

ADULTS COMMITTEE



Thursday, 18 March 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 14 January 2021** **5 - 12**
- 3. Action Log** **13 - 14**
- 4. Petitions and Public Questions**

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KEY DECISIONS

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DECISIONS

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Date of Next Meeting

Thursday 27 May 2021

The Adults Committee comprises the following members:

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

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

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ADULTS COMMITTEE: MINUTES

Date: Thursday 14 January 2021

Time: 2.00 p.m. to 3.07 p.m.

Present: Councillors A Bailey (Chairwoman), D Ambrose-Smith (Vice-Chairman), A Costello, S Crawford, J French, M Goldsack, N Harrison, M Howell, L Jones and G Wilson

Apologies: Councillor D Wells

334. Apologies for Absence and Declarations of Interest

Apologies received from Councillor D Wells – Councillor J French substituting.

335. Minutes – 10 December 2020

The minutes of the meeting held on 10 December 2020 were unanimously agreed as a correct record and would be signed by the Chairwoman when next possible.

336. Action log

The action log was noted.

337. Petitions and Public Questions

There were no petitions or public questions.

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

The Committee received a report on the proposed implementation of the Asset-Based Area (ABA) approach. This approach required significant system transformation of existing commissioning and delivery models. The relevant resource would be requested from the General Purposes Committee to enable an early adopter site to be set up, and to pump prime the development and refinement of the new approach.

Given the rapid growth in the older population in Cambridgeshire and Peterborough over the next 15 years, there will be a significant increase in the number of elderly residents potentially requiring care and support. It was vital to have models of care, commissioning and delivery that provided sustainable

care options affordable to both residents and the local authority. The proposed approach builds upon the success of the Community Hubs developed in response to COVID-19 and the Neighbourhood Cares pilot, ensuring people can remain living at home happily and independent for longer. The approach seeks to empower communities by developing grass roots informal support and mutual aid, delivering services that are more efficient and more localised, and making best use of existing resources by working closely with partners and communities.

The first phase of the Asset-Based Area approach would be to establish an early adopter site, and it was proposed that this would be East Cambridgeshire. Transformation funding would be requested from General Purposes Committee to enable the early adopter site to be set up and implemented, and also resource an independent evaluation of the Asset-Based Area approach. Following evaluation, the intention was to roll out the Asset-Based Area approach across the county.

Arising from the report, individual Members:

- welcomed the focus on the Asset-Based Area approach. Whilst welcoming the independent evaluation focused on outcomes, the Member asked whether this would be time limited, noting the £70K budget allocated for this purpose;
- asked what evaluation had already happened which could inform this process, particularly in relation to Community Hubs. Responding, the Chair acknowledged that it had been difficult to evaluate and capture some of the softer outcomes of the Neighbourhood Cares pilot, beyond monetary outcomes, but agreed that the learning from that pilot could be built on. Officers agreed that these points would be factored in when the evaluation was developed, and added that the evaluation needed to consider not just individual outcomes but also economies of scale, i.e. whether commissioning at a very local level brought benefits to communities, and recognising those services and needs which needed to be delivered on a larger scale;
- cautioned against the potential risks from local structures “taking on a life of their own”, as people often had strong views on how structures should be organised, and as a result, the predicted savings may not necessarily be forthcoming. It was suggested that close attention needed to be given to the degree of autonomy involved. Officers agreed that there was a potential tension, and Asset-Based Area working should focus on bringing all key partners and providers together to identify all the existing resources and assets, and to develop a single shared understanding of need and the direction of travel and pattern of provision required, so that all involved were working together towards that shared vision;

- supported the comments made about independent evaluation, pointing out that it was not just about cost avoidance but also about adding value for service users. The Member queried the lack of specific KPIs. It was noted that the Business Case did provide high level indicators in terms of key objectives and outcomes, and officers advised that it was not possible to identify specific indicators in terms of savings, demand management, etc, until the first Asset-Based Area approach had been rolled out;
- asked why the roll out was taking place in East Cambridgeshire, and not another District? Officers advised that East Cambridgeshire had been chosen because it provided a mixture of rural and urban environments, which would require different models of commissioning. Additionally, it built on the Neighbourhood Cares legacy, having well-established community and voluntary sector networks – replicating this in other areas would add another 6-12 months to the roll out process. East Cambridgeshire also had the ideal volumes for an early adopter site, there being around 500 existing local authority adult clients in this area. The Member acknowledged the rationale for selecting East Cambridgeshire, but observed that if it was implemented in other Districts following the East Cambridgeshire early adopter roll out, it would require longer;
- asked about the role of Community Hubs as a locus where people could go and discuss their needs and issues, specifically libraries. Officers advised that Community Hubs were important as there was real potential for them to be a focus for engaging with the communities they serve. The Chairwoman commented that during the Neighbourhood Cares pilot, she had visited Soham Library and St Ives community building frequently, and it was really important to have those access points, with rooms available for voluntary groups to meet, and this was an important part of the success of Neighbourhood Cares;
- commented that evaluation should not just be limited to outcomes, but also *process* evaluation, i.e. the issues such as leadership, trust and delivery which were bound up in the process of rolling out and implementing the Asset-Based Area approach, so it could be established those elements that worked well and those that did not.

It was resolved unanimously to:

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

339. Adult Social Care – Directors Report

The Committee considered an update on Adult Social Care across commissioning and operational functions, and information on the current work of the Service. It was noted that the report had been prepared for the publication of the Committee agenda, so was slightly out of date in the context of the rapidly moving situation with respect to the COVID-19 pandemic.

The report reflected the Adult Social Care position in terms of financial pressures and increase in costs which had mainly arisen from Covid-19, highlighting that some of these costs would not be covered by national funds for COVID-19. Whilst there had been considerable guidance, there were still a number of unknowns. The second round of Infection Control Fund had been received, and the focus was on supporting Care Homes, including testing and vaccinations. The roll out of vaccination of Care Home staff was underway, and GPs were now starting to vaccinate Care Home residents. A lot of advice and support had been provided around visiting at Christmas.

Other points raised included:

- Officers had been working closely with the Clinical Commissioning Group (CCG) to review and identify capacity to support designated setting accommodation for those being discharged from hospital back to a care home, with a COVID-19 positive test;
- The local authority had asked Healthwatch to engage with people who had been discharged from local hospitals during the first phase of COVID-19. Healthwatch undertook a telephone interview with 35 patients, discharged from Addenbrooke's, and Hinchingbrooke and Peterborough City Hospitals. The issues highlighted would be used to plan services going forward;
- Providing Day Services continued to be a challenge, and Day Services were currently operating at 60% capacity due to social distancing;
- Reablement services were working very well, and demonstrating the benefits of investment. The Long Term team was trying to keep up with both their reviews and assessment work.

Officers concluded that all services and partners were working well together, and that the key priority was to keep the flow out of the acute hospitals. New capacity was also being commissioned to support this flow, especially with regard to designated setting accommodation for those who were COVID-19 positive and could not yet return home until they have completed their period of isolation. This was a difficult issue as many care homes are experiencing outbreaks and trying to reduce the risks of spread of infection. Home care providers had also helped facilitate additional capacity, supporting people in the community and also those being discharged from Acute settings.

The Chairwoman thanked officers, acknowledging that it was difficult for them to find the time in the current environment to write these reports, but it was invaluable to put on record what was happening throughout this period, so the public could reference this information at any time. She hoped that the vaccination roll out would signal an improvement, and was pleased to note that many vulnerable people had already been vaccinated. Other Members echoed these comments.

Arising from the report:

- A Member queried issues around the decline in the number of long term packages. Officers advised that this reflected an ongoing national trend, resulting partly from local authorities' focus on early help, promoting independence, use of technology which had resulted in a decline in the number of long term packages required. It was also noted that there had been less demand due to individuals' concerns over COVID-19, i.e. preferring to be supported by family or friends, although those that were now coming through were typically quite complex. When the COVID-19 restrictions were relaxed, a greater volume of cases was likely;
- A Member noted that the COVID-19 vaccine was beginning to be rolled out in Wisbech, but asked when other towns and communities would receive the vaccine. Officers confirmed that groups of GPs in Wisbech and East Cambridgeshire had been some of the first wave to roll out the vaccine, but other Primary Care Networks were coming on stream now, and there would be a significant increase in the numbers being vaccinated over the next few weeks;
- A number of Members praised officers across the Council, and within Adult Social Care specifically, for their continued hard work in difficult times;
- A Member noted the statement in the report that *"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"*. He queried whether there was any indication of funding pressures for 2021/22. Officers confirmed that funding for the pandemic had been provided by NHS England through the CCG, and that funding was both ringfenced and time fenced. At some point that funding would be discontinued, but there would still be individuals receiving care, and the Council would need to finance this. It was currently unclear whether funding would be continued after March 2021, and much would depend on the impact of the vaccine and the situation at acute hospitals;
- A Member queried the change in the number of Safeguarding referrals, specifically the increasing numbers, and proportion of complex cases. Officers explained that there had been a significant reduction in the number of Safeguarding referrals in the first lockdown from health professionals and social care professionals, but those referrals had now increased. Many safeguarding issues were often resolved through simple investigations;
- A Member queried the variance in Community Reablement referrals from November 2019 to November 2020, noting an increasing number of referrals in the second half of that period. Officers confirmed that cases coming through were increasingly complex, and this could result from individuals not accessing services and referrals being delayed due to the first lockdown, meaning that those individuals now had a higher level of need. It was suggested that there could be more detailed monitoring of this

situation, providing a break down in terms of user groups. It was agreed that this analysis would be circulated to the Committee. **Action required;**

- A Member asked if there was any evidence that there were differences in the rollout rate of vaccinations between large and small care homes, as evidenced in some areas of the country. Officers advised that they were unaware of any cases in Cambridgeshire where the size of care homes had been a barrier to roll out, and GPs were very keen to roll out vaccinations in care homes. It was noted that coordination was key to the roll out of the vaccine. The messages from the CCG with regard to vaccines was that (i) individuals should wait to be contacted by their GP, i.e. not to telephone their GP to enquire about the vaccine; (ii) individuals should not turn up too early for their vaccine appointments.

It was resolved unanimously to:

- a) Note the information contained in this update report.

340. Adult Social Care Transport

The Committee received a report on the refreshed Adult Social Care Transport Policy. Members noted the related Business Planning Savings proposal that had been approved in December 2020, and the associated Transformation project to drive further improvements, which would start in 2021.

A Transport Project Group had been established which was looking to analyse and rationalise current use of transport, and the demand for transport, to realise efficiencies. The starting point of this work was whether the existing policy was fit for purpose, and feedback from practitioners implementing the policy was that it was not. The policy had been reviewed against other local authorities' policies, and whilst the criteria and decision making framework were not at fault, some of the complexity had been reduced to make it clearer and more concise, with clear links to the Care Act legislation. It was confirmed that the policy covered all adult client groups i.e. those aged 18+, but excluding education transport.

Arising from the report:

- A Member asked if the pandemic had impacted on Adult Social Care transport. Officers confirmed that there had been a significant impact, and whilst there was less demand for transport, observing social distancing in vehicles was key, and this was being monitored regularly;
- A Member queried the "note on reasonableness" with regard to assessors, and asked how reasonableness in this context was defined, as it was a subjective term, and whether it would be possible to define this more clearly to assist assessors. Officers agreed that reasonableness was

potentially a subjective term, but that it would be informed by the individual's situation at that specific point in time, taking into consideration family and other factors;

- A Member commented that she would have expected to see the policy reviewed following the transformation bid, and noted that the report also referred to reviewing the policy again following the transformation bid. Officers explained that they had reviewed the policy to determine whether it was fit for purpose, as it would be undesirable to compound any problems as a result of practitioners not understanding the policy. The revised document presented was effectively a quick refresh, and it would need to be updated again if the transformation bid resulted in changes. It was noted that the focus was on dealing with inherent inefficiencies through redefining and optimising routes, which would drive savings, rather than reviewing entitlement;
- One Member asked whether the policy was being reviewed from an environmental perspective, i.e. carbon reduction, which should be a key consideration whenever any of the Council's policies were reviewed. Officers confirmed that from an environmental perspective, the optimisation of routes would result in fewer routes, so there would be a beneficial environmental impact.

It was resolved unanimously 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.

341. Adults Committee Agenda Plan

In discussing the agenda plan it was noted that the Annual Self Assessment process was likely to be postponed which would require the March agenda item to be moved later in the year.

The agenda plan was noted.

ADULTS COMMITTEE MINUTES-ACTION LOG

This is the updated action log as at 8 March 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 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.	See item 9 on the agenda. Approval is being sought to extend contracts, and if this approval is given then the new indicative timetable set out in the paper would be followed.	Closed	

Meeting 11 January 2021

339.	Adult Social Care – Directors Report	Charlotte Black	<p>A Member queried the variance in Community Reablement referrals from November 2019 to November 2020, noting an increasing number of referrals in the second half of that period. Officers confirmed that cases coming through were increasingly complex, and this could result from individuals not accessing services and referrals being delayed due to the first lockdown, meaning that those individuals now had a higher level of need. It was suggested that there could be more detailed monitoring of this situation, providing a break down in terms of user groups. It was agreed that this analysis would be circulated to the Committee.</p>	Analysis circulated to the Committee on 29.01.21	Closed	
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Cambridgeshire and Peterborough

Transitioning to an Integrated Care System

**Presentation to Cambridgeshire County Council
Adult Committee**

Mike More, Interim STP Chair

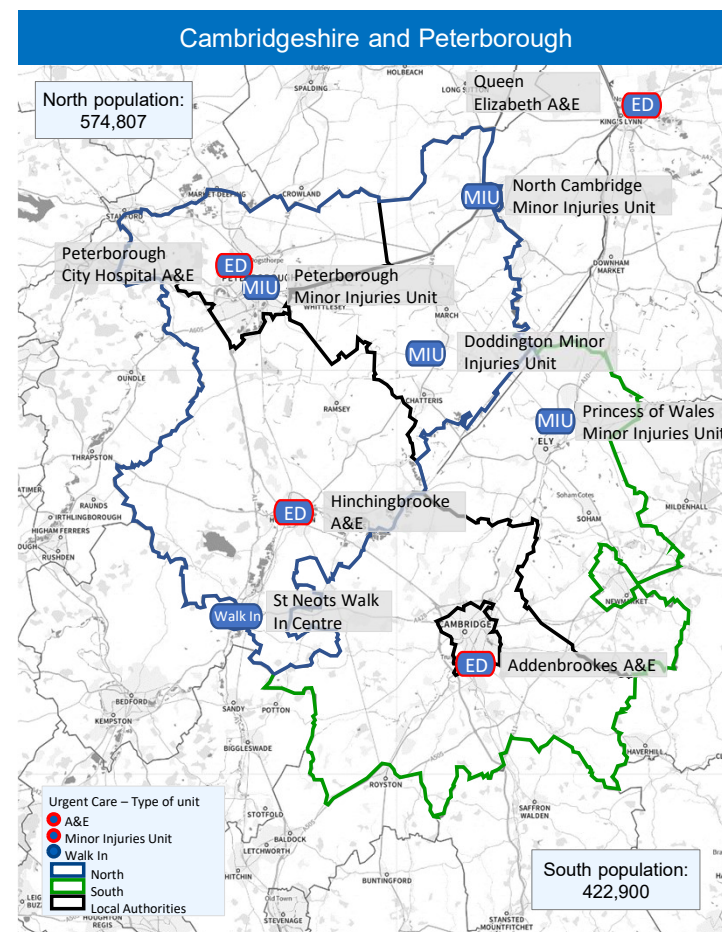
18 March 2021 at 2.00 pm

Highlights: White paper: Working together to improve health and social care for all

- Integrated Care Systems (ICS) placed on a statutory footing – NHS ICS Board and ICS Health and Care Partnership.
- Duty to collaborate across healthcare, public health and social care system.
- New powers for the Secretary of State for Health and Social Care and new duties on the Secretary of State.
- Significant changes to procurement and repeal of Sec 75 of the Health and Social Care Act 2012

What makes up Cambridgeshire and Peterborough Integrated Care System

Our partnership is composed of NHS providers (acute, community, mental health, ambulance), our CCG and GP practices, County and District Councils, our Health and Wellbeing Board, Healthwatch, the Local Medical Committee, voluntary care, and other partners



To facilitate integration of care and provision of services closer to home, we have established:

- **21 Primary Care Networks** (PCNs), which will require additional support to progress neighbourhood working. We expect all of our 21 neighbourhoods to develop into **Integrated Neighbourhoods**.
- **2 Alliances** based on the footprints of our two acute providers in the north and south, co-chaired by primary and secondary care. We will build upon their success to establish our two place-based **Integrated Care Partnerships**.

Move to an Integrated Care System - Summary

Two **Integrated Care Partnerships** at place to integrated health and care services

Vertical provider collaboratives at place – six key principles

- Evidence-based responding to local need and inequalities
- Embed co-production with patients and families
- Integration of pathways to improve care and outcomes
- Collaboration and joint accountability
- Flexible Commissioning Arrangements
- Sustainability through realignment of existing resources

Horizontal provider collaboratives across C&P and across systems

System-wide **Mental Health and Learning Disabilities** collaborative - shadow form by late Spring 2021

System-wide **Children and Young People** collaborative - shadow form by late Summer 2021

Across-ICS development of our **specialist clinical networks**, with strategic and operational responsibilities

Acute care collaborative development for NHS acute providers

Where are we going: We have developed a consistent operating model to provide high quality integrated services, delivered as closely to residents as possible

We recognise one of critical success factors to continue to provide safe, joined-up care and improve population outcomes is a consistent operating model. We have already established architecture at system, place, and neighbourhood, built on the principle of subsidiarity.

Integrated Care Systems

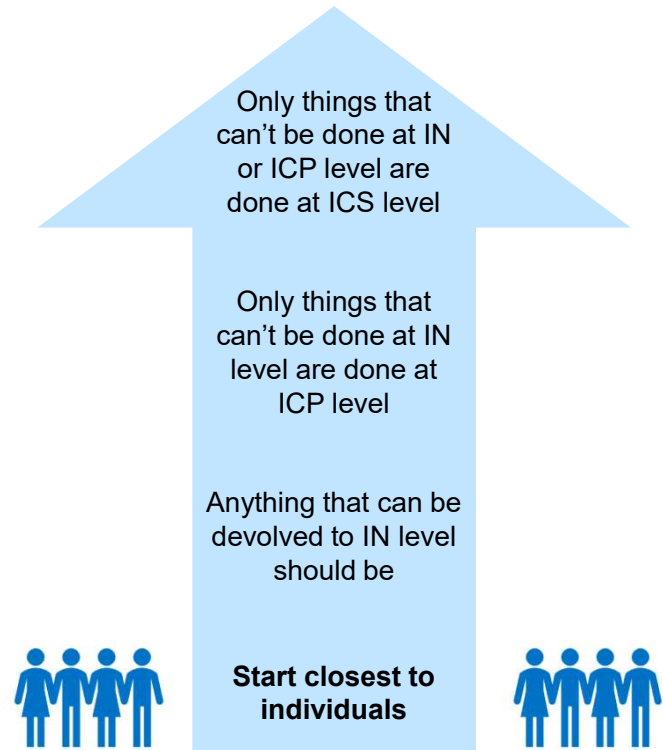
- The ICS will take a bird's eye view of challenges and health and social care needs across C&P. It will determine distribution of financial and other resources to meet those needs.
- The C&P CCG will transition to deliver an ICS strategic commissioning function, with devolution of relevant functions to the ICPs and other provider collaboratives. The ICS SC will commission some specialised services and agree outcomes for each ICP.

Integrated Care Partnerships

- ICPs are partnerships at the place-level, serving populations of approximately 500,000 people, that works to address wider determinants of health to improve health outcomes.
- Two Integrated Care partnerships will be developed in C&P, building on the work of the North and South Alliances. Additional provider collaboratives for CYP and MH will also be developed.

Integrated Neighbourhoods

- With GPs at the core, INs serve populations of 30,000 – 50,000. They will be enabled by new contracts, which support delivery of primary care at neighbourhood level.
- The 21 PCNs in C&P will mature to be INs, building partnerships to integrate all health and care services within their communities.



What will this mean for our population?

- Creating a **seamless patient journey** and improving **patient experience**
- Greater working between the NHS, local authorities, and voluntary sector leaders will enable more opportunities to make shared decisions about how to best use resources collectively to improve the wider determinants of health in C&P and **improve outcomes for disadvantaged groups**
- Working together to redesign care around the needs of **communities** to improve **mental health**, building on our previous collaborations as an early implementor of community mental health services in Peterborough for example.
- Working together from beginning to end of patient pathways and standardise approaches to safeguarding, complaints, and infection prevention to **ensure patients receive high quality services regardless of where they are treated.**
- Our work towards a shared patient record means our patients will no longer need to repeat their story to different teams and will improve the quality of their care, because their full **needs will be better understood**
- As ill health has significant impacts on economic productivity, improvements in **health outcomes will translate to greater contributions to the local economy.**

Appendix A – Transitional Governance Structure

The NHS in England

Purpose, Responsibilities and Accountabilities

Secretary of State

1. Power to direct NHS England
2. A more flexible multi year mandate for NHSE
3. Power to intervene in service reconfigurations at any stage and removes LA referral power
4. Power to transfer functions to and from specified ALBs
5. Duty to publish a document every Parliament on roles and responsibilities for workforce planning and supply
5. Duty to publish a document every Parliament on roles and responsibilities for workforce planning and supply.

ICS NHS Body Purpose:

- a. Improving population health and healthcare;
 - b. Tackling unequal outcomes and access;
 - c. Enhancing productivity and value for money; and
 - d. Helping the NHS to support broader social and economic development.
- Accountable for NHS resources and performance within the system. CEO is the Accounting Officer.

Responsible for the day to day running of the ICS and NHS planning and allocation decisions and for:

- developing a plan to address the health needs of the population; and
- 2. setting out the strategic direction for the system and explain the plans for both capital and revenue spending for the NHS bodies in the system;
- 3. securing the provision of health services to meet the needs of the population.

Powers and Duties

1. Duty to meet the system financial objectives which require financial balance to be delivered
2. Reciprocal duty to collaborate placed on NHS bodies and local authorities
3. Shared duty on all NHS organisations to have regard for the 'Triple Aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources
4. Power to create joint committees with NHS providers and include other parties
5. Power (?) to apply to the SoS to create new NHS Trusts

ICs must have regard for JSNAs and JHWS Some flexibility to develop processes and structures which work most effectively for them ICs to delegate significantly to place level and to provider collaboratives

NHS England

Formalising the defacto merger of the past few years between NHSE and NHSI
Await details but assume the powers and duties of NHSE will draw heavily on the 2014 Act

ICS Health and Care Partnership

Each ICS should set up a Partnership and invite participants, but membership and what, if any, functions are delegated to the ICS Health and Care Partnership will be a matter for local decision.

