11,647	15,208

2.1.6 Additional spending commitments include:

- NHS funded services to enable rapid hospital discharges over the first half of the year, mainly a large number of block residential and nursing placements
- Provider resilience and infectional control grant payments
- Additional staffing capacity
- Spend on personal protective equipment (PPE)

2.1.7 This estimate of COVID-19 spend is higher than the forecast overspend. This is partly due to COVID-19 having some impact on baseline spend levels for non COVID-19 care. For instance, the large number of people discharged from hospital over the first half of the year whose care was NHS funded. Also, we have not yet included a longer term “recovery” estimate of the impact of the pandemic on Adult services.

2.2 Responding to COVID-19

2.2.1 Latest COVID-19 Guidance

Guidance continues to be published nationally, the latest guidance to be issued includes:

- Guidance on direct payments: <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>
- Covid-19 Winter Plan: The Government’s plan for managing covid-19 through winter: <https://www.gov.uk/government/publications/covid-19-winter-plan>
- Covid-19: adult social care risk reduction framework: A framework for how adult social care employers should assess and reduce risk to their workforce during the coronavirus pandemic - <https://www.gov.uk/government/publications/coronavirus-covid-19-reducing-risk-in-adult-social-care>
- Covid-19 testing for home care workers: Sets out how homecare agencies in England can order regular tests for their homecare (domiciliary care) staff. <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers>

- Guidance on home care worker testing:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936894/Care_Home_Testing_Guidance_visual_v1911.pdf
- Providing care and support at home to people who have had COVID-19: The Social Care Institute for Excellence has published a [quick guide](#) to help home care workers and personal assistants (PAs) to provide care and support to people who have left hospital after having COVID-19. It explains what to expect as these people return to their lives.
- Volunteer placements, rights and expenses:
<https://www.gov.uk/volunteering/coronavirus-volunteering>
- Designated settings – There has been a Department of Health and Social Care (DHSC) instruction to the Directors of Adult Social Services to arrange for all people leaving hospital who require nursing or residential care who are COVID-19 Positive or who are COVID-19 negative but unable to comply with the social isolation protocols to be accommodated in a “designated care setting” until their period of quarantine ends.
- Guidance on priority testing for Extra Care and Supported Living settings, <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-service-for-extra-care-and-supported-living-settings/testing-service-for-extra-care-and-supported-living-settings>

2.2.2 Infection Control Fund

A second round of infection control funding has been released. A key decision relating to the 20% discretionary element was taken to Adults Committee on 10 December 2020. Providers have been written to informing them of their allocations. Subject to returning of signed agreements and compliance with the national conditions, the first instalment of payments have commenced to providers. The local authority received the second instalment in December 2020, so second payments will be made to providers. Monthly reporting is being undertaken to DHSC on the use of funding. The expectation that funding will be used to support infection, prevention and control, with a focus on supporting and minimising the risk of infection spread through workforce movement. The funding is currently in place until the end of March 2021.

2.2.3 Care Home Support

2.2.3.1 Lateral Flow Tests

We continue to focus on supporting care homes, particularly where there are outbreaks of COVID-19. We have successfully recruited to the care home support team. The team will become fully operational in January; however, we have managed to arrange for the Manager and a team member to become available for some time during December.

Recent national guidance has been published around the use of lateral flow tests (rapid tests) in facilitating care home visiting. We have sent a joint letter from Adult Social Care and Public Health to care homes to clarify the local

authority position that we support the use of lateral flow tests as an additional safeguard for care home visiting, but that other precautions such as PPE and social distancing should be maintained after a test.

2.2.3.2 Vaccinations

COVID-19 vaccinations went live at Peterborough City Hospital and Addenbrookes Hospital on the 8 December 2020. Prioritisation is being given to over 80-year-olds, care home staff and health staff. National targets require 20% of the allocation to be administered to care home staff. Testing clinics are currently available 7 days per week, 9am-5pm at both sites. Communications about the vaccination process for staff have been sent to all care homes and the local authority is working closely with the CCG and the acute hospitals to ensure care home staff are booked in for vaccinations as a priority.

A phased roll out of vaccinations to Primary Care Networks is planned, with the expectation that care home residents will be vaccinated by Primary Care Networks. Initial vaccination sites are planned to commence from mid-December 2020, with timelines for further roll out to be finalised. This is a very fast-moving situation.

In addition, the local system is planning for mass vaccination sites for wider priority groups, with timelines and locations for these to still be confirmed.

2.2.3.3 Visiting

Letters were sent to all care homes from Charlotte Black (Director of Adult Social Services (DASS)) and Dr Liz Robin (Director of Public Health (DPH)) to highlight guidance and support in relation to visiting in care homes. It particularly highlighted the following key points:

- Decisions around visiting policies should consider local infection rates, the individual needs of residents and the home environment;
- Recent legal opinion has been clear that there should be no blanket bans on visiting, even during periods of local or national lockdown;
- Essential visiting (which we define as “to prevent or respond to residents’ health and wellbeing changing for the worse; to help with communication and/or distress, and allowing important time with loved ones, in circumstances approaching end of life”) should always be permitted;
- Social workers can assist with individual risk assessments, for visits, and can advise on decision-making where the person in question lacks capacity to make the decision themselves

2.2.3.4 Designated Settings

Following national DHSC direction on the need for local areas to ensure designated setting accommodation for people being discharged from hospital, back to a care home, with a COVID-19 positive test, we have worked closely with the Clinical Commissioning Group (CCG) to review and identify capacity to support this. A Prior Information Notice (PIN) was issued to the market and a good response was received. Approval from the CCG Governing Body has now been received to fund designated setting capacity

and we are working with the Care Quality Commission (CQC) to ensure these settings comply with the assurance requirements to enable us to bring the capacity online. In the meantime, we have agreement from the acute hospitals that positive patients will be supported to undertake their isolation period in hospital until the designated units are live.

2.2.3.5 Adult Social Care Winter Plan

In response to the Adult Social Care Winter Plan being published on the 18 September 2020, the local authority has reviewed the local recovery plans in line with the national recommendations and written to the Department of Health and Social Care (DHSC) to provide assurance. Following submission of our Adult Social Care Winter Plan to the DHSC, a regional Association of Directors of Adult Social Services (ADASS) review of plans was undertaken. Feedback from this review has been positive and we continue to review plans and outcomes in light of this feedback. We continue to monitor progress of local plans, which build on our local care home support plan and recovery plans.

2.2.4 Workforce

The pressure on front line staff remains considerable. Alongside promoting wider wellbeing support, we have been increasing the number of staff able to come into the office to work and receive vital peer support and supervision from colleagues, whilst ensuring continued compliance with COVID-19 restrictions.

2.2.4.1 Staff Flu Vaccinations

We have successfully run 10 staff flu vaccination clinics at various venues across Cambridgeshire and Peterborough and so far over 150 Adults and Safeguarding staff have received their free flu vaccination through this scheme. This year, to comply with COVID-19 regulations, slots were pre-booked in advance. A further 4 clinics are due to take place ahead of Christmas and booking for these is underway. Staff have also been able to arrange their vaccination privately and claim the cost back.