Responsible for:

1. promoting partnership arrangements
 2. developing a plan that addresses the wider health, public health, and social care needs of the system
- NHS ICS body and Local Authorities will have to have regard to the plan when making decisions.*** Members of the Partnership could include:
- Health and Wellbeing Boards
 - Healthwatch,
 - voluntary and independent sector partners
 - social care providers
 - and organisations with a wider interest in local priorities (such as housing providers).
- Some flexibility to develop process*

Health and Wellbeing Boards Responsible for:

1. Joint Strategic Needs Assessments (JSNAs)
2. Joint Health and Wellbeing Strategies (JHWS)

NHS provider organisations Powers and Duties

1. Duty to have regard to the system financial objectives
2. Shared duty on all NHS organisations to have regard for the 'Triple Aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources
3. Reciprocal duty to collaborate on NHS bodies and local authorities
4. Power to create joint committees with ICS and with other NHS providers and include other parties

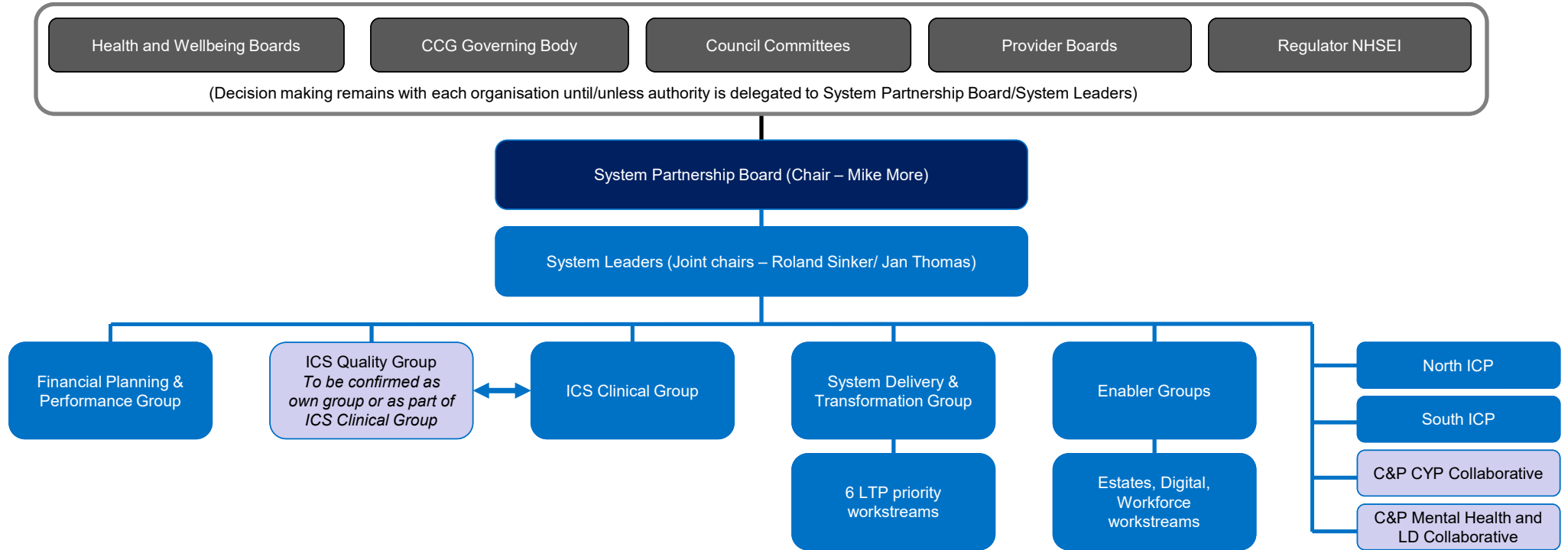
ICS Board

As a minimum will include:
A chair , CEO
Representatives from NHS Trusts
Representatives from General Practice
Representatives from Local Government
Others determined locally Required to ensure appropriate clinical advice when making decisions

Place

There will be no legislative provision about arrangements at place level *Place-based arrangements between local authorities, the NHS and between providers of health and care services are at the core of integration and should be left to local organisations to arrange.*

Transitional governance structure



In our transitional governance structure, we envision the System Partnership Board as accountable for delivery of system strategies and will work closely with the CCG GB, which will be accountable for system control totals, performance, assurance and quality, and strategic commissioning. The Financial Planning & Performance Group would support the CCG GB and make strategic financial decisions, with final plans needing approval of the CCG GB and partners' Boards. Our emerging Integrated Care Partnerships will be accountable for developing their capacity and capabilities, while individual providers retain statutory accountabilities for care delivery. We are in the process of agreeing to develop separate provider collaboratives for Children's and Young People as well as for Mental Health and Learning Disabilities. Our ICS Clinical Group will be responsible for overseeing our system-wide clinical strategy as well as providing clinical leadership to other system groups in an advisory role.

Integrated Community Equipment Service Procurement

To: Adults Committee

Meeting Date: 18 March 2021

From: Executive Director: People and Communities

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2021/014

Outcome: Adults Committee are asked for approval to proceed to tender the Integrated Community Equipment Service.

This will deliver outcomes:

- Efficient and cost-effective equipment service for the people of Cambridgeshire
- A service which is an essential part of keeping people safe and independent within the home of their choice for longer
- A contract which prioritises the recycling of equipment and results in efficiencies for the County Council

Recommendation: Adults Committee is recommended to:

- a) Approve to proceed with the tender of the Integrated Community Equipment Service. Proposed contract term of 5+3+2. Total contract value is £47m.
- b) Delegate the award of the new contract to the Executive Director of People and Communities.

Officer contact:

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Post: Commissioner, Early Intervention & Prevention
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Member contacts:

Names: Cllr Anna Bailey
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1. Background

- 1.1 The Integrated Community Equipment Service (ICES) contract has been in place since 2014, operated by *NRS Healthcare*. It was extended under the contract terms in 2019 for a further two years, and again in 2020 for a further year due to Covid19. This was approved by Adults Committee on 8/10/20. The current contract will therefore terminate on 31/3/2022. The service is jointly commissioned by Cambridgeshire County Council, Peterborough City Council and the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) with the local authorities acting as lead commissioner. The County Council has a Section 75 (pooled budget) with the CCG which funds the service provision.
- 1.2 The contracted service is responsible for the purchasing, delivery, installation, collection, recycling, repair and maintenance of a large range of health and social care equipment which helps people to remain as independent as possible in the community and in the home of their choice. The service also provides minor housing adaptations (small ramps, rails etc). The provision of equipment to people with assessed need is part of our statutory duty under The Care Act 2014 and is a critical service in terms of keeping people as independent as possible, avoiding admissions to hospital or care homes, reducing the amount of formal home care packages, supporting discharges from hospital and end of life care. The service is well respected within the local health and social care system. The provision of appropriate equipment to people at home can prevent, avoid and delay their need for more costly forms of health and social care support. The service provides equipment to all service user groups including children.
- 1.3 Appendix 1 provides some specific data in terms of the performance for Cambridgeshire and outcomes of the current contract. In summary:
- The service processes an average of 4,500 orders per month with around 3,700 people receiving community equipment each month
 - The main key performance indicator (KPI) for the contract measures the speed at which deliveries are completed within 5 working days. The target for this is 98% and current performance is at 94%
 - The recycling performance is positive with current recycling rate being at 90% and due to deliver of £2.6m worth of credit to the pooled budget by the end of this financial year
 - Recent feedback on a small sample shows that 81% of people report that the equipment they receive helps them to remain as independent as possible at home with 71% saying the equipment helps them to reduce the amount of help they need from others
- 1.4 Appendix 2 offers two case studies to demonstrate how this service delivers qualitative outcomes for people whilst delivering efficiencies in terms of reduced packages of long term care and support, and avoided costs / demand management savings.

2. Main Issues

- 2.1 We are working towards a new contract start date of 1/4/22 with a competitive tender process that will hopefully attract bids from across the market. The process is being supported by SERCO Procurement and will involve full engagement with the CCG.

2.2 *Service user engagement*

Commissioners attended all the Joint Partnership Boards during 2019-20 and gathered feedback on service users' priorities for this service. Specific focus groups have not been possible this year due to the restriction on people's movement and face to face contact. However, feedback from service users is gathered all the time through the provider's regular service user feedback survey, and the voice of the user will be included as part of the specification development and evaluation.

2.3 *Procurement Support*

SERCO will be supporting the procurement of this contract on behalf of both local authorities and the CCG. The project will follow the UK Procurement process and the tender will be compliant with applicable law.

An ICES Procurement Project Group has been set up to oversee the procurement with representation from all key stakeholders. PCC will be leading on the legal elements of the procurement and in liaison with LGSS for the preparation of the contract.

2.4 *Contract Value*

The contract is financed by a Section 75 pooled budget with the CCG. The current pool is detailed below.

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

The Section 75 Agreement will be renegotiated in line with the tender process and will come back to committee at a future date prior to award of contract.

2.5 The service has been delivered within budget over the last three years. However, it should be acknowledged that the service is entirely demand led and has to respond to spikes in need across both health and social care.

2.6 In terms of length of contract term, benchmarking with other ICES contracts shows that contracts of ten years plus are becoming the norm. This is deemed to deliver opportunities for greater cost effectiveness in terms of product prices and help to drive down prices if manufacturers and suppliers can be guaranteed orders over longer timeframes. It also facilitates the ability to work closely with the provider to develop other opportunities, for example retail / self funding opportunities. It is recommended that the new contract term should be 5+3+2 with appropriate break clauses. This aligns with a number of neighbouring local authorities. This ten year contract term would therefore mean a maximum contract value for Cambridgeshire of £47m.

2.7 *Financial model & evaluation of bids*

The current contract operates on an 80% credit (buy back) model. This has served us well in the current contract and is becoming the industry standard across most community equipment services as it promotes recycling, benefits both provider and commissioner and avoids the need for a separate management fee. This was endorsed in the market

engagement event. The finance schedule for the new contract will therefore be based on a similar model.

Evaluation of bids will be based on assessment against a quality threshold and for those providers reaching the quality threshold a contract will be awarded based on the price submission.

It should be acknowledged that there is no benefit in choosing contract equipment products that are cheap and of poor quality as they will not recycle. This presents environmental considerations, as well as failing to deliver the financial incentive of the credit model. The current contract has delivered significant credit into the pooled budget over the last two financial years which has helped to off-set budget pressures. Detail on this is contained in Appendix 1.

The pricing submission for the contract stock equipment and evaluation will include a 'basket of goods' approach against which suppliers will be required to provide prices, including whole life costs. This basket of goods will be carefully described and defined so as to ensure the bids are exactly comparable and will include commonly used items of equipment as well as high value items.

2.8 Summary Timetable

Task	Timetable / deadline
Adults Committee Approval to Tender and request to delegated authority	18/3/21
Draft Spec, KPI's, Stock List and Pricing Schedule	29/3/21
Finalise ITT & quality questions	11/5/21
JCB – approval to proceed with tender, to include Spec etc	May 2021
Tender Go-live	June 2021
Evaluation	July / Aug 2021
Moderation	August 2021
PCC CMDN	August 2021
JCB Contract award recommendation	Sept 2021
Award notice issued	October 2021
TUPE / Mobilisation period	Nov 2021 – Feb 2022
Handover to Contract Manager	March 2022
Contract Go-live	1/4/22

2.9 There are some key risks to be aware of at this stage:

Risk	Mitigation actions
Small market. Number of bids likely to include the three market leaders.	Engagement with the wider market to encourage as many bids as possible

CCG lack of engagement in the preparation to tender due to their focus on response to the pandemic	Ensure they are kept informed of progress and encouraged to send rep to Project Group meetings (they have asked for the tender process to be delayed but have been advised that is not possible)
Cambridgeshire pooled budget risk share – CCG may not be willing to renegotiate risk share	To share financial analysis and meet with them to discuss

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 paragraph 1.2

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

The report above sets out the implications for this priority in paragraph 1.2

3.4 Net zero carbon emissions for Cambridgeshire by 2050

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

- The contractor will be expected to use emissions data from route planning and vehicle tracking systems to offset carbon emissions and work towards a carbon neutral fleet

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in paragraphs 2.4 to 2.7

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications in paragraph 2.3 and 2.8

4.3 Statutory, Legal and Risk Implications

The report above sets out details of significant implications in paragraph 1.2 (with regard to Statutory Duty) and paragraph 2.9 with regard to Risk implications

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

The report above sets out details of significant implications in paragraph 2.2

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

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: n/a

Explanation:

4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: n/a

Explanation:

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Positive/neutral/negative Status: n/a

Explanation:

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: Positive

Explanation: The contract will operate on a buy-back credit model which promotes recycling of equipment for re-use

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: n/a

Explanation:

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Positive

Explanation: The provider will be required to operate a carbon neutral fleet of vehicles through efficient use of route planning software

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status: n/a

Explanation:

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Stephen Howarth

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes

Name of Officer: Gus De Silva

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications?

Yes or No

Name of Officer: No response received

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?

Yes or No

Name of Officer: No response received

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None

Fig. 1 Monthly demand on the contract for Cambridgeshire showing number of orders received by the service each month (deliveries and collections)

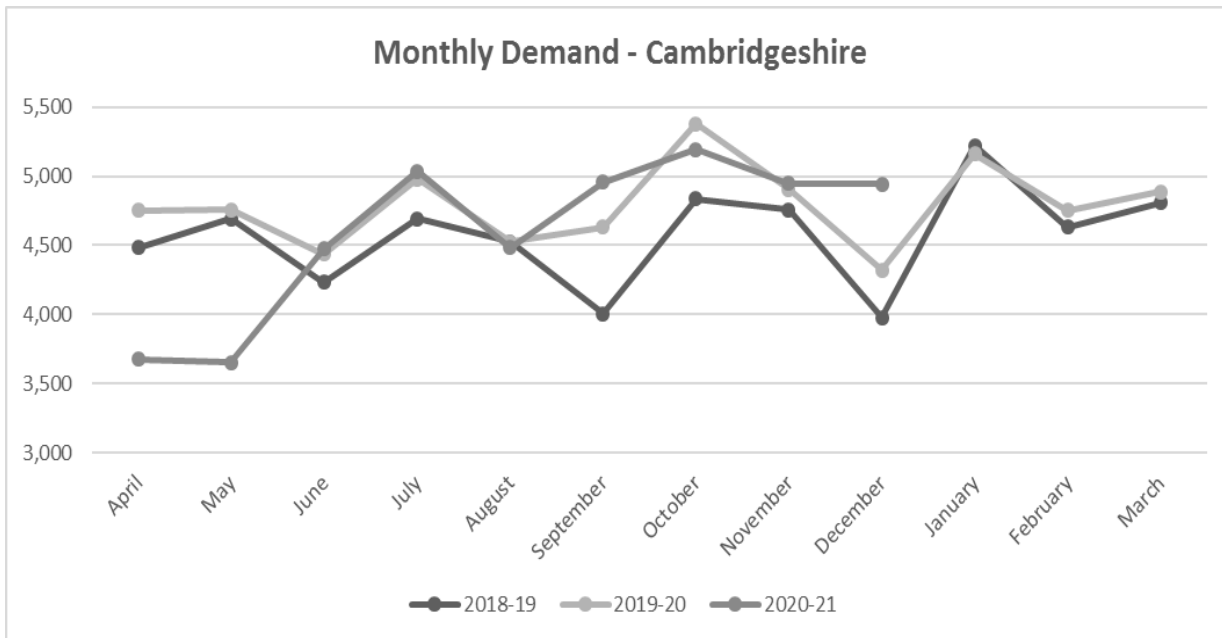


Fig 2. Number of people in the community receiving a service per month

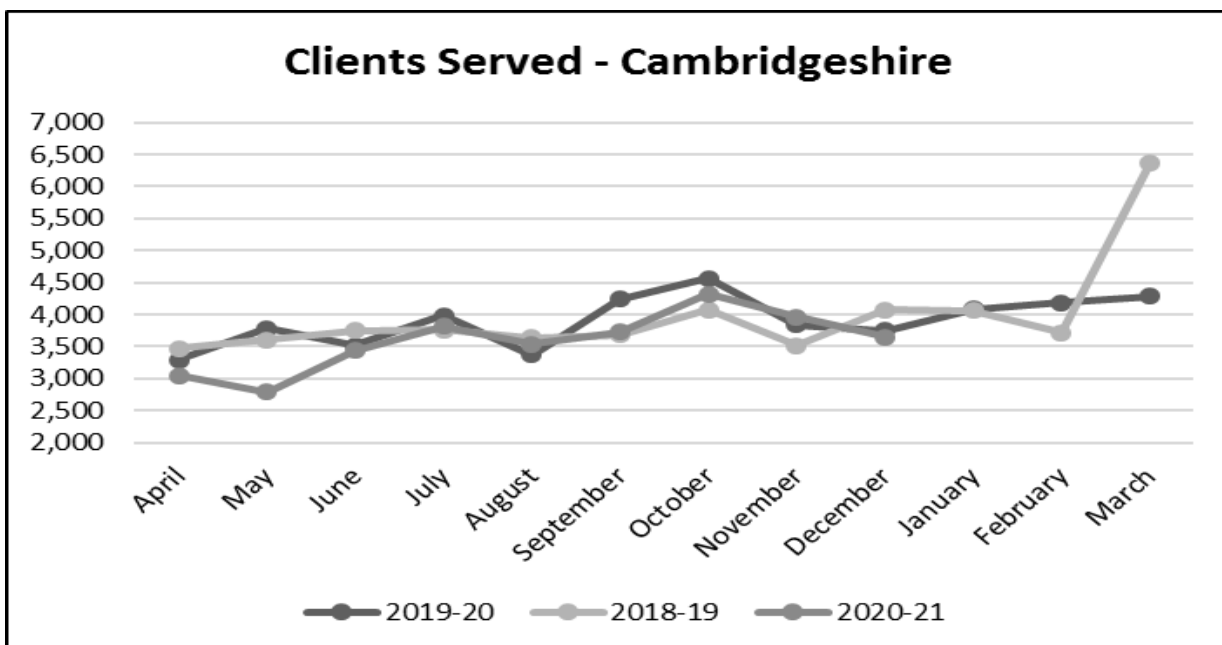


Fig 3. In-time performance showing performance of the contract against KPIs:

- 98% of deliveries completed within 5 working days of receipt of requisition
- 99% of collections completed within 5 working days of receipt of requisition

Financial Year	Cambridgeshire	
	Delivery	Collection
2018-19	96.3%	99.6%
2019-20	95.1%	99.3%
2020-21	94.0%	94.7%

Fig 4. Credit received into the pooled budgets via the 80% credit model

Financial Year	Cambridgeshire
2018-19	£2,954,686
2019-20	£3,189,683
2020-21	£2,615,171

Fig 5. Recycling performance

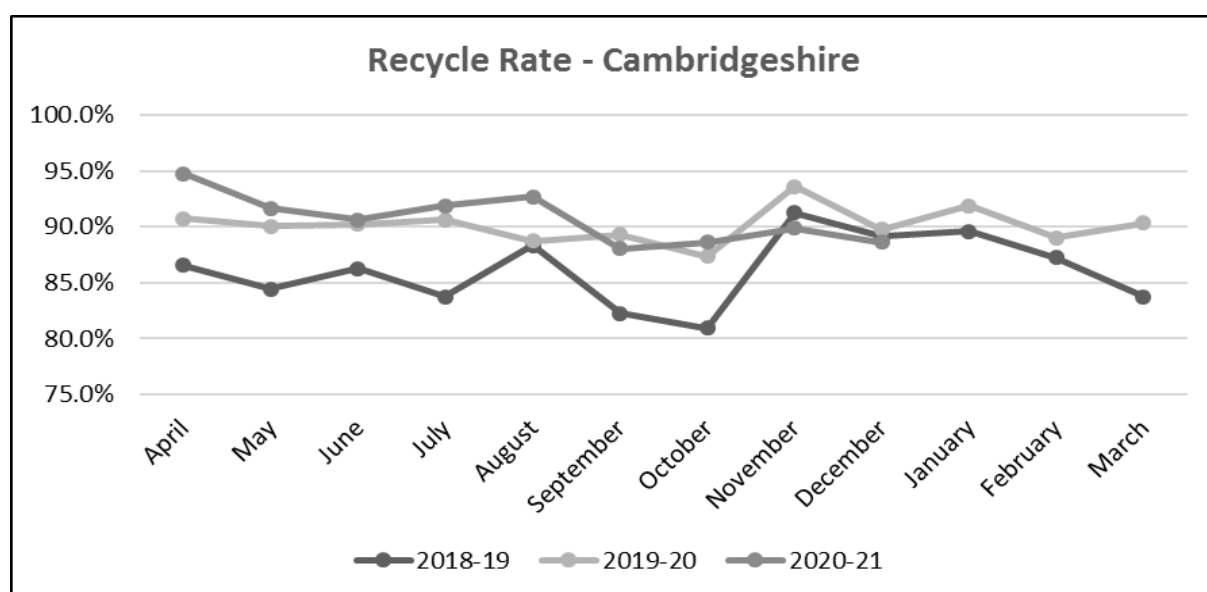


Fig 6. Service User feedback December 2020. Self reported outcomes for people in receipt of community equipment N=60

	COMPLETELY	A GREAT DEAL	A MODERATE AMOUNT	A LITTLE	NOT AT ALL	N/A
Being able to remain as independent as possible in your home	14%	37%	23%	7%	4%	15%
Making day to day living easier	23%	35%	27%	4%	4%	7%
Reducing the amount of help you need from others	16%	31%	16%	8%	15%	14%

CASE STUDIES***Helen***

Case study demonstrating how the provision of equipment can avoid the need for double-up care, deliver demand management savings and maintain the well-being of the service user...

- *80 year old lady with multiple long term conditions*
- *Lived alone in own bungalow & keen to remain so*
- *Supportive family but felt she might need more care, or care home*
- *Care package = 3 times per day to assist with personal care and transfers*
- *Care agency reporting difficulty managing to transfer Helen with only one carer and requested approval to increase care and support to two carers per visit*
- *OT assessment recommended some changes to the home environment and provision of better moving & handling equipment*
- *Equipment delivered and installed by ICES*
- *Daughter said: “now I can help mum in a safe way without feeling that I am doing something wrong...”*
- *Care package maintained at 3 calls per day with one carer*
- *Equipment costs: £1880*
- *Estimated annual demand management savings : £12,000*

Peter

Case study showing how the provision of the right equipment can reduce a package of care, deliver cashable savings and improve the quality of life and well-being of the service user

- *72yr old gentleman with Multiple Sclerosis. Full time wheelchair user*
- *Often spent the day in bed as couldn't face the "hassle" of being transferred into his wheelchair. Consequently became very depressed*
- *Lives with his wife in fully adapted and accessible bungalow*
- *Double-up care package in place comprising three calls per day to assist with personal care and transfers*
- *Assessed by OT who recommended alternative transfer aid and gantry hoist (more comfortable than a mobile hoist)*
- *Equipment delivered and installed by ICES and successfully used by the carers*
- *Care package reduced to single-handed care, saving 14 care hours per week and delivering £12,800 cashable savings*
- *Total cost of the equipment provided to Peter was £2,000*
- *Peter and his wife said he had been "given his life back". Peter said "the carer talks to me now, rather than the two of them talking to each other"*
- *Two subsequent annual reviews confirmed that the equipment and single handed care were still working well, so saving had been maintained*



Molift raiser, profiling bed and gantry hoist

Examples of ICES equipment that can help facilitate single handed care

Mental Health Section 75 Partnership Agreement: Annual Report

To: Adults Committee

Meeting Date: 18 March 2021

From: Wendi Ogle-Welbourn – Executive Director People and Communities

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2021/010

Outcome: Adults Committee is asked to consider the Mental Health Section 75 Partnership Agreement including service activity, financial performance and the future form of agreement by way of an extension of the existing arrangement to be agreed for a further 4 years enabling the delivery of vital mental health services to those who need it.

Recommendation: Adults Committee is recommended to:

- a) Endorse the report as a full account of service and financial performance, activity and outcomes under the Mental Health Section 75 Partnership Agreement
- b) Approve the continuation of the Mental Health Section 75 Partnership Agreement, including secondment arrangements, commencing from 1st April 2021
- c) Approve the amendment to the Mental Health Section 75 Partnership Agreement to revise the term of the agreement to 4 years commencing 1st April 2021 for a maximum value of £5.5M

Officer Contact:
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Member contacts:
Names: Councillor Bailey
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Email: anna.bailey@cambridgeshire.gov.uk
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1. Background

- 1.1 This report presents an update on the discharge of responsibilities for mental health delegated to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through the Mental Health Section 75 Partnership Agreement for the year 2019-20 and an update for the current year 2020-21.

It aims to update the Committee on service and financial performance, activity and outcomes under the Mental Health (MH) Section 75 Partnership Agreement 2019-20 and within the current year (2020-21).

- 1.2 The current Section 75 agreement ends on the 31st March 2021 with a provision for the contract to be extended for a further 3 years and then annually thereafter. Committee are asked to approve an amendment to this agreement to revise the length of the agreement to 2 years plus 2 optional extensions of one year (2+1+1). The agreement would therefore begin on the 1st April 2021 and should all options to extend be utilised would end on 31st March 2025. This would enable commissioners to align a range of Section 75 Agreements with CPFT, which includes the agreements for Occupational Therapy and Mental Health for Peterborough City Council, to the same timeline ensuring most efficient use of resource.

2. Main Issues

- 2.1 Cambridgeshire County Council (CCC) has delegated the delivery of mental health services and specified statutory duties for people with mental health needs aged 18 years and over to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006.

The intention is to enable delivery of health and social care functions within a mental health trust so that services users and carers receive the best possible service addressing both clinical and social needs without the need for them to re-tell their story or receive multiple assessments.

The current Section 75 Partnership Agreement for Mental Health is managed through the Section 75 Governance Board which oversees and monitors performance against the agreement and annual work plan.

This report covers the following areas:

- Financial investment and performance
- Service performance, activity and outcomes
- Quality and Feedback
- Impact of Coronavirus
- Future Priorities

2.2 **Current Annual Investment for 2019-20 and 2020-21**

The total investment in the delivery of mental health social work services for 2019-20 was £3,361,570. This investment is comprised of two elements:

- Section 75 Agreement for Mental Health - £1,493,554
- Seconded Social work posts - £1,868,016

In the current year (2020-21) the total value of the investment is £3,392,426 comprising of:

- Section 75 Agreement for Mental Health - £1,362,769
- Seconded social work posts - £2,029,567

There is a current forecasted underspend of £195,000 against the Section 75 agreement, mainly due to vacant posts and associated non-staffing costs which are being managed through the regular review of the finance and performance of the Section 75 Agreement.

There is a variation in value across the two elements from 2019-20 to 2020-21. This was due to a realignment of staffing between the Section 75 funded posts and those which are seconded from Cambridgeshire County Council.

2.3 Key Performance Indicators

CPFT performance against reported key performance indicators as of the end December 2020 is as follows;

- The proportion of adults aged 18-69 in contact with secondary mental health services in paid employment – 12.7% against a target of 12.5% (on target)
- The proportion of adults (aged 18-69) in contact with secondary mental health services living independently, with or without support – 81.8% against a target of 75% (on target)
- Delayed Transfer of Care (DTC) – the collection and publication of this data has been suspended nationally to release NHS capacity to support the response to coronavirus (COVID-19). Local reporting will be resumed once the national collection and publication process is resumed.

The Council's Business Intelligence service is working with Mental Health Commissioners and CPFT Operational leads to develop and implement a new reporting framework based on data recorded in the Mosaic case management system. This will give those who manage and commission the service access to a range of self-service performance and management information reports to support operational decision-making and performance monitoring. It is envisaged that the new framework will be implemented and embedded by the end of March 2021.

2.4 Staffing

Vacancy levels for Mental Health Social Workers and staffing under the Section 75 Agreement have been challenging in previous years and this continues to be a challenge. However as a result of efforts to tackle recruitment challenges jointly by the Council and CPFT there continues to be an improving picture of fulfilling vacancies across the staffing establishment. Targeted recruitment methods and campaigns such as links with I Love Social Work are now more embedded and this has supported an improvement in filling vacancies.

The vacant Professional Lead for Social Work post within the Trust was successfully recruited to in 2019-20. This post ensures that Social Work practice is Care Act compliant and focusses on the quality of social care interventions across Cambridgeshire and Peterborough Foundation Trust under the Section 75 agreement. This post ensures that the ethos and priorities of adult social care are maintained and consistently reflected through the service delivered by the Trust.

The total number of vacancies under the Section 75 Agreement currently stands at 2 full time equivalents (FTE) Social Worker posts in the Older People's service and 3 FTE Social Worker posts in the Adults service; all are advertised for recruitment. A full-time Approved Mental Health Professional (AMHP) Locum remains engaged at present. AMHP workforce development forms part of the Annual Work Plan.

2.5 Care Packages and Financial Performance Summary

2.5.1 2019-20 Final Position

Overview

The 2019-20 year-end position on Mental Health cost of care was an overspend of £244k, as shown in the table below. The inflation budget is held centrally and the underspend of £318k offsets the costs for Adult Mental Health (AMH) and Older People Mental Health (OPMH).

		Q1	Q2	Q3	Q4	Outturn
	Budget	Forecast	Forecast	Forecast	Actual	Variance
AMH	4,114	4,202	4,130	4,146	4,435	321
OPMH	5,116	5,177	5,650	5,586	5,357	241
Total	9,230	9,379	9,780	9,732	9,792	562
<i>Inflation</i>	318	318	259	206	0	-318
<i>Other Finance Adjustments</i>	0	119	75	75	0	0
Adjusted Total	9,548	9,816	10,114	10,013	9,792	244

Adult Mental Health

The detailed year-end position for AMH is shown in the table below. Gross cost of care had an overspend of £243k and there was an under-recovery of £78k against budgeted income targets. The main area of overspend was residential care, with significant pressures emerging in the first half of the year.

		Q1	Q2	Q3	Q4	Outturn
AMH Activity	Budget	Forecast	Forecast	Forecast	Actual	Variance
Residential	2,178	2,212	2,331	2,327	2,361	183
Nursing	544	486	509	529	589	44
Dom Care	586	618	548	549	589	4
Live In	0	0	26	58	56	56
Supp Living	1,041	1,044	860	827	899	-142
Day Care	8	12	9	10	11	3
Dir Payments	167	218	220	235	256	89
Other	8	8	19	17	15	7
Expenditure Total	4,532	4,598	4,522	4,552	4,776	243
Health Cont	-22	0	0	0	0	21
Client Conts	-396	-396	-392	-406	-340	57
Income Total	-418	-396	-392	-406	-340	78
Total	4,114	4,202	4,130	4,146	4,436	321

The table below details the opening and closing numbers for packages of care commissioned by Adult Mental Health teams. However, there was an overall reduction of 86 packages of care and this can be attributed to the commencement of the Good Life Service, which is the community based mental health recovery and social inclusion service delivered by CPSL Mind, which resulted in a significant number of service users transferring to block provision which is not included in these figures.

Care Type	Care Packages 01/04/19	Care Packages 31/03/20	Movement In-year
Residential	58	56	-2
Residential Dementia	5	6	1
Nursing	16	13	-3
Nursing Dementia	1	2	1
Supported Living	122	115	-7
Direct Payments	9	14	5
Live-in Care	0	2	2
Day Care	2	3	1
Domiciliary Care*	139	55	-84
Total	352	266	-86

*Good Life Service transfer

Older People Mental Health

The detailed year-end position for OPMH is shown in the table below. Gross cost of care had an overspend of £344k and this was partially offset by an over-recovery of -£102k against budgeted income targets. The main areas of overspend were residential care and live-in care, partially offset by an underspend on nursing care.

OPMH Activity	Budget	Q1	Q2	Q3	Q4	Outturn
		Forecast	Forecast	Forecast	Actual	Forecast
Residential	1,339	1,428	1,593	1,665	1,656	317
Nursing	3,912	3,785	3,958	3,913	3,764	-148
Dom Care	406	387	397	406	371	-35
Live In	95	229	263	278	255	159
Supp Living	55	55	102	104	103	48
Day Care	4	4	4	3	4	0
Dir Payments	149	142	144	124	113	-36
Other	7	0	25	19	45	38
Expenditure Total	5,968	6,030	6,486	6,513	6,311	344
Health Cont	0	0	0	0	-97	-97
Client Conts	-852	-852	-837	-927	-857	-5
Income Total	-852	-852	-837	-927	-954	-102
Total	5,116	5,178	5,649	5,586	5,357	241

The table below details the opening and closing numbers of packages of care commissioned by Older People Mental Health teams. There was an overall reduction of 12 packages of care.

Care Type	Care Packages 01/04/19	Care Packages 31/03/20	Movement In-year
Residential	24	25	1
Residential Dementia	21	18	-3
Nursing	24	20	-4
Nursing Dementia	74	72	-2
Supported Living	5	4	-1
Direct Payments	7	6	-1
Live-in Care	2	5	3
Day Care	2	2	0
Domiciliary Care	41	36	-5
Total	200	188	-12

The financial trends identified during 2019-20 for both Adult Mental Health and Older People Mental Health resulted in a Deep Dive into the costs of care to ensure that all relevant actions were being taken to manage this trend and any learning could be applied to deliver the most effective service through both operational and commissioning efficiencies. The outcomes of the Mental Health Deep Dive are referenced in this report in section 2.8.

2.5.2 2020/21 – December Financial Position

Overview

The December snapshot of Mental Health cost of care shows that net commitments are £664k under budget overall, with a forecast variance (taking into account expected impact of forecast adjustments) of -£881k underspend:

	Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Outturn Forecast
AMH	4,269	4,229	4,395	4,268	-1
OPMH	5,768	4,927	4,979	4,738	-1,030
Total	10,037	9,156	9,374	9,006	-1,031
Other Finance Adjustments					
<i>Discharge Pool Contribution</i>	0	121	129	150	150
Adjusted Total	10,037	9,277	9,502	9,156	-881

The Covid pandemic has had a significant impact on existing elderly clients with the most acute mental health needs, and this is reflected in the forecast position. Conversely, the service has provided increased volumes of community-based support to clients since the start of the financial year.

New placements out of hospital or to facilitate avoidance of admission into hospital were funded through NHS England as continuing health care in the short term. The financial impact of clients with assessed mental health social care needs returning to local authority funding streams is included in the forecast.

2.6 Impact of Covid-19

The CCC Adult Social Care Social Work services based within CPFT under the S75 Partnership Agreement have maintained full operational activity throughout the COVID-19 pandemic. The impacts of the virus have necessitated a reduction in “face to face” meetings for all Social Work staff, with an emphasis upon working from home wherever possible. The “Attend Anywhere” secure virtual platform has been utilised by Social Work staff wherever possible and appropriate. The AMHP service, which carries out duties under the Mental Health Act 1983 and is responsible for co-ordinating assessment and admission to hospital if an individual is being considered for detention under the Act, has continued to undertake assessment in person rather than via virtual platforms.

All direct contacts follow COVID-19 Infection Prevention and Control (IPC) measures, the use of Personal Protective Equipment (PPE) and completion of personal risk assessments. The Social Work teams have been required to respond to rapid changes in usual practice and have shown dedication and commitment during such challenging times.

In order to support and ensure the effective and safe operation of the Social Work services in CCC, a programme of daily management calls was implemented at the start of the “lockdown” period. To date this arrangement has enabled all services to operate safely, including the Approved Mental Health Professional (AMHP) service; this is supported by a Locum AMHP and a Fixed Term Contract AMHP.

Whilst the demand for Adult Mental Health Services was mainly managed within existing provision, the Council did commission additional block care home bed capacity under Discharge to Assess arrangements to support Older People Mental Health as well as the wider Older People cohort. This block arrangement was funded up until August 2020 through the national government initiative through Cambridgeshire and Peterborough CCG, and has now been absorbed into the new Discharge to Assess provision being commissioned from within existing arrangements.

2.7 Annual Work Plan 19/20 and overview for 20/21

The Mental Health S75 Partnership Agreement includes an Annual Work Plan which during the 2019-20 period addressed the areas listed below as priorities to ensure ongoing improvement in outcomes for people with mental health problems and their families/ carers, effective discharge of the delegated responsibilities and effective use of the Council’s investment. Ongoing work within the 2020-21 period is highlighted where applicable:

2.7.1 **1. Social Care Delivery Model:** *Variation in social work practice across Cambridgeshire and Peterborough addressed.*

The alignment of Adult Social Care Workers, based within CPFT, with line management and professional supervision from a registered Social Work Manager was fully confirmed across Cambridgeshire in the Older People’s service during the 2019-20 period. The

configuration of the Adult Mental Health Service team remains ongoing at present with the conclusion of a formal HR Consultation process on 15/02/2021. This will establish all Social Workers aligned with a registered Social Work Manager for the allocation, authorisation and quality assurance of all work undertaken. The new aligned structures will ensure that professional supervision and oversight of statutory responsibilities remain consistent and are delivered to a high standard.

2.7.2 2. Management Arrangements: *Strong management and leadership for social care staff.*

The Professional Lead for Social Work post was appointed to during 2019/20. This post has led and coordinated activity in each of the Annual Work Plan areas during 2019/20 and continues to provide professional leadership across the Adult Social Care Social Work services based within CPFT to achieve 2020/21 priorities.

The existing Social Care Forum has been further developed to become the Social Work Forum as a support to meet continuous professional development standards. Input has included presentations by Social Work England, as well as practice topic-based sessions. The Director of Adult Social Services and Principal Social Worker also attend to provide updates to staff. This participation ensures greater connectivity between the local authority and its social care staff based with the Trust.

2.7.3 3. Carers: *A consistent approach to carers assessment with assessments being completed by CPFT MH practitioners for those whose cared for person is supported by CPFT*

This Annual Work Plan element was achieved during 2019-20 with clear guidance and Flowchart confirmed for all colleagues across CPFT which ensures that all health and social care staff are clear on their responsibilities towards Carers. Ongoing development is maintained by Social Work participation in the “Carers Huddles” and Carers Operational Group as part of the Adults Positive Challenge programme and ensures support for Carers maintains a high profile within CPFT as a whole. This has resulted in clearer information provided to all CPFT staff about the range of commissioned organisations who can support Carers, that there is more effective identification and support for carers at an earlier stage and that Statutory Carer Assessments, undertaken by the Social Work teams are now recorded on MOSAIC in line with Care Act responsibilities.

2.7.4 4. Complaints: *Complaints are managed effectively and within the timescales and requirements set for Local Authorities and Members/MP Enquiries and Freedom of Information Requests are managed effectively and within the timescales and requirements set for Local Authorities.*

This Annual Work Plan element was achieved during 2019-20 with a specific schedule confirmed within the S75 Partnership Agreement to ensure this was effectively managed. Processes are in place which align with the Local Authority and all complaints and requests for information are thoroughly investigated and/or appropriate details provided to ensure that responses by CPFT satisfy Cambridgeshire County Council requirements and timescales.

2.7.5 5. Financial Quality Assurance (Panel): *Processes are consistent with standards in Adult Social Care and ensure the best outcomes for clients.*

All commissioned care and support is submitted to and monitored by CPFT based Adult Social Care colleagues in order to maintain required practice standards. Quality assurance is monitored by a Managerial Audit process managed by the local authorities Quality and Standards Team.

This work is continuing during 2020-21 and will continue to be included in Annual Work Plans going forward to support continuous development to meet local authority standards and requirements.

Included within measures to quality assure outcomes is a current priority to work with health colleagues to review existing S117 (Mental Health Act 1983) after care arrangements which are required following a section under the Mental Health Act and where there are subsequent joint funding responsibilities.

2.7.6 6. Information Sharing: *An information sharing agreement which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.*

This Annual Work Plan element was achieved during 2019-20 with a schedule confirmed for addition to the S75 Partnership Agreement which ensures that there is a clear, compliant agreement to enable information to be shared across organisational boundaries between CPFT and the Council, enhancing the delivery of joined up care and support for individuals.

2.7.7 7. Safeguarding: *Safeguarding processes are effective and delivered to the standards/ requirements set for Local Authorities.*

The Multi-agency Safeguarding Hub (MASH) arrangements have been reviewed and streamlined during 2020-21. This piece of work has supported the full transfer of MASH responsibilities to the County Council's MASH Team from 01/01/2021. This ensures the safe and effective discharge of statutory safeguarding adults' duties to be achieved.

Further work is currently ongoing during 2020-21 within the Trust to establish clear and robust structures for the delivery of safeguarding duties and regulatory requirements.

2.7.8 8. Care Act Assessments: Care Act assessments are carried out consistently.

All Social Work staff based within the Trust under the S75 Partnership Agreement have undertaken training in the full use of the MOSAIC case management system. The full use of available functionality enables the collation of practice activity and performance data to ensure legal compliance with the Care Act.

Professional practice is monitored by the completion of Managerial Audits (as referred to above) and "thematic audits" completed by the local authority Quality and Practice Team. Thematic audits have included compliance with the Mental Capacity Act (2005) and Best Interests Decision Making – this was supported by work sessions at the Social Work Forum.

Legal literacy in the Care Act training is currently underway during 2020-21 with both registered Social Workers and staff in support roles. It is anticipated that this will continue to be built upon during the remainder of 2020-21 and 2021-22.

2.7.9 **9. Approved Mental Health Professional Service (AMHP):** *Robust, cost effective AMHP service and cost-effective arrangements for 2019 Christmas period are effective.*

The AMHP service carries out duties under the Mental Health Act 1983 and is responsible for co-ordinating assessment and admission to hospital if an individual is being considered for detention under the Act. The Cambridgeshire AMPH service, delivered by CPFT, has maintained full operational capacity during 2020/21 including the delivery of required activity over the Christmas period.

Work to complete a “workforce plan” for the AMHP service has commenced; this will be finalised during 2021. This analysis is aimed at identifying the level and type of workforce required to meet activity and to future proof arrangements for the training and retention of AMHPs. This work includes actions to remove the need for the retention of a full-time Locum post within the service. Currently 3 candidates are finishing their training, with anticipated warranting by May 2021. Further applicants are in the process of being identified to undertake AMHP training.

2.7.10 **10. Proactively plan for Life-time Transitions across pathways:** *There is a clear pathway between Children and Adults services to manage the transitional cases and operational and financial expectations of transitional cases are included in annual planning.*

During 2019-20 work has commenced to identify a “Transitions Pathway” with Children’s Social Care Colleagues, and the Mental Health Social Work service in the Trust. The aim of this work is to achieve a clear and simple “tracking” and joint working process that enables clear forward planning for the people who use the service, their family/carers, and the local authority.

This work will continue through 2021/22

2.8 **Mental Health Deep Dive Update**

During 2019 a Deep Dive was conducted into the cost of care for Mental Health, which had been increasing significantly. An in-depth analysis was carried out to interrogate the financial commitments and commissioning arrangements. This resulted in a number of actions being explored during 2020-21 and the following outcomes have been achieved:

- Engagement in operational review of quality assurance panel processes
- Improved access to block bed capacity for mental health including the market pressures identified through wider Older People Commissioning reviews
- A review of the financial and practice implications where Live-In support is commissioned
- Improved integration of operational and commissioning models for Accommodation based placements

Further actions to ensure that this work and a focus on financial commitments and commissioning arrangements is maintained will be included in the 2021-22 Annual Work Plan.

2.9 Quality and Feedback

Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength-based approach to enable people, utilising the philosophy and the model of recovery. The co-location and close partnership working between social work and health care services provides a holistic response for the people of Cambridgeshire and their carers to enable people to live healthy and independent lives.

During the coming months there will be further developments in practise and quality to ensure that social workers maintain compliance to the Care Act, that the use of strengths-based conversations are embedded using Changing the Conversation principles and that the service continues to deliver robust AMHP services to manage delivery of required statutory functions.

Included below are short examples of the positive Social Work that has been achieved throughout the period of the pandemic; these are testaments to the professionalism and dedication of the Social Work services based within CPFT as part of the S75 Partnership Agreement.

CCC Support Time Recovery Worker, supporting an older person with dementia and their family. The following feedback was relayed to the Social Work team by a specialist Mental Health Nurse who was also involved:

*“Just wanted to inform you of some lovely feedback I had from a patient’s wife about ****. She stated that **** has been “amazing and very helpful”, ****had to visit several times last week to offer support with paperwork for a direct payment, without this help the family would still be struggling.”*

CCC Social Worker, utilizing virtual tools to support family connections and inclusion. The following statement was received from the granddaughter of a person who uses Social Work services:

*“I just wanted to get round to thanking you for organising the family zoom chat and for everything you are doing for our Mamma **** and for us as a family too, we truly appreciate it”*

CCC Senior Social Worker worked with someone to return to their own home. The following was received from a family member:

*“I would just like to say a personal thank you for your help and assistance with ****. You have no idea what it means to hopefully get him home and have him settle. I do not anticipate it will be an easy ride, but it’s where he belongs, and I hope we are able to keep him here.*

If social distancing allowed I would be giving you the biggest hug and no doubt be crying tears of thanks on your shoulder. You have my gratitude forever.