2.2.4.2 Staff COVID-19 Vaccinations

We have been liaising with health partners regarding the rollout of the COVID-19 vaccination. Currently the priority groups are care home staff and residents and the over 80's and we are working closely with the CCG to ensure that other front line staff and adult social care client groups are prioritised but the prioritisation process is being set nationally.

2.2.5 Healthwatch feedback

2.2.5.1 In May Healthwatch launched a three-month Covid-19 survey which was completed by a wide range of people, particularly those most likely to be affected by the pandemic and changes to services and 1,131 responses were received locally.

2.2.5.2 The results for Cambridgeshire can be accessed here <https://www.healthwatchcambridgeshire.co.uk/report/2020-10-22/report-shines-light-covid-health-and-care-struggles>

Alongside this national work, the local authority asked Healthwatch to engage with people who have been discharged from our local hospitals during the first phase of COVID-19. Healthwatch undertook a telephone interview with 35 patients, 17 of whom were discharged from Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's), and 18 from North West Anglia NHS Foundation Trust (three from Hinchingbrooke Hospital and 15 from Peterborough City Hospital).

2.2.5.3 The report set out the following learning for the local system:

- It is inevitable that given the different parts of the health and care system involved and the timescales involved, discharge will not always go smoothly. It is positive that some people told us their experience of discharge during the pandemic was an improvement on their previous experience. This shows the benefit of the system working together. However, there are steps that could be taken to help improve the process.
- The evidence supports the recommendations from the Healthwatch England and British Red Cross report.
 - a) Hospitals, health and care services should provide patients with:
 - Clear information and instructions about medication - especially if changes have been made at hospital. Other professionals involved in the patient's ongoing care should receive the same information.
 - Asking about transport home as part of conversations about a patient's non-clinical needs.
 - A single point of contact if their health deteriorates or they are unable to cope at home. This is especially important given the high number of discharges over the weekend when other services are less easily available.
 - Written details of voluntary organisations offering local support.
 - b) Additionally, the health and care system should ensure they:
 - Clarify discharge "pathways" for patients depending on their needs and provide frontline staff with guidance and information.
 - Link community pharmacists into post-discharge community assessments.
 - Make sure there is enough community support for patients going home.
 - Improve access to equipment and supporting information, and ensure adequate volume is commissioned.
 - Ensure equipment is suitable for the space within people's homes. Our local Healthwatch will continue to raise awareness of these lessons and look to see how changes are implemented.

The full report is published here - <https://www.healthwatchcambridgeshire.co.uk/report/2020-12-15/leaving-hospital-during-covid-19>

2.2.5.4 The Council fully supports the recommendations and will work with partners and Healthwatch to ensure improved communication and involvement with carers and families and ensure all system partners are aware of the voluntary sector offer. We will commit to ensuring that clarity is provided in terms of the discharge pathway and that appropriate support is provided on discharge.

2.2.5.5 The lead Assistant Director is developing an Action Plan based on the recommendations. The Action Plan will be shared with all partners to agree which organisation is the lead for the specific action and agree a timeframe for completion.

2.2.6 Day services

2.2.6.1 Day services across Cambridgeshire have gradually been re-opening and are now operating at around 60% of normal capacity, due to the need for social distancing and bubble arrangements. This appears to be working well, with no large outbreaks linked back to day services at this time. Providers are now providing attendance lists, for the teams to have sight of the current attendance patterns for service users. Many of our local providers are supplementing the reduced time they can offer in building based services with virtual activities, either offered online or via the delivery of activity packs to service users' homes.

2.2.6.2 The Council continues to engage with the regional ADASS day services group to share best practice around managing safe operations at this time.

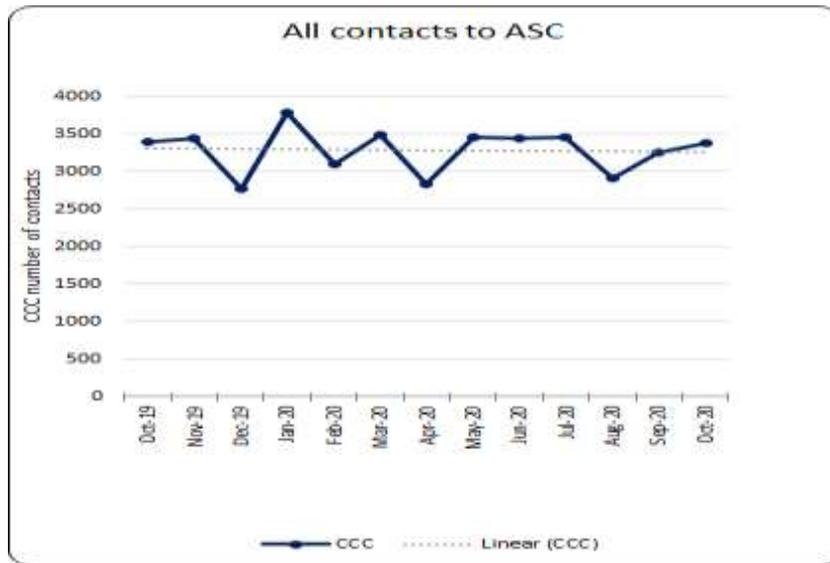
2.2.7 Continuing Health Care (CHC)

The work to clear the back log of CHC assessments due to the pause in decision making during the first lockdown continues. However, a key factor impacting on the speed at which we can progress this has been the difficulties in recruiting staff with the necessary expertise. Given the current pressures across the local and national systems it is unlikely that the position will improve until at least the middle of January 2021.

2.3 Information and Advice, Contacts and Adult Early Help

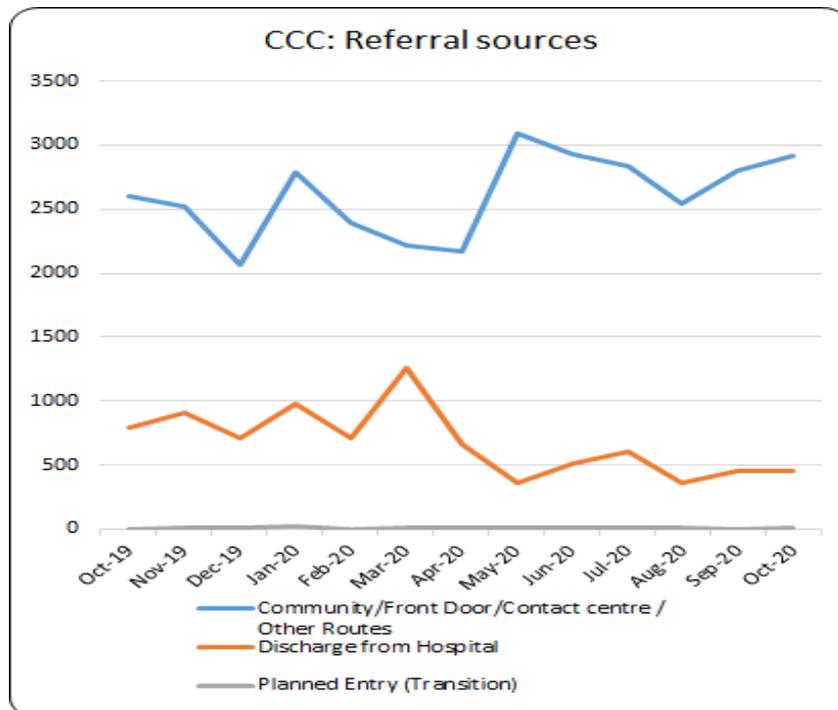
2.3.1 Other than in April - August, where there was a dip in contacts to Adult Social Care, levels of contacts have overall remained similar to pre-COVID-19 levels. However, the source of contacts has changed, with an increased number coming through the Council's customer services and the Adult Early Help team and a smaller number coming via hospital discharge referrals.