I do hope that the following few weeks are kind to you, and I hope at some point we get to meet so I can thank you in person.

*You are a true angel and **** could do with a few thousand more of you, they are lucky to have you.”*

Feedback from Doctor to a member of the AMHP service:

“I am writing to thank you again for all your help with MHA assessment yesterday. I was very touched by your compassion for the person and very impressed by your clinical skills, which I would describe to trainees as falling into the ‘she makes it look so easy’ class. I do also feel that walking the person to the NTC, not just once but twice, falls into the ‘going beyond the call of duty’ category.”

Feedback from “Nearest Relative”:

The AMHP involved was complimented on her professional and compassionate approach to both the client and them

2.10 Future priorities for 20/21 and 21/22 onwards

There are a number of priorities which will form part of the ongoing development of the functions performed by the Section 75 Agreement and ensuring the arrangement continues to effectively deliver the delegated duties for Cambridgeshire County Council:

- Renew the existing Section 75 agreement
- Review and develop Annual Workplan for 21/22
- Continue to embed MOSAIC as primary casework recording tool
- Embed reporting framework and use of dashboards to monitor ‘live’ data and performance
- Further development of quality assurance processes
- Focus on a TEC first approach where appropriate for Mental Health service users
- Continued engagement with Carers workstreams to ensure Carers receive appropriate assessment and support to meet their needs
- Development of robust transitions pathways from children’s services to support the move into adult services.
- Development of Social Work workforce within CPFT through specific workplans and professional practice lead

There remains a strong focus on the delivery of the Annual Workplan priorities alongside the delegated functions within the Section 75 Partnership Agreement. Any risks associated with delivering against these priorities are managed as part of the governance process to ensure that mitigations are put in place and escalated where appropriate.

Commissioners are also aware of the current White Paper proposals around the development of Integrated Care Systems and the potential for this to impact on current arrangements with partners such as NHS Foundation Trusts and Clinical Commissioning Groups. Any current agreements will contain the ability for the Section 75 to be reviewed in light of any change in legislation which would enable system-wide changes in practice to be accommodated.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The services delivered through the Section 75 Partnership Agreement provide good quality, specialist assessment, treatment and support for adults living with mental health problems in Cambridgeshire

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority

4. Significant Implications

4.1 Resource Implications

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

- The secondment of Mental Health Social Works staff as identified in the Mental Health Section 75 Partnership Agreement will continue for the term of the agreement
- The value of the Section 75 Partnership Agreement may be varied in line with increases in salary increases and associated costs for the posts required by the agreement.
- There may be realignment of the staffing costs between the Section 75 funded posts and the seconded County Council posts throughout the term of the agreement

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

- The recommendation for the continuation of the arrangements established under the 2006 NHS Act of which, Section 75 allows delegation of responsibilities to an NHS body.

4.3 Statutory, Legal and Risk Implications

- Cambridgeshire County Council has delegated the delivery of mental health services and specified statutory duties for people with mental health needs aged 18 years and over to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006.

4.4 Equality and Diversity Implications

There are no significant implications for this priority.

4.5 Engagement and Communications Implications

There are no significant implications for this priority.

4.6 Localism and Local Member Involvement

There are no significant implications for this priority.

4.7 Public Health Implications

There are no significant implications for this priority.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: Neutral

4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: Neutral

Explanation: Potential positive impact due to an increase in the number of staff working from home and not using a fixed building base

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Positive/neutral/negative Status: Neutral

Explanation:

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: Neutral

Explanation:

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: Neutral

Explanation:

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Positive

Explanation: Positive impact due to an increase in the number of staff working from home and not using a fixed building base.

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status: Positive

Explanation: increased use of virtual platforms for delivering services which has tested and encouraged alternative support methods

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Stephen Howarth

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes

Name of Officer: Gus De Silva

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillian

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: No response received

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?

Yes or No

Name of Officer: No response received

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None.

Adults Social Care transport exemption request

To: Adults Committee

Meeting Date: 18 March 2021

From: Will Patten - Service Director, Commissioning

Electoral division(s): All

Forward Plan ref: 2021/030

Key decision: Yes

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

Recommendation: Adults Committee is recommended to:

- a) Approve an exemption waiver for an additional £1.3m of funding to enable the expired medium to long term contracts to remain in place for one further year (in line with section 5 of the Cambridgeshire County Council Contract Procedure Rules 2020); and
- b) Receive a report later in 2021/22 detailing the tendering plan for approval, which will result in contracts to supersede the exemption waiver. This report will be informed by the transformation teamwork.

Officer contact:

Name: Gurdev Singh, Head of Commissioning for Commercial
Email: Gurdev.Singh@cambridgeshire.gov.uk

Member contacts:

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

1.0 Background

- 1.1. This is a technical report in relation to transport services delivered under the Council's 2016 transport framework agreement. The current contracts were implemented during 2018 and 2019. Each contract relates to a route which uses specialist vehicles to transport a group of service users from their home (or care home) to a common destination such as a day centre.
- 1.2. The Council's transport expenditure for Adults with Disabilities and Older People is approximately £2.8m pa. Up to 85% of this expenditure is managed centrally and delivered using 3-4 year term contracts. The remaining £0.5m expenditure is managed within localities and delivered using spot term with no duration limitations.
- 1.3. In May 2020, £1.3m of the centrally managed contracts expired. As a result of Covid-19, with no or very limited use of transport services, the uncertain outlook, a renewal did not take place. Instead the contracts were transitioned into a 12-month extension allowable under the terms of those contracts with the agreement of providers. No further extensions are allowable.
- 1.4. The remaining centrally managed contracts worth £1m pa. relate to the Council owned day service, Horizon Resources Centre. These contracts expire in 2022. This means planning work in 2021/22 can continue as planned.
- 1.5. Since October 2020, a transformation project has reviewed the transport arrangements including policy, systems and routes for efficiency and effectiveness. The team had identified improvements that would help people using transport services. The result of this work included:
 - an approval from the Adults Committee (14 January 2021, Item 7) for a refreshed policy. 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; and
 - an approval from the General Purposes Committee (26 January 2021, Item 7) for the procuring of external resources to assist the team to follow-up on its improvement ideas as well as to deliver wider transport improvements resulting in efficiencies.

2.0 Main issues

- 2.1 Whilst the expiring contracts can be re-tendered, there is a likelihood their use would be limited. This is because service user's access to community services is still likely to be limited during 2021/22 as a result of the restrictions associated with Covid-19. This creates a risk of CCC paying for transport services which would be heavily under-utilised.
- 2.2 Transport providers have been adversely by the reduction in work in Adults Social Care primarily due to lock downs and social distancing guidelines. Some have offset this reduction through gaining work in Childrens Social Care. Here commissioners needed to provision more vehicles to transport the same number of young people with special needs education.
- 2.3 As the transformation project has identified improvements, any immediate re-tendering would not provide time to release the efficiencies before the new routes were established. This would mean delivering efficiencies would be become increasingly more difficult.
- 2.4 The transformation project also expects to identify changes to the Transport Policy which could potentially change the scope of service users who have access to CCC services. Any immediate re-tendering would not provide time to incorporate those changes. This would lead to revising routes twice: once now and once again in 2021/22.
- 2.5 Noting the uncertainties, commissioners have considered the following 3 options to make efficient use of CCC resources:
 1. **Do-nothing:** The current contracts would expire and each route would revert to a spot purchase arrangement. CCC would want to limit the duration of each purchase to 3-6 months duration due to the uncertain work outlook. This would require more resources from the Transport team to arrange as tendering would take place more frequently and on a route by route basis. It is also expected to lead to higher rates for routes as providers could not provide volume or multi-year related discounts. However, CCC would write in clauses to limit payments in the event of further lockdowns. On balance, this option would not provide best value for money.
 2. **Re-tender now:** CCC transport planning work has taken place. This would be refreshed to take account any changes to service user circumstances. CCC would reduce the contract duration down to 2 years and limit payments in the event of further lockdowns to reduce its financial exposure due to the uncertain work outlook. The resulting tendered contracts would purchase transport capacity with a risk of it being under-utilised and high price. Consequently, this option would not provide best value for money.

3. **Exemption:** CCC would notify the provider market place of its plans to postpone the tendering plan for 12 months. Service users would be supported to access community services using spot purchasing arrangements. These arrangements would be flexible to enable greater access levels in the event the travel restrictions associated with Covid-19 are eased sooner than expected. This option would also limit CCC's financial exposure to future lockdowns. The improvement work to take place. The transformation team work would inform a new tendering plan which would be implemented in Q4 2021/22 and link in with contracts expiring in 2022.

Option 3 is recommended. It offers the flexibility of the short-term spot purchasing arrangements whilst allowing the transformation project to delivery transport service improvements. This can happen before committing to future medium to longer term contracts when the economic outlook remains uncertain.

3. Alignment with corporate priorities

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

4. Significant Implications

- 4.1 Resource Implications
There are no significant implications within this category.
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The Procurement team are supportive of the commissioning and tendering plans for this work. This request is in line with section 5 of the Cambridgeshire County Council Contract Procedure Rules 2020 in relation to exemption requests.
- 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.
- 4.8 Environment and Climate Change Implications on Priority Areas
 - 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: no impact
 - 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: the context of this report is around transport services, currently there are no low carbon transport stipulated in contracts and this would not be changed through the exemption approach due to the short contract timeframes involved. Consideration of low carbon transport could be looked at in future commissioning of transport services when this exemption comes to an end.
 - 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation: no impact
 - 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: no impact
 - 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation: no impact
 - 4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation: no impact
 - 4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: neutral
Explanation: no impact

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: Sarah Fuller
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 MacMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Oliver Hayward
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Emily Smith
Environment and Climate Change Implications on Priority Areas	Yes Name of Officer: Emily Bolton

5. Source documents guidance

5.1 None.

6. Appendices

6.1 None.

Housing Related Support (HRS) Update and Approach

To: Adults Committee

Meeting Date: 18 March 2021

From: Wendi Ogle-Welbourn – Executive Director, People and Communities

Electoral division(s): All

Forward Plan ref: 2021/017

Key decision: Yes

Outcome: To provide Committee with an update on the redesign of Housing Related Support Services for Adults
To approve the new timescales for the planned procurement.
To seek approval from Committee to extend current contracts in line with the Procurement timetable.

Recommendation: Adults Committee is recommended to;

- a) Note and comment on the update provided
- b) Approve the new timescale for Procurement
- c) Approve the requested extensions for HRS contracts

Officer contact:

Name: Lisa Sparks
Post: Commissioner – Housing Related Support
Email: lisa.sparks@cambridgeshire.gov.uk
Tel: 07900 163590

Member contacts:

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

1. Background

- 1.1 Housing Related Support (HRS) services provide dedicated support staff who are able to deliver specialist support to individuals to enable them to develop independent living skills and maintain their accommodation. The support provided is tailored to meet the specific needs of each person with key examples including support to develop life skills and/or manage issues such as addiction, mental health issues and emotional wellbeing.
- 1.2 Costs relating to accommodation, such as rent and service charges, are not covered by this funding.
- 1.3 The services do not deliver any statutory homelessness function. The statutory duty for homelessness sits with the District Councils. The funding provided by Cambridgeshire County Council ensures that there are support services available for those who have become homeless as a result of their support needs, and therefore require more than just a roof over their head to resolve the situation.
- 1.4 A review of Housing Related Support (HRS) services was completed in 2018. One of the key recommendations from this was a need to consider redesigning current support services for homeless adults.
- 1.5 A new Housing Related Support Strategy was approved by Adults Committee in December and this sets out the aim to commission services to meet the following requirements:
 - Redesigning services to enable them to meet some of the gaps identified by the HRS Review and arc4 Research – these included lack of ‘step down’ / transition support, accommodation and support for those with complex needs, need for services that prevent rough sleeping and access to move-on accommodation
 - Moving away from reliance of the traditional ‘hostel’ based model and adopting innovative and good practice service delivery models
 - Ensuring services are as accessible as possible and that pathways work for customers and professionals
 - Ensuring that new services are designed flexibly to enable them to respond to changing needs and demands
 - Allowing opportunities for services to evolve during the contract period in order to maximise service potential and opportunities for development and innovation
 - Adopting more innovative approaches to commissioning

2. Main Issues

Current Position

- 2.1 In line with the approach detailed in the HRS Strategy new models have been drafted (Appendix A), which propose a different approach to service delivery. Existing providers and key partners are involved in the service redesign process.
- 2.2 Client engagement has so far been limited to working with the Co-Production Group (which is supported by the Counting Every Adult Team) but wider engagement has not been possible under the current Covid restrictions.

- 2.3 A Market Engagement Event has been scheduled for 4th March. This will be open to all providers who may be interested in the opportunity to deliver the new services.
- 2.4 A Briefing has been held for District Council Members in January 2021 to provide them with an opportunity to comment on the new models being considered.
- 2.5 A HRS Procurement Sub-Group has been established to focus on the re-procurement approach and form the recommendations for the tender process.
- 2.6 Work has commenced on drafting service specifications.

Challenges:

- 2.7 The continued pressures in relation to managing the current Covid 19 pandemic have impacted on our ability to progress with the services redesign meaning models are not as advanced as anticipated. The key reasons for this are;
 - limited opportunities to engage with those who have lived experience e.g. it has not been possible to talk to clients at existing schemes or services and where it was possible to engage participant numbers were limited to those with the appropriate technology, or the number of people who can meet together to speak with us.
 - reduced capacity of people to arrange and attend redesign meetings, and to progress tasks from these
- 2.8 We are also undertaking a large redesign project of young persons services, and currently both of these projects are aligned to the same timetable. The resources required from key members of the Commissioning Team and other relevant Council departments needed to support the processes for redesign of both Adults and Young Person's services simultaneously are significant particularly given the ongoing time required to continue to deliver our pandemic response.
- 2.9 Delivering both redesign projects concurrently is also impacting on the market. Some existing providers are involved in delivering both adult and young persons services, therefore are also having to try and commit significant resources across different projects whilst also continuing to manage the impacts of the pandemic on service provision and clients.
- 2.10 In light of the significant resourcing and capacity required by the market and commissioners, we have reviewed the timeline to mitigate some of these risks in achieving a compliant procurement

Risks:

- 2.11 The current Procurement timetable indicates that the tender would need to go live in May and that new contracts would begin 01.01.22. Continuing on this current timetable poses a number of risks;
 - Going to the market with a model that is not robust because it has not had the planned level of input from providers, partners and those with lived experience
 - Insufficient time for providers to form bidding 'partnerships' or 'consortia'

- Providers unable to allocate sufficient resources to both tender opportunities effecting the quality of submissions or resulting in some providers being unable to submit bids
- Ongoing impact of Covid is likely to mean that considerable efforts will still be focussed on managing pandemic responses which may impact on the ability to access the resources needed to effectively manage contract implementation and transition of both adults and young person services simultaneously

Proposal:

2.12 We are proposing that we manage the risks highlighted above by extending the existing contracts to 31.03.22. This will ensure that;

- There is sufficient time to develop a robust new model for Adult services
- Additional time will enable us to use other methods to seek valuable input from more people with lived experience
- Providers have the time they need to form robust bidding 'partnerships' or 'consortia'
- Providers also seeking to submit responses to the young person's tender opportunity have sufficient time and resources to dedicate to both processes
- Adequate resources will be available to effectively manage the contract implementation and transition

2.13 The proposed amended timetable is shown below;

Activity:	Date:
Tender goes live	July 2021
Initial Tenders Submissions	August 2021
Final Tender Submissions	October 2021
Contract Award	December 2021
Contract Start Date	1 st April 2022

2.14 Subsequently there are a number of current contracts which will require a further exemption in order to align with the revised tender timetable. The services and value of the requested contract extensions are shown below;

Service	Provider	Annual Contract Value	Extension Value to 31.03.22
Jimmy's Assessment Centre	Jimmy's	£401,327	£100,332
Abbey Street Move-On	Jimmy's	£14,383	£3,596
222 Victoria Road	Riverside Group	£304,193	£76,048
Willow Walk	The Riverside Group	£239,832	£59,958
Homeless Housing Related Support Service	Cambridge Cyrenians	£139,168	£34,792
Corona House	CHS Group	£85,601	£21,400
The Ferry Project	Luminus	£233,507	£58,377
Princes Walk	Futures HA	£27,544	£6,886

As there is no longer a requirement to deliver further savings against the HRS budget, extending the contracts will not result in any additional cost to the County Council but will allow time for a fully compliant tender to ensure the best outcomes can be achieved.

3. Alignment with corporate priorities

- 3.1 A good quality of life for everyone
In redesigning services we are seeking to commission a more flexible service that can meet the needs of a greater range of people.
- 3.2 Thriving places for people to live
There are no significant implications for this priority.
- 3.3 The best start for Cambridgeshire's children
There are no significant implications for this priority.
- 3.4 Net zero carbon emissions for Cambridgeshire by 2050
There are no significant implications for this priority.

4. Significant Implications

- 4.1 Resource Implications
The resource implications are set out in paragraph 2.8 & 2.14
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The Procurement and contractual implications are set out in paragraphs 2.12 to 2.14
- 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.
- 4.8 Environment and Climate Change Implications on Priority Areas
 - 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation:

- 4.8.2 Implication 2: Low carbon transport.
Status: Neutral
Explanation:
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Status: Neutral
Explanation:
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation:
- 4.8.5 Implication 5: Water use, availability and management:
Status: Neutral
Explanation:
- 4.8.6 Implication 6: Air Pollution.
Status: Neutral
Explanation:
- 4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Status: Neutral
Explanation:

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer: No response received

Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer: No response received
Environment & climate change	Yes Name of Officer: Emily Bolton

5. Source Documents

5.1 None.

Adult Social Care Service User Survey results

To: Adults Committee

Meeting Date: 18 March 2021

From: Charlotte Black, Service Director: Adults and Safeguarding

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Outcome: To provide an overview of the findings of the 2020 Adult Social Care Statutory Service User Survey the results for which were published in December 2020.

Recommendation: Adults Committee is recommended to:

Consider the content of the report and note how the survey has been linked into the development of Adult Social Care in Cambridgeshire

Officer contact:
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1. Background

- 1.1 The annual Adult Social Care Service User Survey is a national survey carried out by NHS Digital and all Local Authorities with Social Services responsibilities are required to take part.
- 1.2 The main purpose of the survey is to provide assured, consistent and local data on care outcomes that can be used to benchmark against other comparable local authorities. It is used to:
 - support transparency and accountability to local people, enabling people to make better choices about their care
 - help local services to identify areas where outcomes can be improved
- 1.3 The survey asks service users about their quality of life and their experiences of the services they receive. It is used by Cambridgeshire County Council, the Care Quality Commission and the Department of Health to assess the experiences of people using care and support services.
- 1.4 The survey is produced in an easy read version aimed at adults with learning disabilities and for this version there is slightly different wording of questions
- 1.5 In January 2020, 1578 service users were surveyed by post, this is the largest number surveyed in recent years, due to the increase in overall numbers receiving long term support. There were four versions of the survey, for people in residential and nursing care or in the community, with two versions in Easy Read. Additionally, a small number of people received the survey in large print. We have received 432 responses, a 27.7% response rate, markedly down on the 34% response rate the previous year.
- 1.6 It is suspected that the survey's closure date in March 2020, when the Covid 19 pandemic was starting to take hold and just before the lock down period, might have impacted on the number of responses, with people opting to take the precaution of staying at home rather than making a journey to post the paper survey back. The survey may also have been more challenging for people to complete where they would normally have asked a friend or family member to support with the completion.
- 1.7 The definition of long-term support does not include services such as reablement, equipment and Technology Enabled Care (TEC), and therefore the responses do not reflect the experiences of those services users. Over the recent years Cambridgeshire has made a concerted effort to expand the range of low level and short-term interventions on offer to people. This in turn has resulted in a smaller demographic receiving long term care and support. Cambridgeshire supports fewer people in long term support per head of the population than the average for its statistical neighbor councils for both those aged 18-64 (640 per 100k compared to 775 per 100k) and for those aged 65 and over (4030 per 100K compared to 4,190 per 100k). This demographic is more likely to have complex needs and comorbidities and this is not unsurprisingly reflected in some of the trends in the survey responses.

- 1.8 This report is based on data published by NHS Digital in December 2020 and includes the England and Eastern Region average scores. We have also included comparison with statistical neighbour councils, those most like Cambridgeshire in respect of their demographics etc.

2. Main Issues

2.1 National Findings

High level messages published by NHS Digital from the survey were as follows:

2.1.1 Overall Satisfaction

Almost two thirds (**64.2%**) of service users in England were very or extremely satisfied with the care and support they received, a slight reduction from 64.3% in 2019. **2.1%** of service users were very or extremely dissatisfied with the care and support they received, a slight increase from 2% the previous year. For Cambridgeshire the results were better with **66.1%** being extremely or very satisfied (up from 64.2%) and **2%** being extremely or very dissatisfied, the same as in 2019.

2.1.2 Impact of pain and wider health issues

There was a significant increase nationally in the percentage of service users who reported having no pain or discomfort at **37.2%**, with those reporting extreme pain and discomfort at **13.2%**. In Cambridgeshire that figure was higher at **40.1%** and the percentage reporting extreme pain and discomfort was lower at **9.7%**.

Nationally the percentage of respondents who were aged 85 or over decreased from 27.3% in 2019 to **26.8%** in 2020. In Cambridgeshire this percentage remained higher at **27.8%**.

When asked to describe their general state of health **42.8%** nationally described it as good or very good. In Cambridgeshire this was higher at **44.5%**.

2.1.3 Paying for additional care and support

In England the percentage of people who stated that a family member helped them to pay for additional care increased from 10.8% to **11.6%**. In Cambridgeshire this was lower at **6.3%**.

In England the percentage who use their own money to buy additional care rose from 28.9% to **29.5%**. The result in Cambridgeshire was slightly higher at **29.8%**, which was a significant increase from the 24.8% in 2019.

2.1.4 **Receiving practical help from someone else**

In England **42.3%** (an increase from 40.8%) reported receiving help from someone living in their household. In Cambridgeshire this was lower at **40.4%**, slightly up on 40.1% in 2019.

Almost half (**48%**) of service users in England reported receiving regular practical help from someone living in another household. In Cambridgeshire this was higher at **51.7%**, an increase from 50% the previous year.

2.1.5 **Choice**

In England in 2020 **66.6%** of service users stated that they have enough choice over care and support services. In Cambridgeshire the result was higher at **70.1%** and significantly up on the previous year (66.3%).

2.1.6 **How having help makes people feel**

In England **61.6%** of people said that having help makes them feel better about themselves, up from 61.3%. The result for Cambridgeshire was higher at **62.6%**, although this reduced from 64.6% in 2019.

When looking at the response 'Having help sometimes undermines the way I feel about myself' the national result was **9.2%** an increase on 9.1% from the previous year. Cambridgeshire's result was **8%** an increase from the previous survey (7.7%).

2.1.7 **Finding information about support and services**

In England **44.5 %** of service users reported they had never tried to find information or advice about support and services in the past year, an increase from 43.7% in the previous year. In Cambridgeshire this was higher at **49.9%**, an increase from 47% in the previous year.

For those who did look, in Cambridgeshire **66.9%** found it fairly or very easy to find, a reduction on 68.1% in the previous year. This is lower than the **68.4%** reported nationally which also worsened from the previous year, 69.7%.

2.1.8 **Getting out and about**

In England overall **29.4%** of service users said that they can get to all the places in their local area that they want to, a very slight reduction on the previous 29.8%. In Cambridgeshire the result is lower at **28%**, a reduction on the 34.8% in 2019. The percentage who do not leave their home was **27.2%**, an increase from 23.4% the previous year higher than the national average from both this year and last year of **26.5%**.

2.1.9 **Self-Reported Quality of Life**

The percentage of respondents who reported that their quality of life was good or better nationally was **62.4%** whilst in Cambridgeshire it was slightly lower at **62.3%**.

2.2 Cambridgeshire results analysis

The following section provides a more detailed overview of Cambridgeshire's results.

2.2.1 Overall Satisfaction

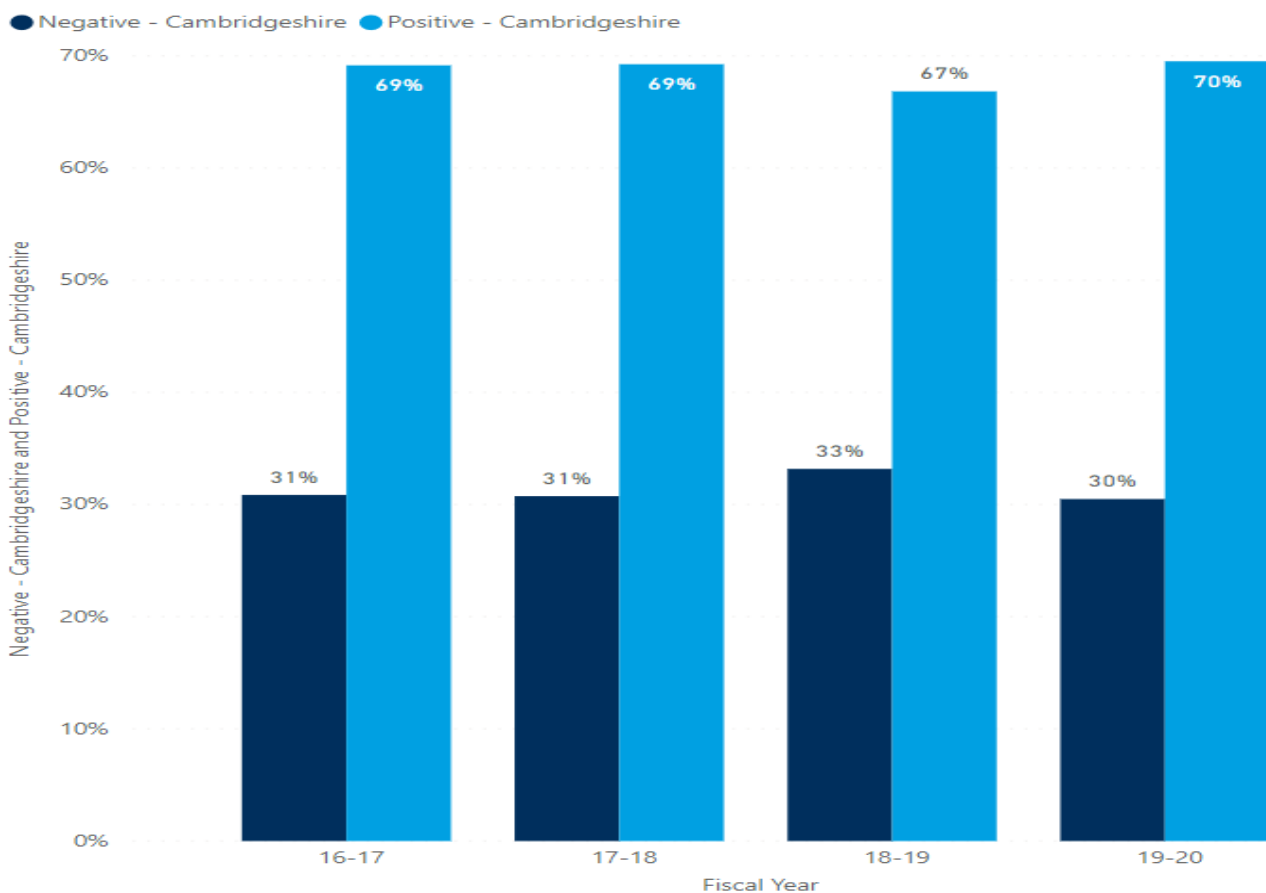
The proportion of Cambridgeshire service users reporting they were very or extremely satisfied with the care and support they received (**66.1%**) this is an improvement on the previous year (64.2%). This is also better than the national average of 64.2% and the Regional average of 65.9%.

The proportion reporting that they were very or extremely dissatisfied (2%) has also remained consistently low over the past 4 years.

2.2.2 Choice

The proportion of Cambridgeshire service users reporting they have enough choice over their care and support services 70% is an increase on the previous year (67%). This is better than the national average of 67% and the average of our statistical neighbours (68%), but slightly lower than the regional average of 70.3%. The graph below shows the results for this question for the previous 4 years.

Which of the following statements best describes how much choice you have over the care and support services you receive?



For this question there are variations between client groups with 74% or older people feeling they had enough choice, compared to only 55% of mental health clients and 63% of younger adults with physical disabilities.

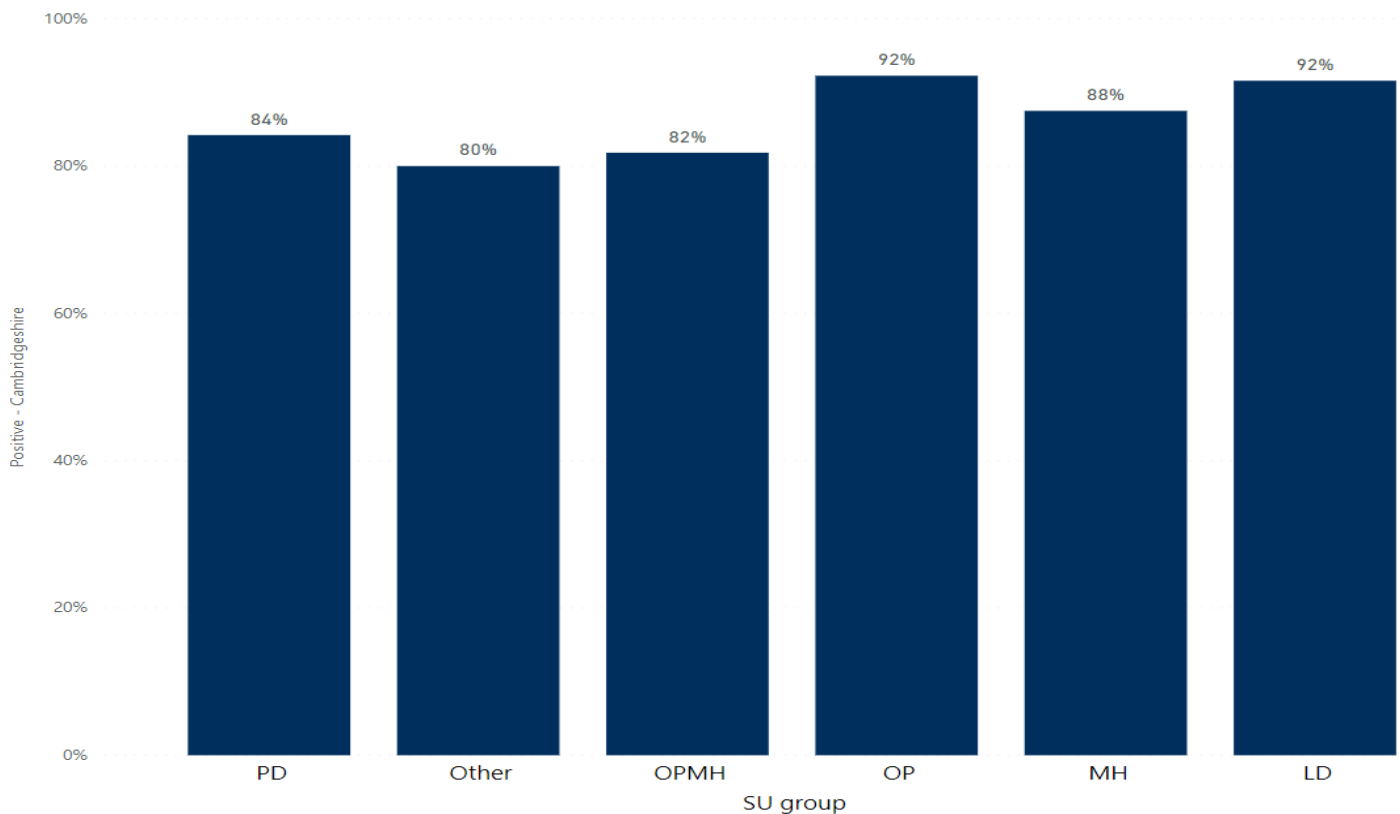
2.2.3 Control over daily life

The percentage of service users stating that they had at least adequate control over their daily lives (81%), remained better than the national (77.9%), regional (80%) or statistical neighbour results (80%), although reducing slightly on the previous year (84%).

This was also reflected in response to the questions around whether care and support services helped people have control over their daily life, where those answering positively at 90% remained better than the national and regional result at 89% and comparable to statistical neighbours at 90%, but went down slightly from 91% the previous year.

The response to this question did also vary slightly dependent on client group, with 92% of older people and adults with learning disabilities answering positively, compared to 82% of older people with mental health and 84% of adults with physical disabilities. When breaking down the overall response by age rather than client category a lower percentage of adults aged under 65 responded positively, 87% compared to those aged 65 and over, 92%.

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

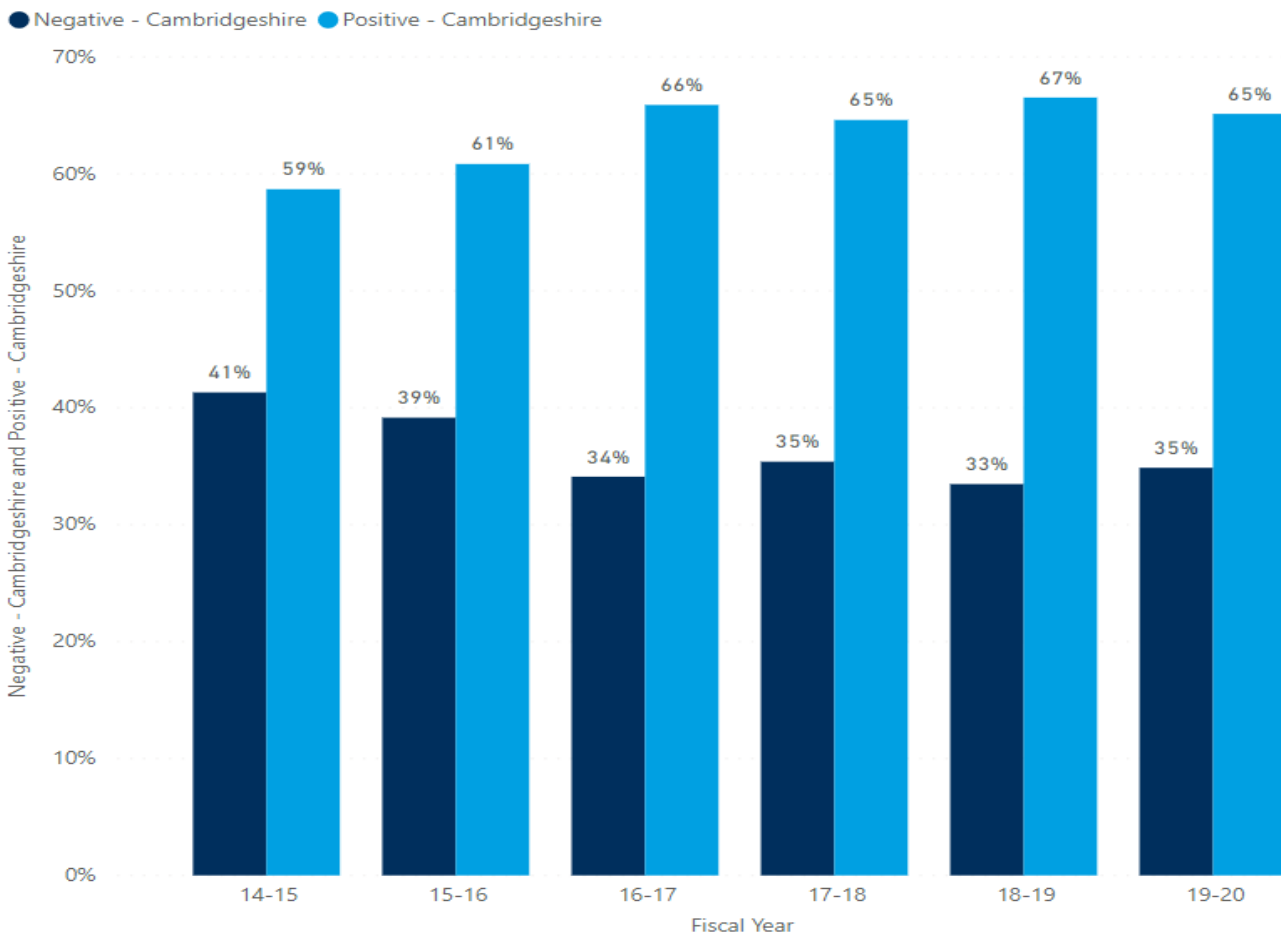


2.2.4 How having help makes people feel

The proportion of Cambridgeshire service users reporting that having help makes them feel better about themselves, or doesn't affect how they feel about themselves, at 61% is down on the previous three years, and slightly lower than the national (62.5%), regional (61.7%) and statistical neighbour (61.8%) averages.

In respect of how the help they receive makes people feel there was a slight reduction in positive responses from last year at 65% compared to 67%. However this did compare favourably with national (63%) regional (63%) and statistical neighbour averages (62%). Indicating that, whilst respondents might not wish to feel dependent on services, the way they are offered locally reflects more positive feelings than in comparable places.

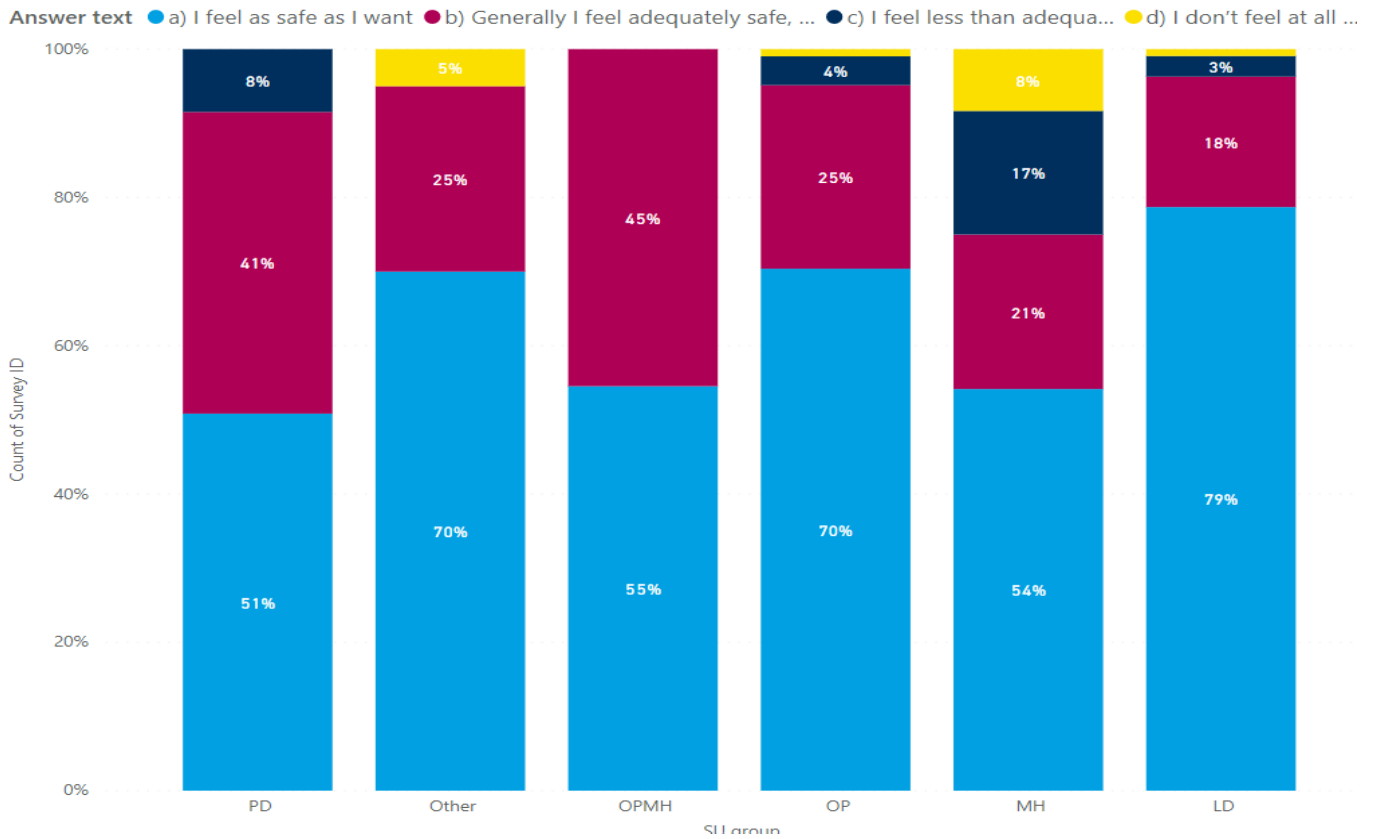
How the way you are helped and treated makes you feel



2.2.5 Safety

Overall 71.5% of respondents stated that they felt as safe as they wanted compared to 70.2% nationally, however this was a reduction from 75% in 2018/19. The responses did vary by client group with only 51% of adults with physical disabilities stating they felt as safe as they wanted, compared to 79% of adults with learning disabilities and 70% of older people. The graph below illustrates the breakdown of the response by client group. People with the primary support reason people with mental health needs were the most likely to report not feeling safe at all, 8%.

Which of the following statements best describes how safe you feel?

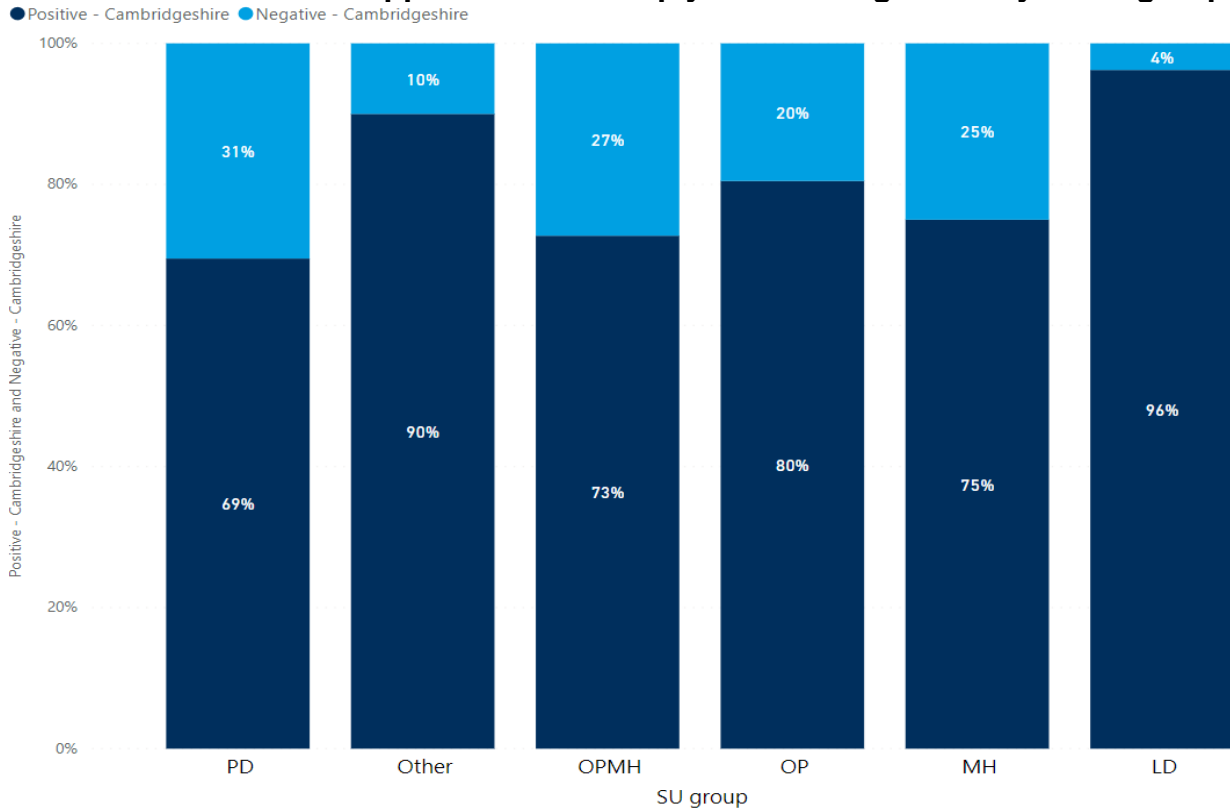


2.2.6 How safe do services make people feel?

The percentage of respondents who said that care and support services made them feel safe reduced slightly from 86% in 18/19 to 83% in 19/20. This was comparable with the region but lower than the overall national position of 87%, and lower when compared to statistical neighbour councils at 89%.