2.3.1.1 Graph shows all contacts to Adults Social Care since October 2019



The graph above shows all contacts to Adult Social Care since October 2019. In October 2019 there were 3,401 contacts, whilst October 2020 was similar at 3,382. The highest number of contacts in the year was 3,783 in January 20 and the lowest number was 2,834 in April 2020.

2.3.1.2 Graph shows where the new contacts were made



The graph above shows where the new contacts were made. The blue line shows all contacts from the community, evidencing a growth from 2,601 in October 2019 to 2,916 in October 2020. The orange line shows all contacts from hospitals and evidences a decrease from 797 in October 2019 to 453 in October 2020.

2.3.2 The Council is currently reviewing the way in which we deliver adult early help and developing a new operating model to reflect changing needs and context. The driver behind this review is to further reduce handoffs, provide more longer term solutions and carer support options at the first point of contact. It is also to make closer links into local communities, by aligning delivery to wider changes introduced within the Think Communities programme.

2.3.3 Workshops with the managers from the teams aligned to the front door, identified priorities around:

- Crisis response for people with long term care and support needs
- Carers support, further developing carers conversations
- A clearer offer for self-funders

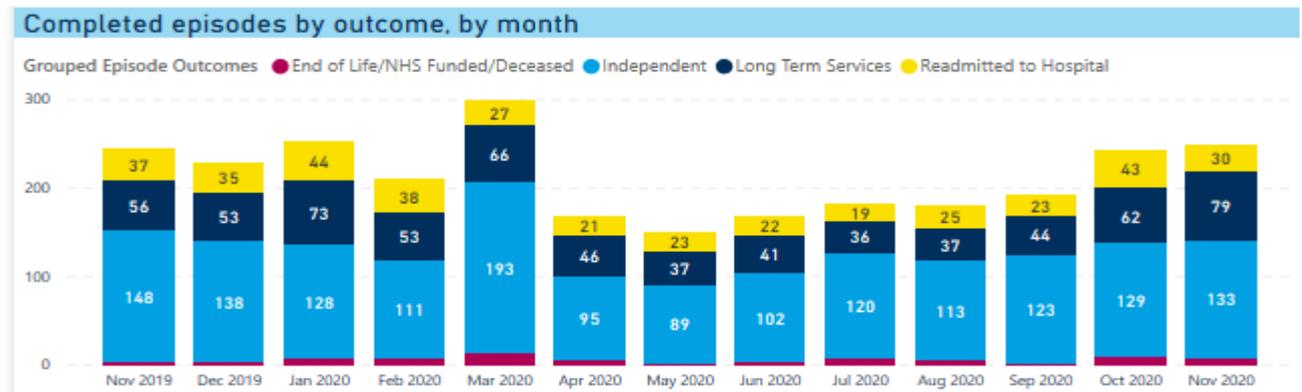
The operating model to support these changes is being developed and can be shared when finalised.

The pathways document for the community hubs has been refreshed and updated.

2.4 Reablement, rehabilitation and enabling people to regain independence

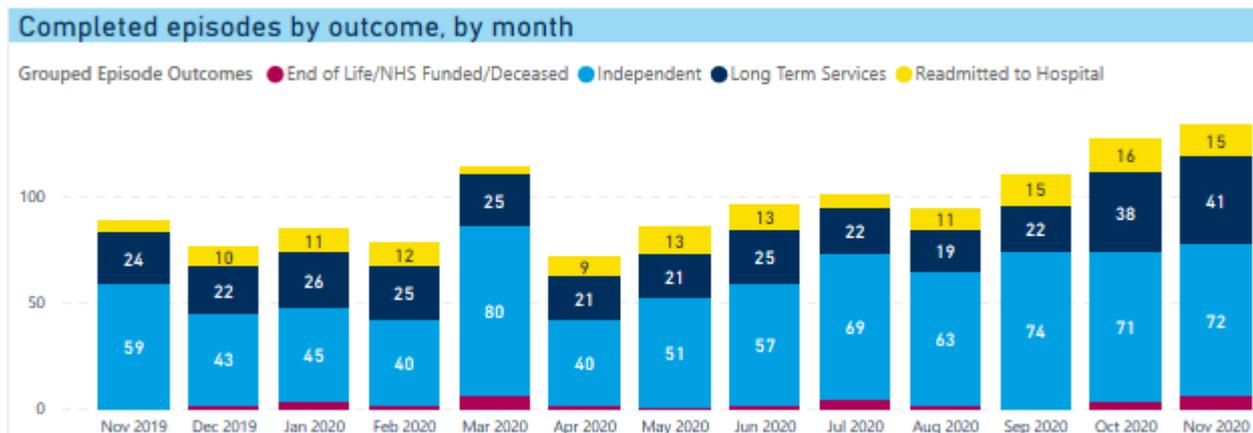
2.4.1 There had been a decline in the number of reablement referrals from hospitals since the start of the year. Referrals are now increasing especially from the community with 55% of all referrals being from the community since April 2020.

2.4.1.1 The graph shows all the reablement referrals



The graph above shows the total number of people completing a period of reablement between November 2019 and November 2020, broken down by outcome. 249 people completed reablement in November 2019 with 148 (60.7%) being full independent at the end. November 2020 numbers were similar at 250 however the fully independent outcomes were down at 133 (53.2%). The highest number of completed episodes were delivered in March 2020 (299) and the lowest number were delivered in May 2020 (151)

2.4.1.2 The Graph shows the Community reablement referrals



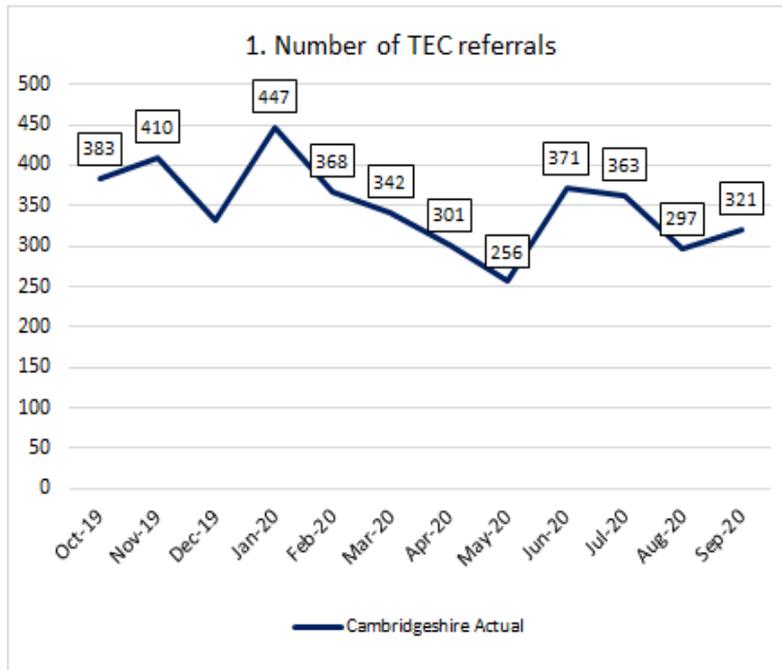
The graph above shows the gradual growth in reablement episodes originating from the community rather than hospital. In November 2019, 89 people referred from the community completed a period of reablement. In November 2020 this number had risen to 134, the highest number in the twelve-month period. The lowest number of community completions was in April 2020 at 72.

2.4.2 Since April, just over 60% of community referrals resulted in a period of reablement ending with no further long-term care and support. For referrals from hospital, that rate was slightly lower at 57.2%. This is probably a reflection on the higher level of need of people who are now referred from hospital into reablement.

2.5 Technology enabled care (TEC)

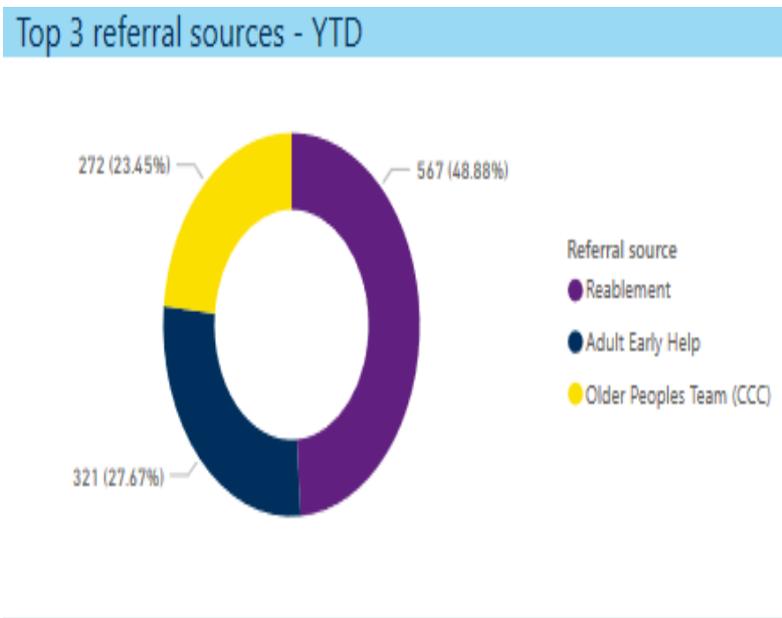
The decline in overall referrals to Adult Social Care from hospital has also impacted on the numbers of new people referred to receive technology enabled care (TEC). The most common outcomes from TEC referrals have been prevention of hospital admission (1525), informal carer support (862) and managing a health condition (779). The highest volume of referrals to the service come from reablement (567), adult early help (321) and the older people's teams (272). So far this year only 203 referrals have come from the hospitals, although this has begun to rise latterly, with 94 referrals between September and November 2020.

2.5.1 The graph shows downward trend in the number of TEC referrals



The graph above shows the downward trend in the number of TEC referrals since January 2020 (447) and September 2020 (321). The lowest number of referrals was received in May 2020 (256).

2.5.1 The graph shows the top three referrals sources year to date for TEC



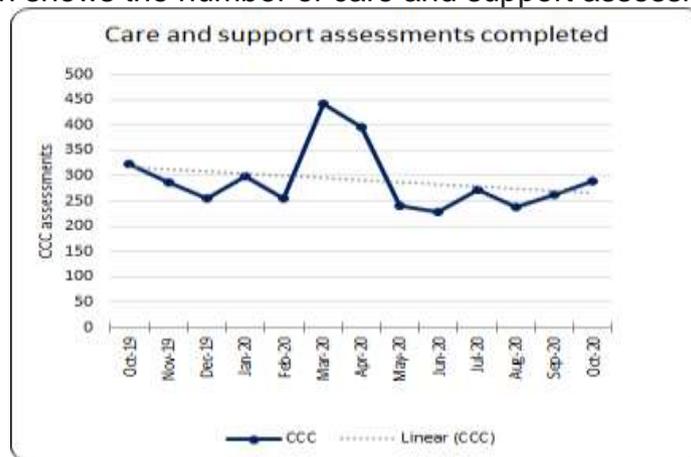
The chart above shows the top three referral sources year to date for TEC:

1. Reablement – 567 (49%)
2. Adult Early Help – 321 (28%)
3. Older People Teams – 272 (23%)

2.6 Supporting people with long term care and support needs

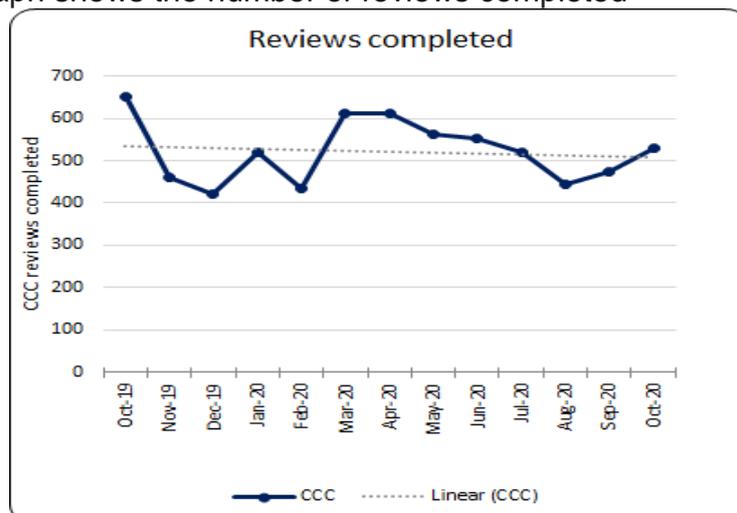
2.6.1 There has been a marked increase in assessment activity in April and May, before falling sharply. Reviews increased in March and April, as changes to care packages were picked up, but dropped in August and September 2020. For both assessment and reviews, the trend has been rising in more recent months, but not at the same level as during the early months of the financial year. This reflects the return to a level of demand closer to the usual level we would expect, as opposed to the higher proportion of crisis response driven work during the first lockdown.

2.6.1.1 The graph shows the number of care and support assessments completed



The graph above shows the number of assessments completed each month. In October 2019, 324 assessments were completed, compared to 290 in October 2020. The highest number were completed in March (443) and the lowest number were completed in June 2020 (228). Since August 2020 the trend has been upwards.