As with the responses around overall safety positive answers varied markedly between client groups, with only 69% of adults with physical disabilities answering positively, compared to 96% of adults with learning disabilities. The results broken down by client group are shown in the graph below.

Do care and support services help you in feeling safe? By client group



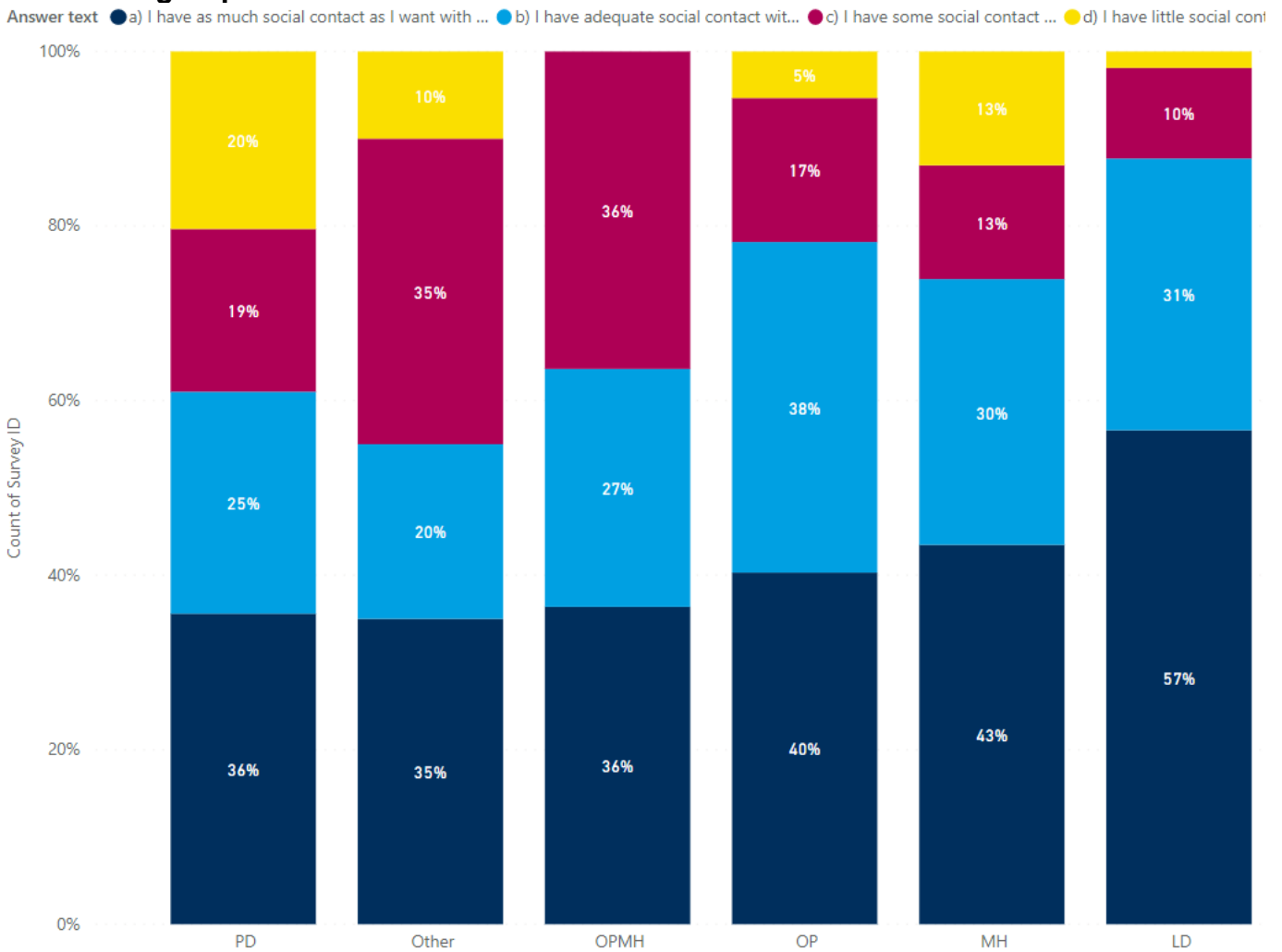
Lower percentages of those aged over 65 stated that services helped them feel safe, but this is likely to be related to the fact that this group were less likely to feel unsafe overall.

2.2.7 Social Contact

There was a decrease in the percentage of people reporting at least adequate levels of social contact in the survey, dropping to 76% compared to 83% the previous year. This was lower than the national (78%), regional (79%) or statistical neighbour (79%) averages. This is once again a question for which responses differ between client groups, with the highest percentage of positive responses from those with learning disabilities (88%) and the lowest among those with physical disabilities (61%).

The graph below shows the breakdown by client category including a breakdown of those answering that they have as much contact as they like and those answering that they have adequate contact.

Which of the following best describes your social situation? by client group



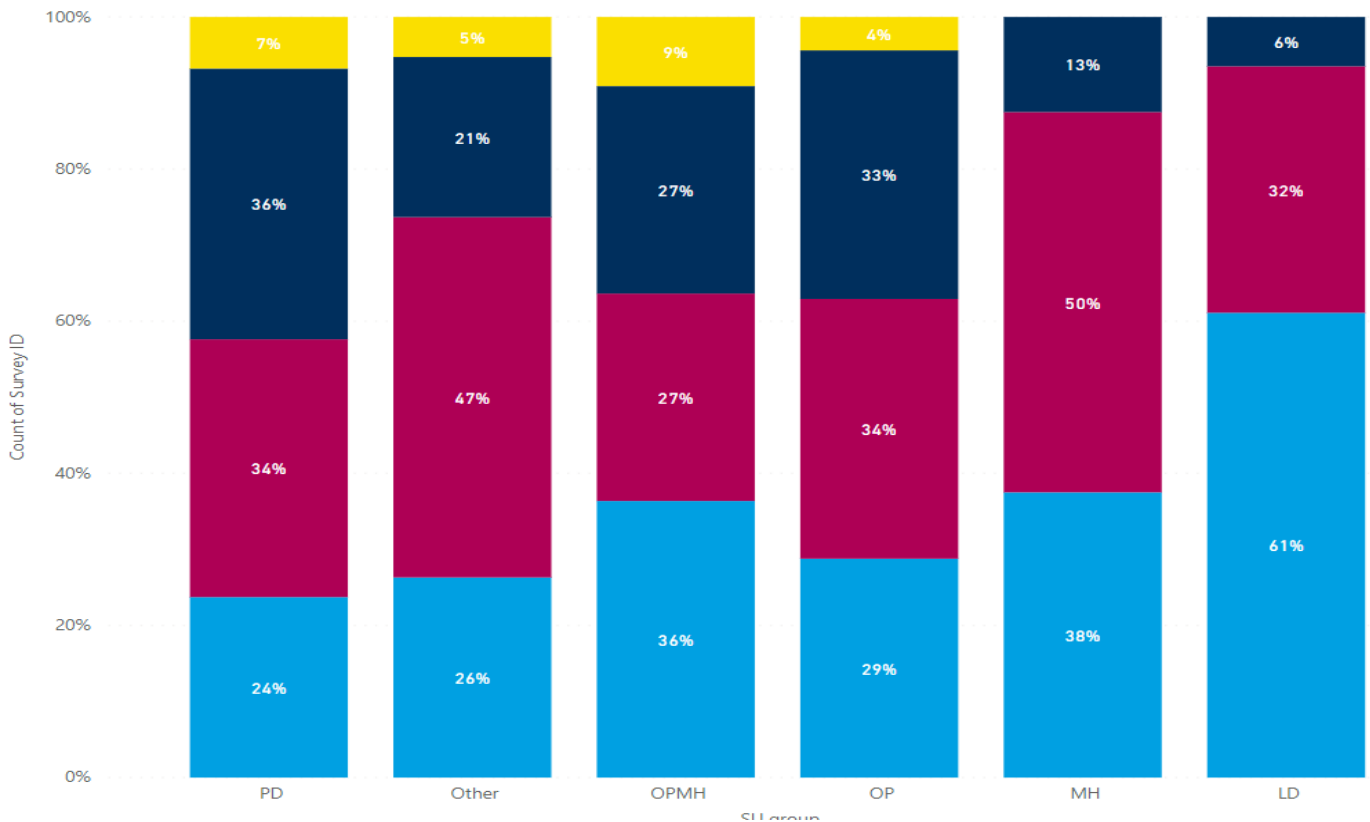
2.2.8 How time is spent

The percentage of respondents stating that they were able to spend enough / or more of their time doing the things they valued or enjoyed, at 72% was better than the national average (69%), the regional average (69%) and the average amongst statistical neighbour councils (71%). The percentage did however, decrease from 75% in 18/19.

The responses to this question varied markedly between client groups with the highest levels of positive response amongst those with learning disabilities (93%) and the lowest percentage among those with physical disabilities (58%). The graph below shows the breakdown of responses to this question by client group.

Which of the following describes how you are able to spend your time? By client group.

Answer text ● a) I'm able to spend my time as I ... ● b) I'm able to do enough of ... ● c) I do some of the thi... ● d) I don't do anythin...



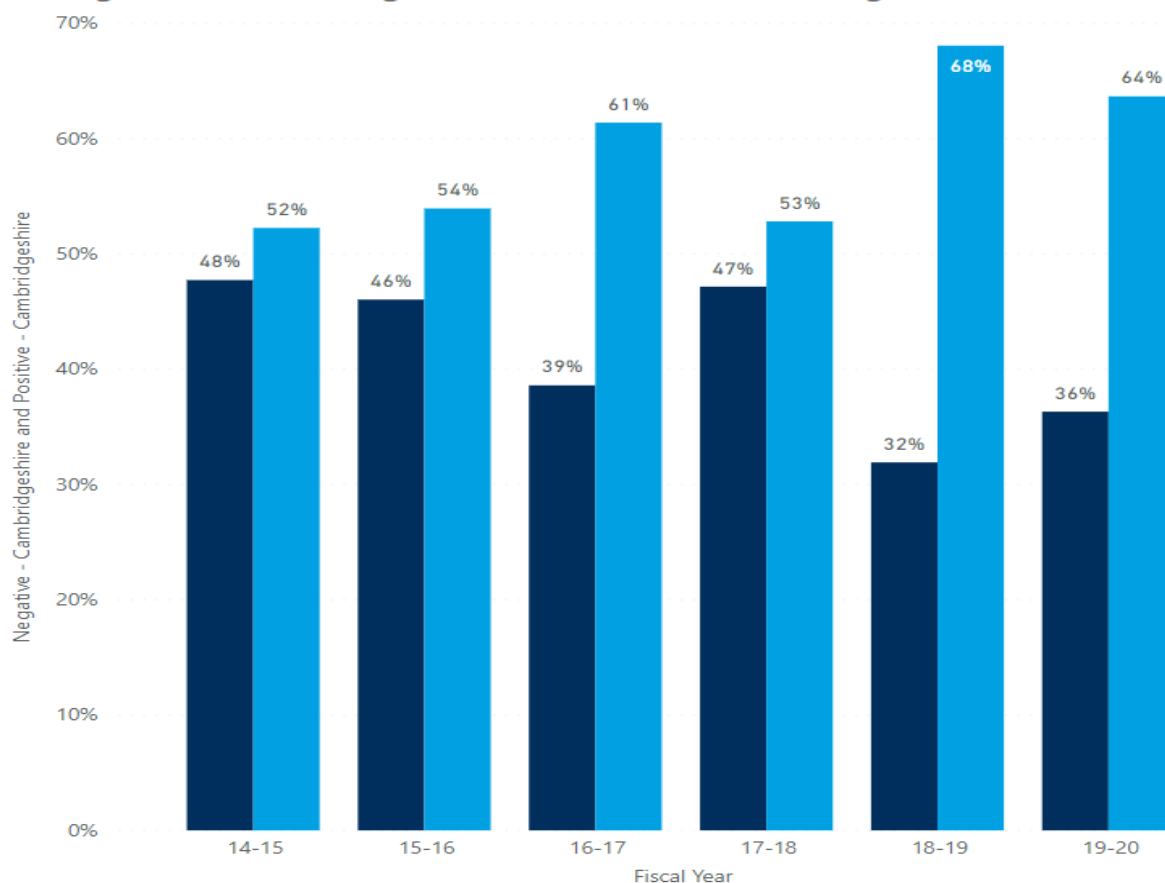
2.2.9 Finding information about support and services

Cambridgeshire's responses worsened compared to the previous year in respect of people finding it easy or fairly easy to find information or advice about support services and benefits. The Council's respondents answered positively in 64% of surveys where the respondent answered that that they had looked for information and advice, compared to 68% nationally and regionally and 65% among statistical neighbour councils.

The Council continued to have high percentages who stated that they had not tried to find information or advice, 50% compared to 44.5% nationally. The graph below shows the year on year responses around ease of access to information for the previous 6 years. Despite the slight reduction in positive answers compared to last year they remain higher than previous years.

In the past year have you generally found it easy or difficult to find information and advice about support, services or benefits?

● Negative - Cambridgeshire ● Positive - Cambridgeshire



The breakdown of responses across client groups is fairly consistent with learning disability, older people and physical disability having 61% of positive responses and mental health having slightly more at 66%. Older people with mental health needs answered positively in 100% of cases, but this was a very small user group in the sample due to the requirement of survey recipients to have the mental capacity to make an informed response, with only 4 responses to this question.

2.2.10 Receiving practical help from someone else

The percentage of respondents who reported that they received practical help from a spouse, friend, neighbour or family member increased from 82% in 18/19 to 84% in 19/20. This was in line with the statistical neighbour councils (84%) but slightly above the national (82%) and regional (82%) percentages. This illustrates the importance of informal carers in supporting people in receipt of long term care and support.

The rates of those receiving support from an informal carer were higher amongst respondents aged 65 plus at 88%, a step change from 83% in the previous year and higher than statistical neighbour councils (84%), regional (84%) and national averages (84%). Conversely adults aged 18-64 responding that they had support from an informal carer dropped from 83% to 80%, in line with the national average but lower than the regional (81%), or statistical neighbour (83%) averages.

2.2.11 Paying for additional care and support privately

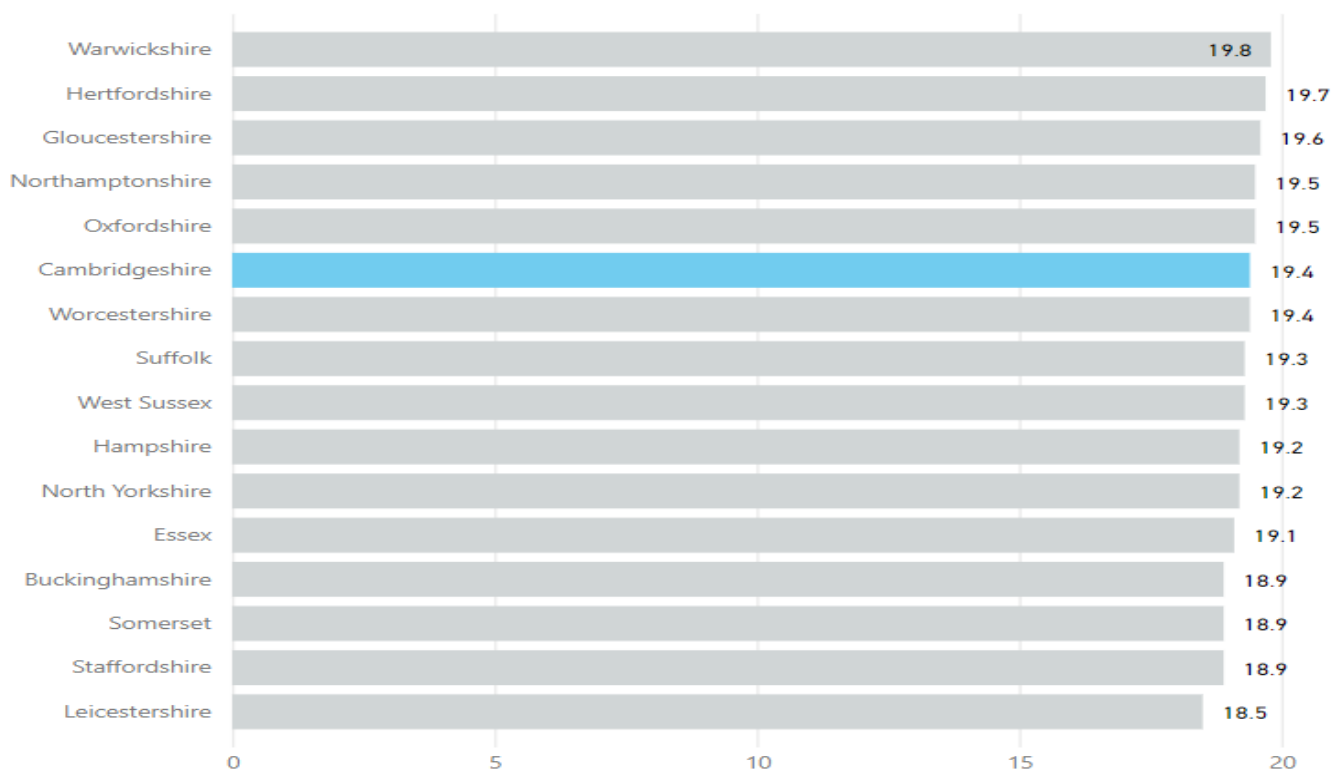
The proportion of Cambridgeshire service users reporting they buy care and support with their own money at 29.8% is greater than the previous year (24.8%). This is broadly in line with the national average (29.5%), and slightly below the regional average of 31.2%. The percentage of people who have additional care and support paid for by a family member dropped from 10.2% to 6.3%, which is lower than the national average (11.6%) and the regional average (10.3%).

The responses to this question, as might be expected, did differ between service user groups with the lowest instance of additional care being funded by either the respondent or their family being found in people with the client category mental health (17%) and the highest being amongst those with the client category older people (46%).

2.3 Overall Quality of Life Score

The overall Social care-related quality of life score takes the results from a number of different questions in the survey and calculates an overall score out of a maximum of 24. In Cambridgeshire the score decreased from 19.7% to 19.4% after having increased for the three previous years. The score however does remain higher than the region (19.3) or England overall (19.1). When compared to statistical neighbour councils Cambridgeshire ranks 6 of 16 as the graph below illustrates, with the highest score being Warwickshire (19.8) and lowest being Leicestershire (18.5).

Overall Quality of Life Score – Statistical Neighbour Council Comparison



2.4 Adult Social Care Outcome Framework (ASCOF) Measures

In addition to providing useful intelligence on our local service user experience, the survey also produces the Council's out-turn against seven of the national indicators in the Adult Social Care Outcomes Framework (ASCOF). It should be noted that the ASCOF is currently under review in recognition that many of the indicators no longer reflect the national outcomes for Adult Social Care, there is very little focus on prevention, early intervention and low-level support.

In the previous year's survey all but one ASCOF indicators improved. In 2019/20 the picture was not so positive, however two of the seven metrics did improve and five remained better than the regional or national average.

	2017-2018	2018-2019	2019-2020	DOT	Rank
(1A) Social care-related quality of life	19.6	19.7	19.4	↓	44
(1B) The proportion of people who use services who have control over their daily life	81.2%	83.2%	80.6	↓	40
(111) The proportion of people who use services who reported that they had as much social contact as they would like	47.6%	51.4%	46.9%	↓	65
(3A) Overall satisfaction of people who use service with their care and support	63.2%	64.2%	66.1%	↑	50
(3D1) The proportion of people who use services who find it easy to find information about services	70.8%	69.6%	66.8%	↓	106
(4A) The proportion of people who use services who feel safe	73.5%	75%	71.0%	↓	61
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	83.2%	85%	85.8%	↑	85

Some of the change in the ASCOF results direction of travel might link to the lower return numbers, but also the increasing impact of acuity of health and care support needs amongst respondents with long term care and support needs, as set out in section 2.5 below.

Indicators where the council was above the national or regional average were:

- Social care related quality of life score
- Proportion of people who use services who have control over their daily life
- Proportion of people who use services who reported that they had as much social contact as they would like
- Overall satisfaction with care and support
- Proportion of people who use services who feel safe

The indicators where the Council performed less well were:

- Proportion of people who use services who find it easy to find information about services
- Proportion of people who use services who say those services made them feel safe and secure.

2.5 Service Users Health and Care and Support Needs

The survey asks a number of questions around the self-reported health and care needs of our long-term service users from which we might look for any trends in levels of acuity of need. The emerging concerns about the pandemic at the time of the survey might be expected to have influenced the answers to the question around anxiety levels.

Question	Response	2017/18 Results	2018/19 Results	2019/20 Results	England	Eastern Region	DOT
How is your health in general?	Very good / Good	49%	50%	57%	45%	44%	↑
Which statements best describe your own health state today - Pain or discomfort	I have no pain or discomfort	44%	41%	39%	38%	39%	↓
Which statements best describe your own health state today - Anxiety or depression	I am not anxious or depressed	54%	55%	51%	49%	51%	↓
Do you usually manage to get around indoors (except steps) by yourself?	I can do this easily by myself	52%	57%	52%	54%	56%	↓
Do you usually manage to get in and out of a bed (or chair) by yourself?	I can do this easily by myself	54%	59%	53%	56%	58%	↓
Do you usually manage to feed yourself?	I can do this easily by myself	76%	76%	75%	76%	78%	↓
Do you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself	I can do this easily by myself	15%	17%	17%	18%	20%	→
Do you usually manage to wash all over by yourself, using either a bath or shower?	I can do this easily by myself	27%	35%	28%	31%	32%	↓
Do you usually manage to get dressed and undressed by yourself?	I can do this easily by myself	36%	49%	37%	42%	43%	↓
Do you usually manage to use the WC/toilet by yourself?	I can do this easily by myself	57%	61%	58%	59.8%	62.6%	↓
Do you usually manage to wash your face and hands by yourself?	I can do this easily by myself	69%	70%	67%	68.8%	71.7%	↓

Respondents answered less positively on all health and care needs related questions, excepting for the question on general health and the question on managing finance and paperwork. In all other areas respondents were more likely to have at least some level of difficulty. This change could suggest that long term services are being successfully reserved for those most in need, with low level alternatives being successfully in place for those more able. Although it could also point to a growing complexity of need and demand in our overall population. The increasing levels of need within the group surveyed when taken alongside the emerging pandemic at the time the survey was responded to might also account for the poorer results in some of the quality-of-life related indicators throughout the survey.