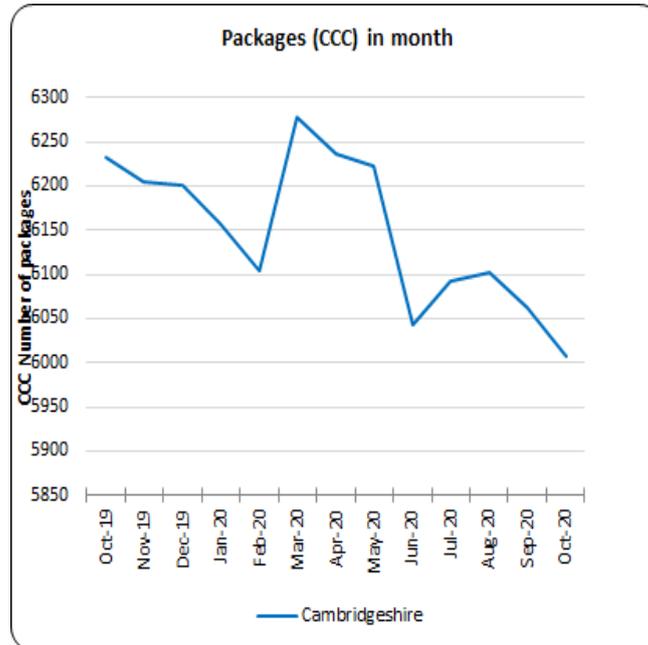
2.6.1.2 The Graph shows the number of reviews completed



The graph above shows the number of reviews completed since October 2019. The highest number were completed in March 2020 and April 2020 (612), the lowest number were completed in December 2019 (421) and February 2020 (435).

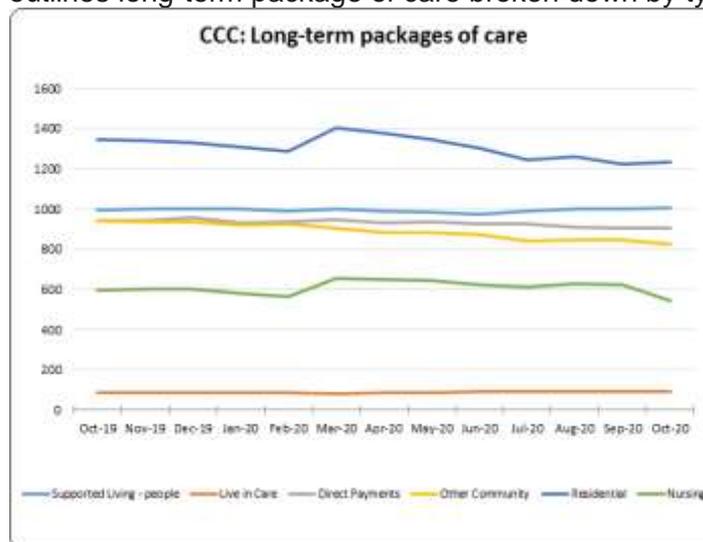
2.6.2 The number of people receiving long term packages of care and support funded in whole or in part by the Council has fallen overall since May 2020. The main reductions have been in residential care and nursing home care, and other community packages, which includes day care. There has also been a slight decrease in home care packages from 2272 in May 2020 to 2227 in October 2020.

2.6.2.1 The graph shows the overall decline in the number of long-term packages



The graph above shows the overall decline in the number of long-term care packages. The highest number were in place in March 2020 (6278) falling to 6008 in October 2020.

2.6.2.2 The graph outlines long-term package of care broken down by type



The graph above shows long term packages broken down by type. Decreases have been seen in residential care, the dark blue line, reducing from a peak of 1404 in March 2020 to 1231 (-173) in October 2020. Other community, the yellow line, reducing from 943 in October 2019 to 825 (-118) in October 2020. Nursing home care, the green line, reducing from a peak of 696 in March 2020 to 540 in October 2020 (-156).

- 2.6.3 The future role and structure of the Long-Term teams in Cambridgeshire is currently under review. A briefing session has been held with all team managers and senior social workers.
- 2.6.4 The long term teams continue to work in a multi-disciplinary way supporting vulnerable residents in the community. The teams are making the most of any opportunity to maximise this way of working as a result of individual Primary Care Networks developing a more place based and multi-disciplinary approach and the developments that are being taken forward through the Think Communities work. The opportunities to develop a place based approach to commissioning support and care in the community will build on and support the work started by the Neighbourhood Cares Teams and enable the long term teams to continue to build on the best practice that was developed.

2.7 Carers

- 2.7.1 Carers continue to be a focus for the Council, recognising the additional pressure that COVID-19 has placed on them. The calls to carers, which took place during the first lockdown have been repeated for the second lockdown, redeploying staff who were unable to fulfil their normal duties during that time due to being in the Chronically Extremely Vulnerable category. Calls started in mid-November and are expected to be concluded by 11 December, during which time calls will have been made to over 1,500 carers.
- 2.7.2 Carers have been identified as one of two key and urgent priorities for the Think Communities programme, with a focus on identifying and supporting carers who may not be known to Adult Social Care. Joint working is being undertaken between the Adult Positive Challenge programme and Think Communities to align their delivery plans to maximise impact.

2.8 Commissioning and Market Management

- 2.8.1 **Discharge to Assess Bed Capacity to support pathway 2:** Work has been undertaken in partnership with health to identify existing short-term bed capacity across the system and develop a more integrated way of placing people based on need for up to 6 weeks. This will enable those who require wrap around support to receive it.
- 2.8.2 **COVID-19 Isolation Beds for people who are COVID-19 Positive on discharge from hospital and purposeful wanders:** (people whose behaviours and mental capacity make it difficult to contain within a specific area of a health or care setting). There is a requirement to identify a designated care home which can be inspected by CQC. A PIN was issued to the market and a good response received. COVID-19 Positive Beds has been approved at CCG Governing Body. We are finalising the arrangements for the COVID-19 negative beds with the CCG. See above.
- 2.8.3 **Learning Disability (LD) and Mental Health (MH) Crisis and Isolation Beds:** Capacity covering community crisis for LD and Mental Health (MH)

has also been identified. This has been approved at the CCG Governing Body and is being implemented.

- 2.8.4 **Care Home Sustainability:** A block bed tender was issued to the market with the aim of sustaining local provision through the offer of longer-term financial security. At stage 1, 526 beds were awarded, and we are now progressing to stage 2 to ensure maximum bed numbers are received. This is due to be awarded in January 2021.
- 2.8.5 **Placed Based Commissioning:** Work has been undertaken with local providers, Think Communities, Operations, District and Parish Councils and Contracts and Brokerage to scope a pilot for placed based commissioning of homecare, as well as prevention and early intervention. A proposed concept has been co-produced and a business case which outlines resource required to progress this has been drafted and is due for Adults Committee approval in January 2020.
- 2.8.6 **Prevention and Early Intervention**
- An Occupational Therapy (OT) Section 75 agreement is being drawn up for March 2021 and more robust governance structures have been established.
 - The Housing Related Support Strategy was approved by Adults Committee in December 2020, including agreement to remove the existing savings target, although remodelling work and focus on efficiency will be maintained. A procurement recommendation is due to be taken to Adults Committee in March 2021.
 - Early Intervention and Prevention Framework – a tender is due to launch in December 2020.
- 2.8.7 **Learning Disabilities**
- An in depth review of the Housing Strategy, and plan/approach for current development projects is being undertaken with a view of refining and approving both the approach and oversight of activities.
- 2.8.8 **Better Care Fund**
- A National Better Care Fund Policy Statement was published on 3 December 2020. This confirms that there is no requirement for formal plans to be submitted to NHS England (NHSE) for 2020/21, with the national recommendation to Health and Wellbeing Boards to roll forward 2019/20 plans to ensure service continuity. This approach to local 2020/21 plans was approved at the Health and Wellbeing Joint Core Group on the 4 December 2020.
 - Reporting on national metrics has been suspended for 2020/21, though there will be an end of year financial reconciliation report due to NHSE.
- 2.9 **Safeguarding**
- 2.9.1 Safeguarding referrals have been comparatively high since June this year, with an average of 784 referrals per month compared to 740 in the previous year. There was also a 3% rise in the number of referrals which progressed

to an enquiry over June, July and August. Although enquiries have dropped down again in the last 3 months, the concerns that do result in enquiries are more complex due to the client situation and the challenges in engaging with services and service users.

- 2.9.2 The most common focus of enquiries remains neglect and acts of omission, followed by financial or material, physical and psychological abuse. The suspected abuse is most common in a person's own home, and by someone known to the individual (53.5%) or a service provider (41.8%).
- 2.9.3 Despite the challenges faced in undertaking enquiries, the teams continue to report a high percentage where the outcome sought by the adult concerned was fully (77%) or partially (16%) achieved.

2.10 **Financial Assessment and Charging**

- 2.10.1 While the pandemic persists, financial assessments continue to be undertaken mainly by telephone (including where possible by video conference), online and by post, with the service being delivered by staff working from home. The application of the Council's new charging policy commenced from the 4th April 2020 for all new clients and some progress is being made for existing clients. However, the pandemic has brought some significant challenges that have further exacerbated some of the pressures the service was already facing when the decision was taken to repatriate it the back to the Council from LGSS.
- 2.10.2 Throughout the year the service has undertaken a significant but challenging recruitment and induction drive, which have proven to be very difficult during the pandemic, such that we continue to recruit toward our required capacity, with a third recruitment drive currently underway.
- 2.10.3 The financial assessment service has also been required to respond to the new hospital discharge pathways, within tighter timelines which has also included a large number of assessments undertaken over the summer to support the step down of service users from the health funded COVID-19 beds in September.
- 2.10.4 Because of these pressures, the volume of assessments awaiting completion requires attention, to reduce the assessment waiting period and complaints in relation to this. We are exploring options around prioritisation and process, with a strong focus on customer experience that also balances financial risk to the Council. We expect to firm up these plans early in the new year.

2.11 **Learning Disability Partnership**

- 2.11.1 The Learning Disability Partnership (LDP) has seen an increase in the number of people referred to the service as the restrictions related to COVID-19 continue. We continue to monitor and provide an enhanced service to those at risk on inpatient admission due to a deterioration in their

mental health. After a sharp increase in July, waiting lists for people needing specialist LD health support have stabilised but at a high level, 207 people. Demand for occupational therapy and therapeutic interventions remain high, with an increase in waiting times for most specialisms.

- 2.11.2 In response all service areas are reviewing and setting priorities based on need and risk. Remote and virtual appointments are offered where appropriate and face to face visits are carried out where needs or risk are unclear. Managers are reviewing all waiting lists on a regular basis, triaging according to need and risk.

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

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.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	N/A
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health	N/A

5. Source documents

5.1 Source documents

National Covid19 guidance

Healthwatch Cambridgeshire – Your Care During Covid

Healthwatch Cambridgeshire – Leaving Hospital During Covid-19

5.2 Location

<https://www.gov.uk/government/publications/coronavirus-covid-19>

<https://www.healthwatchcambridgeshire.co.uk/report/2020-10-22/report-shines-light-covid-health-and-care-struggles>

<https://www.healthwatchcambridgeshire.co.uk/report/2020-12-15/leaving-hospital-during-covid-19>

Adults Social Care Transport

To: Adults Committee

Meeting Date: 14 January 2021

From: Charlotte Black - Service Director, Adults and Safeguarding

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Outcome: A fairer and consistent approach to the provision of transport to ensure the best possible outcomes for Cambridgeshire citizens.

Recommendation: Committee is being asked to;

- a) Note a refresh of the Adult Social Care Transport Policy
- b) Acknowledge the links to the Business Planning Savings proposal already approved in December 2020 and the associated Transformation project to drive further improvements that will start in 2021
- c) Approve the recommendation to review the policy again once the Transformation project is complete to ensure the policy still promotes the best possible outcomes.

Officer contact:

Name: Tracy Gurney, Head of Learning Disability Partnership and Gurdev Singh, Head of Commercial Commissioning for People and Communities
Email: Tracy.Gurney@cambridgeshire.gov.uk; Gurdev.Singh@cambridgeshire.gov.uk

Member contacts:

Names: Councillor Anna Bailey, Chair
Email: annabailey@hotmail.co.uk
Tel: 01223 706398

1. Background

- 1.1. A transport transformation project group has been established in order to analyse the council's Adults Transport Services, including contracts, expenditure, payments, current routes, the rationalisation of these and potential future demand. It was identified through this group that there is a need for a refresh of the Adults Transport Policy to reflect strengths based practice and to give more clarity by updating the language in the policy and therefore making it easier for practitioners to implement in a fair and consistent way and that continues to fit with Cambridgeshire County Council's (CCC) strategic aims, the Care Act and desired outcomes for Adult Social Care.
- 1.2. The transformation project is looking to realise a number of key financial benefits and efficiencies for Cambridgeshire County Council (CCC), the details of which were reported in the Business Planning savings proposal approved at Adults Committee in December 2020¹. This involves detailed work via a Transformation project that will require Transformation Fund investment. The Transformation Fund bid will go to General Purposes Committee for approval in January 2021 and the intention is to fund specialist support to review the way in which the Council plans and delivers support with transport to the Adult Social Care client group. It will also ensure that the design work is robust, sustainable and offers significant consultation with service-users who may be affected. This will result in further improved outcomes in addition to those that will already be achieved from the revised policy detailed here.
- 1.3. This report outlines the refresh of the policy and does not currently contain any significant changes. A full Equalities Impact Assessment is ongoing to support the transformation project to outline any implications that may impact citizens if any subsequent changes are made.