2.6 Making Use of the Survey

The survey is an important source of intelligence around the experience of service users supported in long term care and support. As such it is used in a variety of ways to inform commissioning activity, the development of Adult Social Care and the Adults Positive Challenge programme. Particular areas for focus from the 19/20 survey results are:

2.6.1 Carers

The survey evidenced the increasing reliance that our long-term service users have on the support offered by unpaid informal or family carers. This links in with our continued focus on improving proactive engagement and support for carers through the Adults Positive Challenge and Think Communities programmes. We will continue to work with our commissioned carers' support service, Caring Together, to promote 'What If Plans' to support carers and those they support to plan ahead for unforeseen circumstances.

We are also developing a shared delivery plan with Think Communities with a focus on early support for carers supporting people who are not long-term service users. We have throughout the pandemic strengthened our approach to carers.

2.6.2 Access to Information and Advice.

Cambridgeshire has worked hard on the information and advice offer, incorporating behavioural science into the website and Guide To Independent Living. However, the focus has very much been on prevention and early intervention and we recognise that this might have meant that information for long term service users is more difficult to find. We have this year reviewed all our printable fact sheets to rationalise them and make them easy to access.

We will also be tracking our website page views to understand what information people are looking for. In addition we plan to work with Think Communities to deliver more information on support available across the wider system, including linking in to Social Prescribers in primary care and place based co-ordinators.

Following on from the Healthwatch reports and the changes to hospital discharges, we are also reviewing the information we give to people who are being discharged from hospital into care and support services.

2.6.3 General Health and Independence

A core part of our Adults Positive Challenge programme is understanding the drivers of demand, but also promoting independence and control over daily life wherever we can. Examples of this are in our changing the conversation to focus on what our service user can do, our TEC first approach to finding ways to use technology to enhance control and feelings of safety. This year we have specifically focussed on changing the conversation around our mental health and learning disability support. The questions around social contact and accessing the local community also provide useful insight for development of wider joint delivery plans with Think Communities.

The information on self-reported health and independence supports our understanding of the levels of need amongst our long-term service users, for whom a long-term package of care is required. This information can help us inform to continue to commission these long term services in a way that can be responsive to complex needs but still focus on strengths and assets, for example in our work to develop care suites as an option for those require 24 hour care. In line with making commissioning of support more place based we are commencing the pilot to stimulate micro enterprises, linking into the asset based area pilot and doing more to expand the use of direct payments – all of these aimed at maximise outcomes, choice and control within local communities.

We continue to look at how we work in a multi-disciplinary way with our primary care networks and community health colleagues to deliver services in a neighbourhood based way that can respond to care needs alongside good health care, for example medication and pain management.

2.6.4 Feeling safe, Isolation, loneliness and lack of contact with others

We know that a person's wellbeing is greatly influenced by where they live and how they live. Linking in to Cambridgeshire Together to develop infrastructure which is able to better support individuals and their communities to tackle concerns about safety and feelings of isolation, especially as we step down from what has been for many a very long period in which they have followed central government's call to "Stay At Home". In particular taking the opportunity of using our new early intervention and prevention and procurement framework to enhance the role of the Voluntary and Community Sector (VCS). During Covid 19 VCS organisations such as British Red Cross, Care Network and Caring Together have been an integral part of the response to keeping people safe and connected to their communities.

2.6.5 Experiences of receiving care

It is always important to listen to and learn from experiences of service users. This survey does provide a key source of this feedback, however it is not the sole method. The council receives feedback from general compliments and complaints made to our customer care team. These are regularly reported

through to our Practice Governance Board for reflection and learning. Service user experience of those accessing support service commissioned by us are considered as part of our contracts assurance and we also have an embedded system for capturing Notifications of Concern about providers.

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.

- The survey measures the service users' self-reported quality of life, and also various aspects of health and wellbeing that might impact on overall quality of life.
- The findings of the survey will feed into our planning for the Adult Positive Challenge Programme.

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.

5. Source documents

5.1 Source documents

Adult Social Care Service User Survey – Results published by NHS Digital

5.2 Location

<https://app.powerbi.com/view?r=eyJrIjoiMGM5OGRIOTAtY2QxYy00YzAxLWEyZWEtNjl3ZWRmOTE2OWI4IiwidCI6IjUwZiYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOiJh9>

Adults Safeguarding Board Annual Report

To: Adults Committee

Meeting Date: 18 March 2021

From: Charlotte Black – Service Director: Adults & Safeguarding, People and Communities

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Outcome: To receive and note the contents of the Safeguarding Adults Partnership Board 2019-20 Annual Report

Recommendation: Adults Committee is recommended to:

Receive and note the contents of the 2019-20 Annual Report

Name: Jo Procter
Post: Head of Service – Cambridgeshire & Peterborough Safeguarding Partnership Boards
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Member contacts:

Names: Councillor Anna Bailey
Post: Chair
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Tel: 01223 706398

1. Background

- 1.1 The report is submitted to the Adults Committee following sign off and publication of the Cambridgeshire and Peterborough Safeguarding Adult Partnership Board Annual Report 2019-20 in November 2020.

There is a statutory requirement under the Care Act 2014 that Safeguarding Adult Boards publish an annual report detailing the work of the Board.

2. Main Issues

- 2.1 The purpose of the report being brought to the Committee is to ensure members are fully aware of the work and progress of the Cambridgeshire and Peterborough Adult Safeguarding Partnership Board.

- 2.2 The annual report includes information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Adult Partnership Board in the period April 2019- March 2020. The Board has a wide membership of senior managers from a range of agencies who are involved in safeguarding adults. A list of those agencies who make up the membership of the Board can be found at Appendix A. During the time period covered by this annual report, the Safeguarding Adult Partnership Board was chaired by Dr Russell Wate. During 2020, Dr Wate's role evolved to that of Independent Scrutineer, this allows for a greater focus on monitoring and scrutiny. It was agreed that the three statutory partners (Local Authority, Police and CCG) will each chair the Board on a yearly rotation. For the first year (November 2020- November 2021), Charlotte Black from the Local Authority has taken on the role of Chair.

- 2.3 Partner agencies, including Cambridgeshire County Council, contributed to the information contained within the annual report.

- 2.4 The annual report highlights the significant events during the last year, summarises both the work of the Safeguarding Partnership Board and the work of the sub committees. It highlights areas of good practice and presents statistical information about safeguarding performance.

- 2.5 The annual report was approved by the Cambridgeshire & Peterborough Safeguarding Adult Partnership Board in November 2020 and was subsequently published on the Boards website (www.safeguardingpeterborough.org.uk) and shared on social media.

- 2.6 Members are requested to note the contents of the report which can be found at Appendix 1. Detail of the report.

3. Alignment with corporate priorities

- 3.1 A good quality of life for everyone

There are no significant implications for this priority.

- 3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children
There are no significant implications for this priority.

3.4 Net zero carbon emissions for Cambridgeshire by 2050
There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications
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?	No External report, no sign off required
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	No External report, no sign off required
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	No External report, no sign off required

Have the equality and diversity implications been cleared by your Service Contact?	No External report, no sign off required
Have any engagement and communication implications been cleared by Communications?	No External report, no sign off required
Have any localism and Local Member involvement issues been cleared by your Service Contact?	No External report, no sign off required
Have any Public Health implications been cleared by Public Health	No External report, no sign off required

5. Source documents guidance

5.1 Source documents

The majority of statistics contained within the annual report are from the Safeguarding Adult Partnership Board dataset. Partners provided information (including data) from their agencies which was used to formulate the annual report.

5.2 Location

Held by the various partner agencies.



Foreword

We are pleased to present the Annual Report of the Cambridgeshire & Peterborough Safeguarding Adults Board for 2019-20. The Board, a requirement of the Care Act 2014, is made up of three Statutory Partners; Local Authority, NHS Clinical Commissioning Group and Police, together with several key partners, representing a wide range of agencies and community groups.

The annual report outlines the key activities and achievements of the Board and its partners over the last year. The multi-agency safeguarding training has continued to develop and grow, front line practitioners voices have been captured through a series of consultation surveys and forums. One of the key roles of the Board is to ensure that partners continue to work together effectively. This has been a key area of focus for the Board throughout 2019/20 and will continue to be so. All of this work is underpinned by the principles of making safeguarding personal.

Safeguarding is about people, their wishes, aspirations and needs. The partnership has been active in identifying and learning lessons through the Safeguarding Adult Review sub group. Although we have not published any safeguarding adult's reviews within the time period covered by this review, a lot of activity has taken place and briefings, workshops and learning lessons training has been delivered.

Over the last 12 months the Safeguarding landscape has continued to be complex, presenting many new challenges in addition to those faced day-to-day. The final quarter of the year has been dominated by the COVID crisis and its impact, globally, nationally and locally. Whilst the virus has affected all areas of society, it has had a significant impact on our older, more vulnerable community, some of whom receive care and support, often in care homes or domiciliary care. This report focuses on the period 1st April 2019-31st March 2020, when Covid was at the start of the outbreak. We wanted to assure people that throughout the Covid pandemic to date, the Board has continued to work closely with both statutory and wider partners to scrutinise how safeguarding issues are addressed, gain reassurance that they were dealt with appropriately and provide a forum for sharing best practice across the partnership. It has also ensured that safeguarding adults remains a key focus for across the County.

Finally, we would like to thank all members of the Board, particularly the chairs of the sub-groups, for their professionalism, commitment and support. We would also like to say thank you to all agencies and front line staff for the incredible work that they do to keep adults safe from abuse and neglect. Thank you to Jo Procter and her staff in the Independent Safeguarding Partnership Service for their hard work and support.

Wendi Ogle-Welbourn

Executive Director, People &
Communities

Carol Anderson

Chief Nurse

Vicki Evans

Assistant Chief Constable



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About the Board

Leadership and Governance

Our Annual Report for 2018/19 detailed a number of changes within the safeguarding arena for both children and adults at risk. These changes led to the creation of a single Safeguarding Children's Board and a single Safeguarding Adults Board across the local authority areas of Cambridgeshire and Peterborough. Further details on these changes can be found here: <https://safeguardingcambspeterborough.org.uk/about-the-partnership-board/>

The structure combines the governance arrangements at a senior level to look at safeguarding arrangements holistically across both the children's and adults safeguarding arena.

The Executive Safeguarding Partnership Board has maintained its links with other groups and boards who impact on child and adult services this year. These are illustrated in Figure 1. This ensures that all aspects of safeguarding are taken into account by the other statutory boards and there is a co-ordinated and consistent approach. These links mean that safeguarding vulnerable people remains on the agenda across the statutory and strategic partnership and is a continuing consideration for all members.



IMAGE 1 - LINKS TO OTHER STATUTORY BOARDS

Cambridgeshire and Peterborough Safeguarding Partnership Boards

The two Safeguarding Partnership Boards (adults and children's) sit below the Executive Safeguarding Partnership Board (see Figure 2). The Safeguarding Partnership Boards are responsible for progressing the Executive Safeguarding Partnerships Board's business priorities through the business plan; authorising the policy, process, strategy and guidance to effectively safeguard children and adults at risk. The two Safeguarding Partnership Boards scrutinise, challenge and maintain an overview of the state of children's and adults safeguarding in Cambridgeshire and Peterborough; undertaken through quality assurance activity, learning and development programmes and commissioning and overseeing Child Safeguarding Practice Reviews / Safeguarding Adult Reviews / multi-agency reviews. The Safeguarding Partnership Boards have wider partner membership including probation, health providers, Healthwatch, education, voluntary sector, faith communities and housing. A full list can be found in Appendix 1.

To support the two (adults and children's) Partnership Safeguarding Boards are a range of sub groups and task and finish groups. These groups are responsible for a range of areas, including policies, training, consultation and quality assurance. The function of these groups are detailed below.

- Two consultation and development forums (one for adults and one for children's) responsible for securing the "voice" of practitioners and ensuring that learning is used to inform and improve practice.
- Two Quality and Effectiveness Groups (QEG), one for adults and for children's. Chaired by the Head of Service for the Safeguarding Partnership Boards, the group's membership includes senior managers from the safeguarding partners and other relevant agencies that have

responsibility for safeguarding performance within their organisation. These groups scrutinise safeguarding effectiveness and co-ordinate improvement activity by; quality assurance activity (both single and multi-agency), performance management information and overseeing of action plans.

- A single countywide Children’s Case Review Group, that examines children’s cases and a countywide Safeguarding Adults Review group which deals with adult’s case reviews.
- A single countywide Training Subgroup monitors both multi-agency and single agency training offered by the safeguarding partners.
- Task and finish groups are established to progress themed areas, e.g. child sexual abuse, criminal exploitation. Each group is responsible for producing resource packs for practitioners which include strategies/

guidance, training, leaflets and tools.

- The structure also includes those forums who have a “dotted line” to the Safeguarding Boards (Education Safeguarding Group, Child Protection Information Network).

Independent Safeguarding Partnership Service

The work of the various Boards and groups within the governance arrangements is overseen by the Independent Safeguarding Partnership Service. The service is managed by the Head of Service and includes roles that cover both adults and children’s agendas. Some of the roles are specialised in quality assurance and improvement, exploitation, training, communication and there are more general adult and children’s leads and dedicated administrative roles. The service ensures that there is robust, countywide independent scrutiny and oversight of multi-agency practice.



IMAGE 2 - DIAGRAM SHOWING THE STRUCTURE OF THE CAMBRIDGESHIRE AND PETERBOROUGH SAFEGUARDING PARTNERSHIP BOARD

Work of the Safeguarding Partnership Board

Board Priorities 2019-2021

The Adult Safeguarding Partnership Board (ASPB) has a 2 year strategic plan, with priority areas and a number of aims. The aims listed below are the focus of ASPB for 2019 – 2020.

- The importance of Making Safeguarding Personal (MSP) is recognised and implemented effectively across agencies
- Agree and implement pathways for those vulnerable adults considered “at risk”
- Lessons from SARs/MARs are effectively disseminated and the impact of the learning is evidenced

Making safeguarding personal (MSP)

MSP is a golden thread running throughout everything the board does and is in all of our multi-agency training, resources and audits. Within the multi-agency self-assessment tool there were specific sections relating to making safeguarding personal and agencies scored their services accordingly. Further details can be found later in this report. All audit activity of the board measures practice against MSP.

Development and Consultation Forums have been set up this year which allow for discussion around the work of safeguarding partner agencies specifically relating to the board priorities. Each forum focuses on one of the priorities and in September 2019, it was making safeguarding personal. The findings were then presented to both the Quality and Effectiveness Group and the Safeguarding Adult Partnership Board to inform further activity.

A ‘Lived Experience of the Adult’ training pack has been developed this year as a result of learning from the ‘Arthur’ Safeguarding Adult Review. The learning suggested that practitioners should place greater consideration on what life is like for the individual adult and how they might perceive the support being offered to them. The pack contains slides, trainers notes and the Lived Experience of the Adult Guidance also launched this year. Five multi-agency workshops were delivered across the county to introduce and promote this pack. Following positive feedback, the training pack is available to

all safeguarding partners on request and the workshop is now part of the core Workforce Development Programme.

A training needs survey was completed at the end of 2019 which included specific questions relating to making safeguarding personal training. This survey was presented to the Training Subgroup in January 2020. The survey explored the presence of making safeguarding personal principles within single agency training and found that a number of agencies did not have making safeguarding personal principles within their single agency training. As a result of this survey a ‘Toolbox’ of presentation slides was produced which included information on making safeguarding personal for partner agencies to include within their introductory safeguarding training. This can be found here: <https://www.safeguardingcambspeterborough.org.uk/adults-board/resources-for-practitioners/>

The multi-agency self-assessment tool which was undertaken by partner agencies in December 2018 included specific questions on the subject of making safeguarding personal under the heading ‘Empowerment’. The result of this exercise were fed into other work undertaken in 2019/20 on this area. Further detail on this exercise can be found later in this report.

A dedicated area on the Safeguarding Partnership Board’s website has been created for the Board’s priority of making safeguarding personal which includes an overview and resources for practitioners. This page has been viewed 600 times from April 2019 to Mar 2020 and can be found here: <https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/msp/>

The subject of making safeguarding personal has been included within the practitioner workshops delivered this year. This has included information relating to ‘professional curiosity’ and the lived experience of the adult and the guidance and resources available.

Performance monitoring has been strengthened this year. Single agency performance is reviewed and monitored by the Quality and Effectiveness Group (QEG). This process

requires partners to present a qualitative report which looks at the following areas:

- What is working well,
- What could be improved
- What each agency is doing to progress the improvements
- Details of any improvements that require a multi-agency response.
- Any information which needs to be escalated to the Safeguarding Children's Partnership Board or Executive Safeguarding Partnership Board

The group have a discussion regarding individual performance relating to the Board's priorities based on these reports. Each priority is considered by the group twice a year. This revised performance reporting process has provided a forum for agencies to work through multi-agency practice issues. The discussions have led to change in processes and policies. Where discussions have not resulted in resolving practice issues there is a direct escalation by the chair to the Safeguarding Board.

Pathways for adults 'at risk'

We want adults and older people to be safe and healthy, to be independent and maximise their potential, and to be supported to make a positive contribution within their community which reciprocally supports them. This requires the partnership to have agreed pathway's for those vulnerable individuals who agencies consider to be "at risk".

In April and May 2019 guidance and workshops on the new Multi-Agency Risk Management (MARM) process was launched. This guidance details an approach to support those adults who:

- are identified as being in need of care and support
- have the mental capacity to understand the risks posed to them
- continue to place themselves at risk of serious harm or death and
- refuse or are unable to engage with necessary care and support services.

The workshops were attended by 137 professionals. The guidance can be found here: <https://www.safeguardingcambspeterborough.org.uk>

[k/adults-board/information-for-professionals/cpsabprocedures/multi-agency-risk-management-guidance/#1_Introduction](https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabprocedures/multi-agency-risk-management-guidance/#1_Introduction)

The impact of the implementation of the MARM process will be considered in 2020/21 and will be reported upon in the next Annual Report.

As previously mentioned, the Boards priorities are discussed at the Development and Consultation Forums and in 2019, the group looked at pathways for vulnerable adults 'at risk.' Feedback was then provided to the Safeguarding adult Partnership Board. Ongoing discussions within both the Safeguarding Adult Board and jointly with other partnerships boards including the Community Safety Partnership Countywide Board are being held and further detailed will be included within the 2020/21 Annual Report.

A review of multi-agency training was undertaken by the Training Subgroup in late 2019 to ensure that the MARM process is included in all relevant training commissioned or delivered by the board and partner organisations. In addition questions concerning the MARM process were included within the training needs survey in January 2020. As a result of these activities and to assist safeguarding partners in including this subject within the single agency training, a practitioner briefing explaining the terms 'adult at risk', making safeguarding personal and the MARM titled 'Who is the adult at risk and the MARM' has been added to the Resources page on the website:

<https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2019/12/adult-at-risk-briefing-including-MARM.pdf>

The subject of adults 'at risk' has been included within the practitioner workshops delivered this year. This has included information specifically around the tools available for assessment and the MARM process.

As a result of quality assurance activity which was presented to the Quality and Effectiveness Group in 2019, a Safeguarding Glossary was produced. Discussions at the QEG determined that practitioners are not always aware of the name of particular processes although they do follow those processes in their practice. It was decided

that a dictionary or glossary of a shared common language should be produced to support practitioners in their understanding of terminology. Substantial work with contribution from all safeguarding partners resulted in the Safeguarding Glossary which contains agreed partnership language and interpretation and includes 'Adult at Risk'. It can be found here <https://www.safeguardingcambspeterborough.org.uk/adults-board/glossary-of-safeguarding-adult-terms/>

Performance monitoring has been strengthened this year. Single agency performance is reviewed and monitored by the Quality and Effectiveness Group (QEG). This process requires partners to present a qualitative report which looks at the following areas:

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Safeguarding partners set up district led hoarding panels across the county. Membership includes oversight from the Independent Safeguarding Partnership Service. The need for practitioners to be aware of self-neglect and hoarding has been recognised and multi-agency training has been developed and delivered across the partnership.

Between January and December 2019, a task and finish group was set up to consider access to

the Sexual Assault Referral Centre (SARC) for vulnerable adults who are victims of sexual violence. Sexual violence and complex needs plan was completed and as a result of this group the process of access to the SARC by vulnerable adults was changed to accommodate their needs and facilitate easier access. Easy read leaflets were also developed.

Throughout the year there was continued oversight of the Street Sex Workers Group which aims to support both adults and vulnerable adults at risk.

Safeguarding Adult Reviews (SARs)

Under the 2014 Care Act, Safeguarding Adults Boards are responsible for Safeguarding Adults Reviews (SARs). The purpose of SARs in the statutory guidance is to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.

In 2019/20 five cases were referred to the Safeguarding Adult Review Panel for consideration and progressed to a SAR. These had not been completed within the timescale of this Annual Report.

The Care Act 2014 states that lessons learnt should be published in the Annual Report following the conclusion of the review. These lessons will be published in the 2020/21 Annual Report following the final sign off by the Safeguarding Partnership Board.

Although these reviews are not yet completed it is possible to say that themes of domestic abuse, coercion and control and self-neglect (linked with alcohol misuse and brain injury) have been identified and will be explored in the reports.

The number of reviews undertaken by the partnership is high, and the work needed to progress these reviews is demanding; the sub-group has looked for ways to get to the final report stage more quickly, by using different methods, such as practitioner events to gather information, and running two panel events on the same day to save time and travel for members. However

parallel investigations and a need to ensure a quality report at the end of the process will inevitably mean the process can be lengthy in some cases.

Thematic Review of SARs

In addition to the reviews outlined above which have been undertaken this year, a thematic review of previous SARs was also completed.

This report considered the professional themes found within Safeguarding Adult Review's (SARs) undertaken from 2011 to 2018 across the Cambridgeshire and Peterborough Safeguarding Adult Boards, with a view to identifying any local practitioner themes that should be considered, for future learning and dissemination to partners for implementing into safeguarding adults at risk practice.

The report detailed that there are a number of recurring professional themes, in the majority of the 10 SARs analysed. In 100% of SAR's the top themes were identified as professionals not recording their practice and either failing to or inadequately complete assessments and assessments of risk. These findings are similar to the national research on SARs.

Following discussion when the report was presented at the QEG, it was determined that follow up activity should be completed which focussed on those reviews which were undertaken following the implementation of the Care Act 2014. This activity will also look at the recommendations and actions plans for those cases and consider how practice might have changed since 2014. This report is underway and the findings will be presented in the 2020/21 Annual Report.

Embedding the Learning

An Action Plan of recommendations from all completed SARs sits with the SAR subgroup for monitoring and reviewing completion by partner agencies identified within the review.