2. Main Issues

- 2.1. The refresh of the policy has not fundamentally changed from the previous version agreed in 2016. The language has been refreshed ensuring it fits with a strengths based practice approach and the wording in the policy has been simplified and consolidated. No changes have been made to the criteria used for accessing transport services.
- 2.2. A clear concise and strengths based policy is necessary to achieve the following key objectives:
 - a) Make clear that the council should only provide transport where no alternative solution is practical. This includes using family and friend networks and public transport;

¹
https://cambridgeshire.cmis.uk.com/CCC_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=rTYzww01tJpSyShsYNIuLNTThGTPC%2fh1sxDrH%2fifv081HHhZjs%2buZnQ%3d%3d&rUzwRPF%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWctPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlq%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJgFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xgBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJFf55vVA%3d

- b) Specify how and when charges will be levied for services provided to those who are assessed to contribute to their cost, as well as people who are funding their own day opportunities arrangements;
 - c) Where an alternative solution is not available the policy sets out clear criteria, which staff responsible for support planning will use to determine any transport assistance from the Council.
- 2.3 It is important to remember that in line with the Adults Positive Challenge Programme principles, promoting well-being and meeting needs is not always about direct service provision. In many cases maintaining an individual's independence is more likely to promote good outcomes such as information and advice, universal services, preventative interventions, tapping into local community assets and resources, support for carers and access to direct payments.
- 2.4 CCC provides transport using a range of methods including its own fleet of (leased) minibuses, contracts with external providers and (where it is the only viable option) taxis. Drivers can be part of CCC's permanent establishment, external contractors or volunteers. These transport services help people to access services including but not limited to day opportunities and respite care where alternatives are not available.
- 2.5 The overall objective of the policy is to ensure identified assessed need for transport is provided safely and efficiently whilst offering value for money and limiting the impact on the environment.
- 2.6 This refreshed policy will be shared with operational teams and implemented, but as noted there is an ongoing Transformation project that will provide further recommendations for improvements and cost efficiencies. It is proposed and recommended that the policy is reviewed again once the Transformation work is complete to ensure it reflects the opportunities for transformation that the project work identifies.
- 2.7 It is noted that this Adults Transport policy and associated Transformation project links to wider piece of work being completed to pull all of the separate pieces of transport work across People and Communities together. This will be reported at a later date, and will provide assurances that all Council Transport policies and transformation work is viewed across all directorates and the benefits are broad reaching.

3. Alignment with corporate priorities

- 3.1 A good quality of life for everyone
The report above sets out the implications for this priority in section 2.
- 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
The report above sets out the implications for this priority in section 2.

4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category. Any resource implications for the associated Transformation project will be reported in the separate proposal.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category. Any associated implications for the associated Transformation project will be reported in the separate proposal.

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. This report outlines the refresh of the policy and does not currently contain any significant changes. A full Equalities Impact Assessment is ongoing to support the transformation project to outline any implications that may impact citizens if any subsequent changes are made.

4.5 Engagement and Communications Implications

The Policy does not require a public consultation process as no key decisions or significant changes are being made at this time. Any further changes that may be made as a consequence of the associated Transformation project will include significant consultation with service-users who will be affected.

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.

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 Di 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: Salma Kantharia

Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Beatrice Brown
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: Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Emily Smith

5. Source documents guidance

5.1 Source documents – none.

6. Appendices

6.1 Appendix A - Final Draft Adults Social Care Transport Policy

Equality Impact Assessment For employees and/or communities

Appendix A

Cambridgeshire County Council – Adults’ Transport Policy

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Date of next review:	<i>December 2021</i>

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Equality Impact Assessment

For employees and/or communities

Introduction

The purpose of this policy is to provide a fairer and more consistent approach to the provision of transport that fits with the strategic aims of Cambridgeshire County Council (hereafter “CCC” or “the Council”) in addition to achieving our desired outcomes for Adult Social Care.

This policy:

- Makes clear that the Council should only provide transport where no alternative solution is practical. This includes using family and friend networks and public transport.
- Specifies how and when charges will be levied for services provided to those who are assessed as able to contribute to their cost of care, as well as people who are funding their own day opportunities arrangements.
- Where an alternative solution is not available the document sets out clear criteria, which staff responsible for support planning will use to determine any transport assistance from the Council.

It is important to remember that promoting well-being and meeting needs is not always about direct service provision. In many cases maintaining an individual’s independence is more conducive to their wellbeing and other means of support may be more appropriate to meet an individual’s needs. Such other means of support could include information and advice, universal services, preventative interventions, community resources, carers and direct payments.

This policy aims to encourage people where possible to meet their transport needs independently through means such as walking, mobilising with the use of aids (either independently or with support), using their own vehicle, utilising transport assistance monies (e.g. PIP) or taking advantage of concessionary rates on public transport.

CCC provides transport using a range of methods including its own fleet of (leased) minibuses, contracts with external providers and (for urgent/exceptional circumstances only) taxis. Drivers can be part of CCC’s permanent establishment, external contractors or volunteers. These transport services help people to access things including but not limited to day opportunities and respite care where alternatives are not available.

The overall objective of this policy is to ensure identified assessed need for transport is provided safely and efficiently whilst offering value for money and limiting the impact on the environment.

Scope of this policy

This policy applies to all adults aged 18 years and above who have an assessed eligible need for support and require transport to access their service and where there are no other alternatives available.

The policy applies to any of the following Adult Service areas:

- Older People’s Services
- Physical Disability and Sensory Services

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- Mental Health Services
- Learning Disability Services
- Adult and Autism services

This policy does not cover travel assistance for service-users under the age of 18 who need assistance to travel to and from education establishments, for which more details can be found in the Home to School Transport Policy.

Legal Framework

The Care Act 2014 and associated Regulations and statutory guidance provide the legal framework for the assessment of social care and support needs and for determining eligibility for adult social care support with effect from April 2015

This means that transport will be considered as part of a broader assessment of needs based on the national eligibility criteria for adults and carers: and on the duty to meet needs through a care and support plan.

Assisted transport will generally only be provided to clients where following a needs assessment it is determined that this is necessary because the client has no other travel option available to meet their needs in line with the national eligibility criteria.

Adult Social Care has a legal duty to provide transport to clients who are eligible for social care support in certain circumstances. The paragraph 6.106(i) of the Care and Support Statutory Guidance details that:

'...Local authorities should consider the adult's ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing...'

Equality

In designing this policy, due regard has also been given to the Equality Act 2010, and in particular the local authority's public sector duties under this act.

Precisely, whether an individual receives a service directly from the Council or makes alternative travel arrangements for themselves, they have rights not to be discriminated against as a service-user under The Equality Act 2010. Furthermore, service providers have obligations to make reasonable adjustments to ensure their provision is accessible.

Eligibility Criteria for Assisted Transport

The Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The aim of this policy is to ensure a fair, lawful, consistent and transparent approach is taken to identifying and meeting the transport needs of service-users where these have been clearly

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identified by a needs assessment and these are set out in the Care and Support Plan, and all other suitable alternatives to meet their needs have been explored and ruled out.

Of the protected characteristics, those most likely to be affected by this policy are the disabled. However, by the Council adopting an approach of provision on a needs basis, subject to assessment, this will help promote equality in relation to the nine protected characteristics.

During social care and support planning, all relevant transport options will be considered and Assisted Transport will be offered as a last resort, where it is appropriate to meet an individual's assessed eligible needs and there are no other options available to meet this need.

Transport may be provided where a prospective service-user (this is not an exhaustive list):

- Has specific identified health and safety concerns requiring specialised transport arrangements.
- Is unable to access transport services without supervision or support.
- Has no access to transport and cannot mobilise, use assisted mobility (wheelchair/aids) or use public transport, either independently or with support.
- Cannot attend their nearest community activity, because there is no placement available, and all other options have been explored and exhausted. This may be on a temporary basis until an appropriate place is found nearer to home.
- Is temporarily ill (or an important carer / family member is). Such circumstances may justify temporary flexibility and a review of the Care and Support Plan may be appropriate in such cases.