When a SAR is completed, a briefing is prepared highlighting the learning for safeguarding practice across all agencies in an easy to read format. These can be found the dedicated page for SARs which was set up in January 2020:

<https://www.safeguardingcambspeterborough.org.uk/adults-board/about-the-adults-board/sars/>

In October 2019 the process for implementing learning from case reviews was strengthened following feedback from practitioners and managers at the Development and Consultation Forum. All SARs now have a practitioners briefing developed and made available on the website, as well as briefings on themes arising from the SARs. Safeguarding partner agencies include these briefings in single agency training. In addition, we have put into place workshops that are delivered at the completion of case reviews so that learning can be disseminated across the partnership. We collate the themes that arise from case reviews and include information relating to these themes in the practitioner workshops and multi-agency training offer. Further feedback from frontline practitioners has confirmed that these have proved a useful resource.

Future Developments

Safeguarding Adults Practitioner Survey

The Independent Safeguarding Partnership Service has undertaken a practitioner survey, commissioned by the Quality and Effectiveness Group, which sought to explore what professionals know and understand about the areas of practice covered by the current board priorities. The survey also aims to explore how the board's priorities are being implemented in practice.

The survey opened in February 2020 and the findings will be presented in the 2020/21 Annual Report.

Practice Improvement and Development



Quality Effectiveness Group (QEG)

Monitors the individual and collective effectiveness of the Adult Safeguarding Partnership Board partners and has a strong quality assurance function undertaking audits, focus groups and surveys. The annual themed audit programme (quality assurance planner) includes both single and multi-agency audits and are linked to the board's priorities. QEG advises and supports the board in achieving the highest safeguarding standards and promoting the safeguarding of adults at risk across Peterborough and Cambridgeshire by evaluation and continuous improvement. During the twelve months covered by this report, alongside the thematic review of SARs, the following audit activity has taken place:

Multi-agency Self-Assessment and Practitioner Survey

In 2019 a second tranche of agencies undertook the multi-agency self-assessment tool. The tool was completed alongside a practitioner survey with questions on similar areas of safeguarding, the aim of which was to correlate the findings of the two activities.

The report findings are summarised within the following themes and challenges:

- Embedding safeguarding policies/procedures: there were many policies and procedures available to staff. However, it is not clear that all policies and procedures are up to date
- Whistleblowing: agencies need to explore how to make this policy more accessible for staff and to record outcomes
- Cultural competence: there was very little in terms of evidence about cultural competence and an understanding of what good practice looks like within this area.
- Information sharing. there is still much work to do on information sharing and working together to safeguard adults at risk.
- The voice of the adult: as professionals we need to find out what 'the lived experience' of the adult at risk is like either by asking them, speaking to their family/carers or making observations.

- Safeguarding Adults: we need to do more to promote what is an adult at risk and how to safeguard them.

As a result of feedback from agencies the format and content of the self-assessment tool has been revised and is now focussing on the SAB priority areas.

At the conclusion of all audit activity a briefing is prepared highlighting the implications for safeguarding practice across all agencies in terms of roles and responsibilities for safeguarding the adult at risk. Action against these areas has been identified and progressed through QEG and will be reported on the 2020/21 Annual Report.

The learning for practice is cascaded through the Safeguarding Board workshops and professional briefings on the Safeguarding Partnership Board's website.

Performance monitoring has been strengthened this year. Single agency performance is reviewed and monitored by the Quality and Effectiveness Group (QEG). This process requires partners to present a qualitative report which looks at the following areas:

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- What each agency is doing to progress the improvements
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Multi Agency Training and Development

Over the twelve months from January 2019 to December 2019, the Safeguarding Adults Partnership Board provided: workshops, training days and single agency training via invitations to speak at other single agency events.

In total there were 652 professionals attended safeguarding adults training which equates to a 55% increase compared to the previous year.

Workshops

Specialist training workshops are a conduit for sharing safeguarding information, localised experiences, networking and are highly regarded by practitioners as an 'excellent' training resource.

- **Lessons learned workshops.** These workshops provide professionals with the latest research and findings from Cambridgeshire and Peterborough multi-agency audits and Safeguarding Adult Reviews. They also serve as a safeguarding refresher highlighting assessment tools and multi-agency policies, procedures and resources for practitioners to utilise within safeguarding practice. The workshops this year centred on the findings from the 'Arthur' SAR.
- **The Lived Experience of the Adult.** A recurring theme within national and local Safeguarding Adult Reviews (SARs), is where professionals fail to ascertain the 'lived experience of the adult at risk' either by speaking with them, finding out what they need or from observing the interactions with carers and family members and their living environment. This omission can result in ineffective; assessments, analysis of risk, referrals, planning and a failing to safeguard the adult at risk. A training resource was developed and a number of workshops were held in which 71 professionals attended.
- **Multi-Agency Risk Management Workshop.** To launch the new Multi-Agency Risk Management guidance (MARM), five

workshops were provided across April and May 2019. The MARM is a multi-agency response designed to protect adults deemed most at risk but are not engaging with agencies. In total 137 professionals attended the workshops.

Training Sessions

Up until mid-March 2020, all training delivered within the Workforce Development Programme was delivered face to face. All training was then suspended following Government announcements concerning Covid-19. The developments and innovations in training offered by the Independent Safeguarding Partnership Service will be detailed in next year's Annual Report.

Training sessions during 2019 were evaluated highly by professionals with 99 % rating, both the delivery of the training and the aims and learning outcomes of the training as being 'good to excellent'. 99% of attendees said that they would recommend the training to colleagues.

Salient comments from attendees include

- *'Thank you for delivering such a good training today. We all know that 70% of the day is about the energy and method of presenting. You knocked it out of the park!'*
- *'Training cannot be improved - the best training I have been on for MCA'*
- *'Excellent course all round. Well presented, audience engaged very well, thank you'*
- *'Very informative course that has improved my knowledge of online abuse'*

In terms of impact of the training on practice 83 % of practitioners felt that they had learned a lot and that 77% felt that the training was completely relevant to their safeguarding role.

- **Confidence** -88% of attendees felt that after the training their confidence had improved.
- **Knowledge**- 95% of attendees felt that after the training their knowledge had improved

- **Skills and Practice-** 87% of attendees felt that after the training their practice skills had improved

Strategies for Affecting Positive Change training and resource packs were made available to both the children's and adults workforces in 2019/20. These resources focussed on improving practitioners confidence on having difficult conversation with service users and received positive feedback.

A training needs survey was undertaken within the timescale of this Annual Report. Training leads within partner agencies were asked to consider whether the subjects of each of the Board's priorities: making safeguarding personal, pathways for adults 'at risk' and learning from Safeguarding Adult Reviews has been embedded into their safeguarding training. Results of this survey will be triangulated with the results of the section 11 activity and practitioner survey and reported on in the 2020/21 Annual Report.

Single Agency Training

In 2019 Peterborough and Cambridgeshire Adult Safeguarding Partnership Board developed and implemented a process for checking and making sure that partner agencies training is robust enough for the adult safeguarding workforce. Endorsement of training ensures that the safeguarding adults at risk training is; up to date, fit for purpose (aimed at different job roles and levels), has all of the local and national safeguarding messages and contains lessons from serious adult reviews. To aid this process there are a set of; training principals, a competency checklist and a full description of the groups of people that adult safeguarding training is aimed at. Up until April 2020, a total of 4 courses have been endorsed successfully. Progress on the endorsement process will be detailed in the 2020/21 annual report.

Raising awareness of the role of the CSPB and safeguarding issues across communities

Promoting awareness is an ongoing activity held throughout the year by the board and its members.

Over the past 12 months, the Safeguarding Board website has been further developed to include briefings, resources and guidance for practitioners across Cambridgeshire and Peterborough and had been viewed 215,000 times by 77,000 users.

The Safeguarding Partnership Board also continues to use social media to raise awareness of the work of the Board and share messages of local and national importance. During the 12 months, our posts reached approximately 21,000 users.

At the time of writing this report COVID-19 had severely impacted professionals' ways of working including social distancing to prevent the spread of the disease and to support our National Health Service.

As a result, the safeguarding partnership board website has developed a number of resources for professionals and community volunteers, including an informative Covid-19 support page, development of training packs with audio and animation for basic safeguarding,

It is anticipated that some of these new design elements, if successful, will continue throughout 2020 and beyond.

LeDeR - Learning Disability Mortality Reviews

The Learning Disabilities Mortality Review (LeDeR) programme is now in its fourth year, the aim of the programme is to drive improvement in the quality of health and social care services delivery and to help reduce premature mortality and health inequalities for those with learning disabilities.

Safeguarding Adult Boards were identified early in the programme as having a key role in the

governance of reviews at local level, and as such Russell Wate Chairs the local LeDeR steering group which aims to meet quarterly. In this period there were a number of challenges in taking the work of the LeDeR programme forward and carrying out reviews; there was no Local Area Contact to coordinate and drive the work, and a lack of trained and available reviewers, many of these issues are now resolved and a plan is in place to get back on track for the 2020-21 reporting period. Further details can be found in the Cambridgeshire and Peterborough LeDeR annual report due to be published soon.

Task and Finish Groups

In addition to the above mentioned activities which are directly related to the Boards priorities, task and finish groups were also set up to complete work relating to pressure ulcers and discharge planning:

Pressure Ulcers

Local guidelines for Cambridgeshire and Peterborough, based on national guidelines by the Department of Health, were developed by a Task and Finish group of safeguarding partners, working on behalf of the Cambridgeshire and Peterborough Safeguarding Adults Board. The guidelines were adopted by the SAB in July 2019 and can be found here: <https://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/pressure-ulcers/>

Discharge Planning

As a result of a safeguarding adult review which remains ongoing, a task and finish group was set up to consider the local challenges around discharge planning. This work is continuing into 2020/21.

Learning Culture



The Safeguarding Adults and Children Partnership Boards create a culture of openness and facilitate effective and regular challenge to all partner agencies. The Boards do this by the Independent Safeguarding Partnership Service (ISPS) reviewing, scrutinising and challenging local safeguarding arrangements. Findings from

Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and audit activity are cascaded back to practitioners and agencies to embed the learning back into practice. The chart below shows how the Safeguarding Partnership Board identifies learning as part of evidence informed practice.

Learning Framework

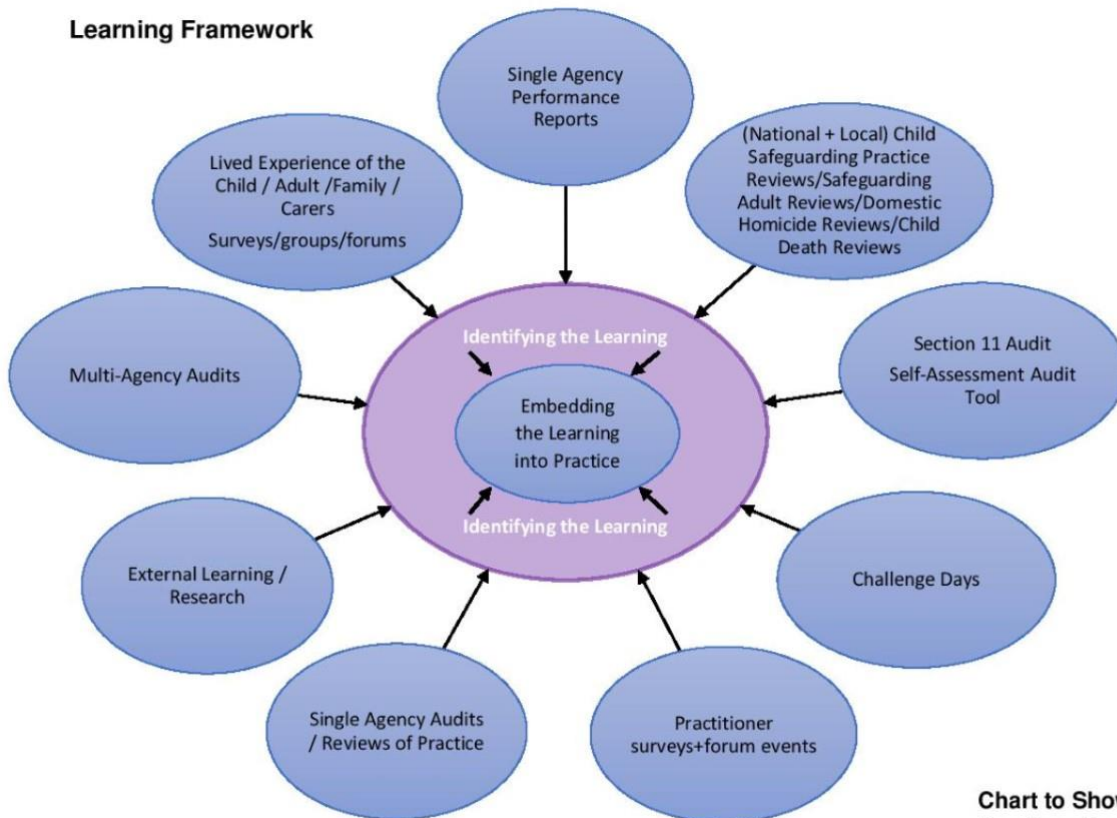


Chart to Show: Evidence Based Practice : How Cambridgeshire and Peterborough Children and Adult Boards Identifies Learning

IMAGE 3 - DIAGRAM SHOWING WHERE LEARNING FOR PRACTICE IS IDENTIFIED

Appendices



Appendix 1: Safeguarding Adults Partnership Board Partner Agencies

- Cambridgeshire, Norfolk & Suffolk Clinical Commissioning Group (CCG)
- North West Anglia Foundation Trust (NWAFT)
- Cambridgeshire and Peterborough Foundation Trust (CPFT)
- Cambridge University Hospitals (CUH)
- Royal Papworth Hospital NHS Foundation Trust
- Cambridge Community Services (CCS)
- East of England Ambulance Service
- 111 Service
- Cambridgeshire Constabulary
- Office of the Police and Crime Commissioner for Cambridgeshire and Peterborough
- Adult Safeguarding representatives, Cambridgeshire County Council
- Adult Safeguarding representatives, Peterborough City Council
- City College Peterborough
- Peterborough Regional College
- National Probation Service
- Bedfordshire, Northamptonshire Cambridgeshire and Hertfordshire (BeNCH) Community Rehabilitation Company
- Cross Keys Homes, representing the housing sector
- Cambridgeshire Fire and Rescue Service
- Public Health Cambridgeshire County Council
- Public Health Peterborough City Council
- Ely Diocese
- Peterborough Diocese
- Healthwatch, Cambridgeshire and Peterborough
- Councillor Peterborough City Council
- Care Quality Commission (CQC)
- Age UK
- Voiceability
- Department for Work and Pensions



Cambridgeshire and Peterborough Safeguarding Adults Partnership Board

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Workforce Capacity Grant

To: Adults Committee

Meeting Date: 18 March 2021

From: Wendi Ogle – Welbourn, Executive Director for People and Communities

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Outcome: Adults Committee are being asked to consider the allocation of the Workforce Capacity Grant. The grant aims to support adult social care to deliver measures to supplement and strengthen staff capacity to ensure that safe and continuous care is achieved.

Recommendation: Adults Committee is recommended to:

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

Officer contact:

Name: Shauna Torrance
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Email: shauna.torrance@cambridgeshire.gov.uk
Tel: 07887 631 808

Member contacts:

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

1. Background

- 1.1 A Workforce Capacity Grant has been awarded to Cambridgeshire County Council by central government. The grant is intended to enable the Council to rapidly expand on existing capacity both internally and within the independent sector market. This is a one-off funding allocation which amounts to £1,162,028 and the Council has discretion to use this to address local priorities and pressures within the parameters of the grant conditions set.
- 1.2 The grant aims to provide additional financial support for the Council and independent sector provider market in managing the ongoing costs associated with the pandemic. It is focused on enabling the local authority and/or independent sector providers to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved in order to deliver the following outcomes:
- maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
 - support providers to restrict staff movement in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes
 - support safe and timely hospital discharges to a range of care environments, including domiciliary care, to prevent or address delays as a result of workforce shortages
 - enable care providers to care for new service users where the need arises
- 1.3 The funding comes with a number of conditions which must be adhered to. This includes:
- It must only be used for the specific additional COVID-19 measures that deliver additional staff capacity, beyond the measures the local authority is currently budgeting for. This could include a range of activities such as expansion of staffing banks, local recruitment initiatives, redeployment, new training costs and incentives for staff to complete additional hours.
 - The grant must not be used for fee uplifts, expenditure already incurred or activities for which the local authority has earmarked or allocated expenditure or for activities which do not support the primary purpose of the Workforce Capacity Grant which is to deliver additional staffing capacity. This means the grant cannot be used on non-staffing capacity expenditure – for example, isolation pay.
 - Local authorities can choose to pass some or all of their funding to care providers within the local authority's geographical area to deliver measures that increase staffing capacity within the organisation

2. Main Issues

- 2.1 Officers have sought the views of a range of internal and external stakeholders to inform the allocation of the fund. This has included local providers and care associations. In doing so, the recommendation has also taken into consideration the following:
- Additional capacity generated and funded internally within the local authority to support management of demand and pressures associated with the pandemic.
 - The need to support informal carers with the ongoing challenges caused by the

pandemic, particularly young carers. Recent research carried out within the voluntary sector indicated an increase in loneliness, isolation and numbers of informal carers struggling to cope. Expansion of capacity has therefore been incorporated where this is achievable within the parameters if the grant conditions. This is also an area of focus for the Adults Positive Challenge Programme, and we are working with Commissioned Services to expand services in order to meet an increasing level of need within this area.

- Personal assistants provide another form of community capacity critical in supporting the sector through this period. However, there are a comparatively low number of personal assistants within this area and increasing this would enable a more flexible and outcomes focused offer which also adds to local available support capacity. The fund will therefore be used to support expansion of capacity in this area and the wider sector through a campaign. The benefits of this will stretch across the market as the need to increase recruitment of additional capacity continues. The positive impact of this could continue beyond the period of the fund.
- The ongoing pressures being managed by independent sector providers across the market from care homes to domiciliary care. A significant proportion of this fund will therefore be transferred to the market on a per service user/bed basis.

2.2 As this fund had to be allocated and spent by 31st March 2021, a decision was made under emergency powers by the Chief Executive of Cambridgeshire County Council and Peterborough City Council to allocate the fund in line with the breakdown shown within Table 1 below. Failure to utilise funding within the timescales set would have resulted in the Council missing the opportunity to address costs associated with ongoing management of the pandemic both internally and within the independent sector market.

Table 1: Allocation of the Workforce Capacity Fund

Description	Cost
Recruitment Campaign targeted at increasing personal assistants.	£175,000
Investment in Care Home Support Team – to provide practice support for providers to support sustainable, quality provision of care.	£52,000
Additional capacity in social care provision, including occupational therapy, Technology Enabled Care (TEC), Learning Disability Young Adults Team and Mental health Teams.	£126,000
Increased TEC capacity	£17,100
Expansion of the Listening Ear Service to provide face to face support to young adult carers	£11,092
Formal carer wellbeing – additional online sessions to support emotional wellbeing and mental health of social care workforce	£3,570
Passport to Market – support to care homes to manage the additional staffing costs associated with infection, prevention control and outbreak management	£777,266
Total	£1,162,028

- 2.3 To ensure adherence to state aid regulations, as well as conditions of the grant funding, all providers will be required to review and disclose any state aid implications and confirm adherence to the grant conditions prior to the award of allocated funds.

3. Alignment with corporate priorities

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

4. Significant Implications

- 4.1 Resource Implications
The following bullet points set out details of significant implications identified by officers:
- Grant Funding has been awarded by central government so will come at no additional cost to the Council. The Council have the ability to recover and redistribute sums should an error based on the information provided be made.
- 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The following bullet points set out details of significant implications identified by officers:
- The Grant carries with it a number of conditions and could have implications under state aid regulations. An outline of how this is being managed is within paragraph 1.3
- 4.3 Statutory, Legal and Risk Implications
The following bullet points set out details of significant implications identified by officers:
- The Grant carries with it a number of conditions and could have implications under state aid regulations. An outline of how this is being managed is within paragraph 2.3
- 4.4 Equality and Diversity Implications
There are no significant implications for this priority.
- 4.5 Engagement and Communications Implications
There are no significant implications for this priority.
- 4.6 Localism and Local Member Involvement
There are no significant implications for this priority.
- 4.7 Public Health Implications
There are no significant implications for this priority.
- 4.8 Environment and Climate Change Implications on Priority Areas

- 4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: no impact
- 4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: no impact
- 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation: no impact
- 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: no impact
- 4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation: no impact
- 4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation: no impact
- 4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Neutral
Explanation: no impact

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

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Christine Birchall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been cleared by Public Health	Yes/No – not able to respond Name of Officer: Emily Smith
Environment	Yes Name of Officer: Emily Bolton

5. Source documents

5.1 None

Adults Policy and Service Committee Agenda Plan

Published on 1st March 2021

Updated 8 March 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. *Reporting to restart at Committee in May 2021
- 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
18/03/21	Housing Related Support Approach	S Torrance	2021/017	05/03/21	10/03/21
	Integrated Community Equipment - procurement	D Mackay	2021/014		
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Section 75 Annual Report	S Torrance	2021/010		
	ASC Transport Project: exemption request and short term tendering plan.	G Singh	2021/030		
	Annual Service User's survey	C Black	Not applicable		
	Annual Safeguarding Board Report	J Proctor	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Integrated Care Partnership (ICP) update	M Moore	Not applicable		
	Workforce Capacity Grant	S Torrance	Not applicable		
	EU Exit Preparations	A Askham	Not applicable	Circulate via email	
15/04/21 Provisional date				02/04/21	07/04/21
27/05/21	Occupational Therapy Section 75 Agreement	D Mackay	2021/027	14/05/21	19/05/21
	Rapid Discharge and Transition Cars Contract	R Miller	2021/028		
	Improved Better Care Fund Cars Contract	R Miller	2021/028		
	Lifeline Service Provision for Peterborough	D Mackay	2021/032		
	Care Suites, East Cambridgeshire – Outline Business Case	G Singh	2021/038		
	Adult Social Care Partnership Boards – Annual Report	C Williams	Not applicable		
	Adults Positive Challenge Report	C Black	Not applicable		
	Commissioning of additional block bed capacity in care homes – Outcome of Procurement	M Foster	Not applicable	Circulate via email	
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	System for the Direct Purchasing system in CCC	R Miller	TBC	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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
12/05/22				29/04/22	04/05/22

To be programmed:

Adults Self-Assessment – Charlotte Black TBC

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