Transport will not be provided where a prospective service-user (this is not an exhaustive list):

- Is assessed as able to mobilise safely to their destination, with or without mobility aids, either independently or with support from family, friends, support worker, volunteer, etc.
- Can use public transport, voluntary transport, or similar services, either independently or with support (e.g. from willing family, friends, carers, support workers etc.) to get to and from their destination.
- Receives the higher rate mobility element of Disability Living Allowance or Personal Independence Payment, the service-user will be required to fully utilise this benefit to access transport options. (Note: as part of financial assessment, the Council's officers will help to maximise the legitimate benefits received by the person in question).
- Has access to a private car, including a car leased through the Motability Scheme. In this instance the service-user will be required to travel to the community activity independently using that vehicle (assuming this expectation is reasonable). Note that no petrol costs or other expenses will be considered for funding by the Council where a service-user uses their own car to access services. Exceptions may apply.
- Contributes to the cost of a shared community vehicle (which they can use to attend the activity).

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- Has a mobility vehicle or private car of which they are not normally the driver and it is reasonable, taking into consideration the legal duty to assess carer needs, to expect the person's family and friends to help them travel to the care service or activity.
- Chooses to attend community, social or recreational, or education facilities which are not the nearest available suitable resource to meet their assessed need. Such people will be expected to travel independently or meet any additional cost of transport considered necessary.

Note on "reasonableness"

Transport assistance is not automatically provided by the Council as part of other service provisions. Transport assistance is a separate consideration and will only be provided when the assessor determines such provision is necessary as the adult could not otherwise be reasonably expected to safely access facilities or services in the local community.

There is no single definition of what is reasonable distance, time or expense to expect someone to cover in travelling to access services or activities that meet social care needs. An assessor should be able, having information about an individual's abilities and the transport options available, to consider what is 'reasonable' for that individual.

Detailed guidance for assessors – exploring alternative provision

Universal services within an individual's community will always be considered as the first option. Adults will be encouraged to use the resources around them to meet their travel requirements in the first instance.

Services, where possible, should be local and accessible, allowing service-users to meet their assessed needs close to where they live.

Where it is identified during the Care and support planning process that the adult has the potential to learn road safety and orientation skills, taking account of both physical and cognitive ability, Independent Travel Training should be explored. In this instance, a Progressive Support Plan could be put in place to ensure any risks are managed and access to a service is maintained whilst the adult undertakes a programme of Independent Travel Training.

During the care and support planning process, assessors should fully explore with the adult or their carer how the mobility component of DLA/PIP is being used to meet the adult's wider transport needs and whether the benefit may be utilised to meet the assessed transport need. The Support Plan should address this and record any flexible arrangements that are agreed with the adult and, where applicable, their carer. Any residual, unmet transport needs will then be considered and it will be recorded in the Support Plan how these are to be met. The Support Plan should explain how conclusions were reached as well as what they are.

Where an adult has chosen to use the higher rate mobility component of DLA or PIP to purchase a Motability vehicle, then the assessor will need to explore with the adult whether the vehicle can be used to access services independently. If the adult is unable to drive the vehicle themselves, the assessor must explore if it is possible for one of the named drivers (more than two named drivers are allowed, but the scheme only provides insurance for two named drivers) to transport the adult.

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Where it is identified the carer is able and willing to provide the transport, it is important to record that the impact of this on the carer's well-being has been considered as part of their caring role and in line with legislative duties of assessing carer needs.

In some limited circumstances, the Council may explore the option of providing unpaid carers (family and friends) a mileage allowance in order for them to provide transport to meet the assessed travel needs, if this enables the individual's assessed needs to be met, is in the best interests for all involved and offers the best value for money.

If following assessment/review and subsequent support planning the assessor determines none of the above options are feasible, transport assistance will be considered.

Charging Policy for Transport

All assisted transport provided, or arranged, by Cambridgeshire County Council is potentially subject to a charge in line with the Council's Charging Policy.

Refusal of Services

If a person has been assessed as able to make their own transport arrangements but declines to do so, and as a result is unable to attend the service for which they have an assessed eligible need, their reasons will be considered and this may be viewed as the person declining services.

Where a person has declined a service which they are eligible for, the assessor will evaluate whether the person has the capacity to make this decision.

If the decision is being made on behalf of another person, the assessor will check whether they feel the decision is being made in the best interest of the person who is eligible for the services.

Appeals and Complaints Procedure

Any service-user who is not satisfied with the Council's decision in relation to transport or the service provided should, in the first instance, liaise with their assessor. Should the service-user remain dissatisfied following the assessor reconsidering their decision, the service-user may instigate the Council's complaints procedure. The service-user is to be provided with a copy of the Council's complaints procedure. In conducting an investigation into the complaint, the appropriate manager will look at the operation of the policy and procedure, and will also be able to consider any special circumstances that may apply to the person in question.

Adults Policy and Service Committee Agenda Plan

Published on 4th January 2021

Notes

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 has been amended so monitoring reports (including the Finance report) can be included at the discretion of the Committee.
- 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
14/01/21	Asset Based Area Proposal for Cambridgeshire and Peterborough	J Melvin	Not applicable	23/12/21	06/01/21
	Service Directors Joint Report Update report (Commissioning / Adults including Adults Positive Challenge and Think Communities)	C Black/W Patten/A Chapman	Not applicable		
	Adults Social Care Transport	T Gurney and G Singh	Not applicable		
18/02/21 Provisional date				05/02/21	10/02/21
18/03/21	Housing Related Support Approach	S Torrance	2021/017	05/03/21	10/03/21

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Annual Service User's survey	C Black	Not applicable		
	Annual Safeguarding Board Report	J Proctor	Not applicable		
	Adults Self-Assessment	C Black	Not applicable		
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Section 75 Annual Report	S Torrance	Not applicable		
	Integrated Care Partnership (ICP) update	M Moore	Not applicable		
	EU Exit Preparations	A Askham	Not applicable		
	Commissioning of additional block bed capacity in care homes – Outcome of Procurement	M Foster	Not applicable	Circulate via email	
	Quarterly Performance Report – Q3	T Barden	Not applicable	Circulate via email	
15/04/21 Provisional date				02/04/21	07/04/21
27/05/21	Deep Dive	TBC	Not applicable	14/05/21	19/05/21
	Adult Social Care Partnership Boards – Annual Report	C Williams	Not applicable		
	Adults Positive Challenge Report	C Black	Not applicable		
17/06/21 Provisional date				04/06/21	09/06/21
01/07/21				18/06/21	23/06/21
12/08/21				30/07/21	04/08/21

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
Provisional date					
09/09/21				27/08/21	01/09/21
14/10/21					
11/11/21 Provisional date				29/10/21	03/11/21
09/12/21				26/11/21	01/12/21
13/01/22				31/12/21	05/01/22
10/02/22 Provisional date				28/01/22	02/02/22
17/03/22				04/03/22	09/03/22
21/04/22 Provisional date				08/04/22	13/04/22
12/05/22				29/04/22	04/05/22

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date

To be programmed:

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