

Adult Social Care – Directors Report

To: Adults Committee

Meeting Date: 14 January 2021

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

Electoral division(s): All

Forward Plan ref:

Key decision: No

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

Recommendation: Adults Committee are asked to:

Note the information contained in this update report

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1. Background

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

2. Main Issues

2.1 Financial update

- 2.1.1 Similarly to councils nationally, cost pressures have been faced by Adult Services in Cambridgeshire for several years. This includes the rising cost of care homes and home care, particularly the requirement to ensure compliance with the national living wage, as well as the increasing needs of people in receipt of care. Adult Social Care generally benchmarks as low cost with good outcomes. Despite this situation, for 2020/21, Adults Services had a balanced starting budget with no un-mitigated pressures carried-forward from the previous year.
- 2.1.2 The impact of Covid-19, however, will be significant for Adult Social Care, we are expecting to spend at least 10% more than budgeted for. A substantial proportion of this will be funded by the NHS, as part of national financial arrangements for hospital discharges until September, but the Council is having to make investments into the care sector to ensure stability and sustainability (the major element of which is a 10% resilience payment made to most providers of adult social care for much of the first quarter of the year to fund Personal Protective Equipment (PPE) and infection control measures). Adult Social Care is also facing a severe impact on its delivery of demand management and savings programmes.
- 2.1.3 We have also faced increasing demand pressures. Adults who were previously supported at home by friends, family and local community services have not been able to secure this support during COVID-19 due to visiting restrictions during lockdown. This has increased reliance on professional services; the ability to focus on conversations about the use of technology or other preventative services have been restricted due to the refocusing of staffing resources towards COVID-19 needs. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based services due to lockdown.

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

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

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

2.1.6 Additional spending commitments include:

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

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

2.2 Responding to COVID-19

2.2.1 Latest COVID-19 Guidance

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

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

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

2.2.2 Infection Control Fund

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

2.2.3 Care Home Support

2.2.3.1 Lateral Flow Tests

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

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

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

2.2.3.2 Vaccinations

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

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

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

2.2.3.3 Visiting

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

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

2.2.3.4 Designated Settings

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

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

2.2.3.5 Adult Social Care Winter Plan

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

2.2.4 Workforce

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

2.2.4.1 Staff Flu Vaccinations

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

2.2.4.2 Staff COVID-19 Vaccinations

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

2.2.5 Healthwatch feedback

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

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

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

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

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

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

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

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

2.2.6 Day services

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

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

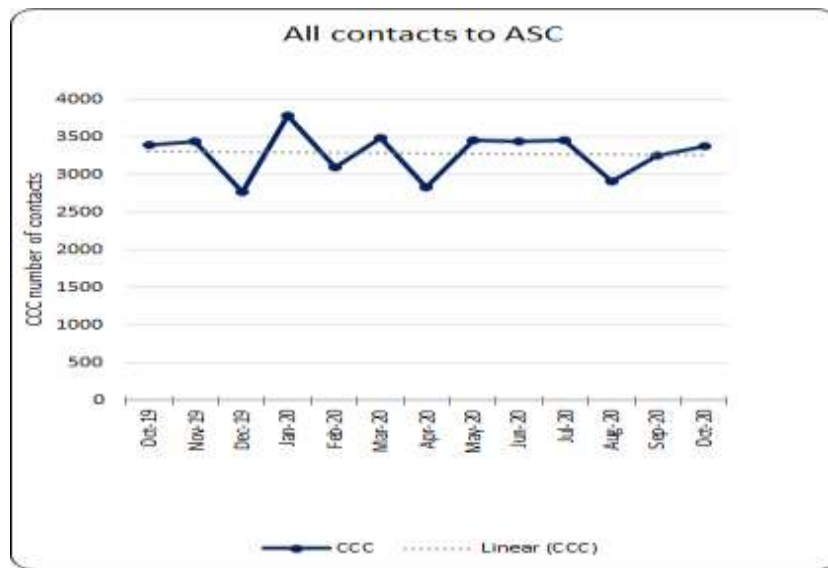
2.2.7 Continuing Health Care (CHC)

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

2.3 Information and Advice, Contacts and Adult Early Help

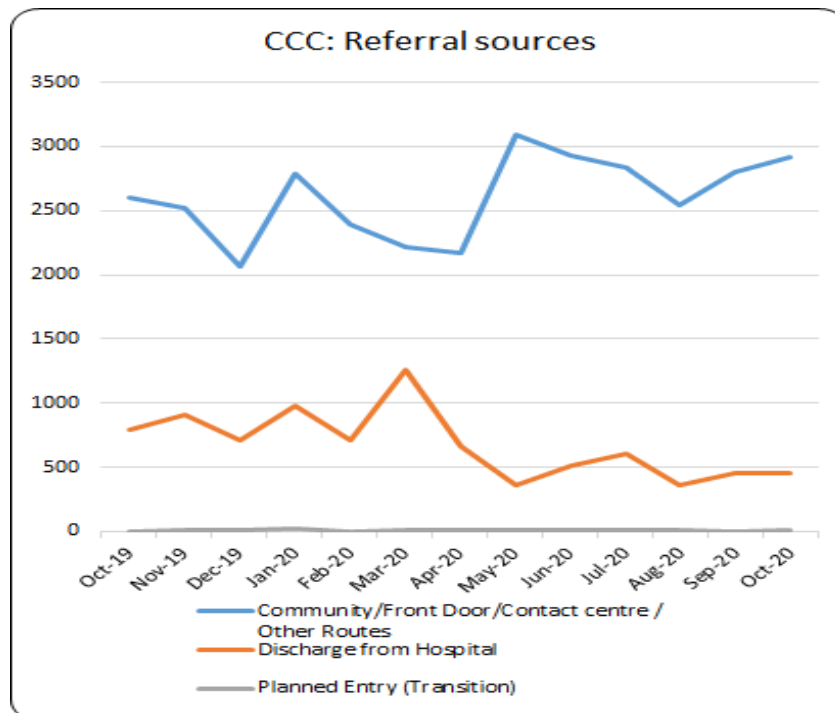
2.3.1 Other than in April - August, where there was a dip in contacts to Adult Social Care, levels of contacts have overall remained similar to pre-COVID-19 levels. However, the source of contacts has changed, with an increased number coming through the Council's customer services and the Adult Early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

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



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

2.3.1.2 Graph shows where the new contacts were made



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

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

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

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

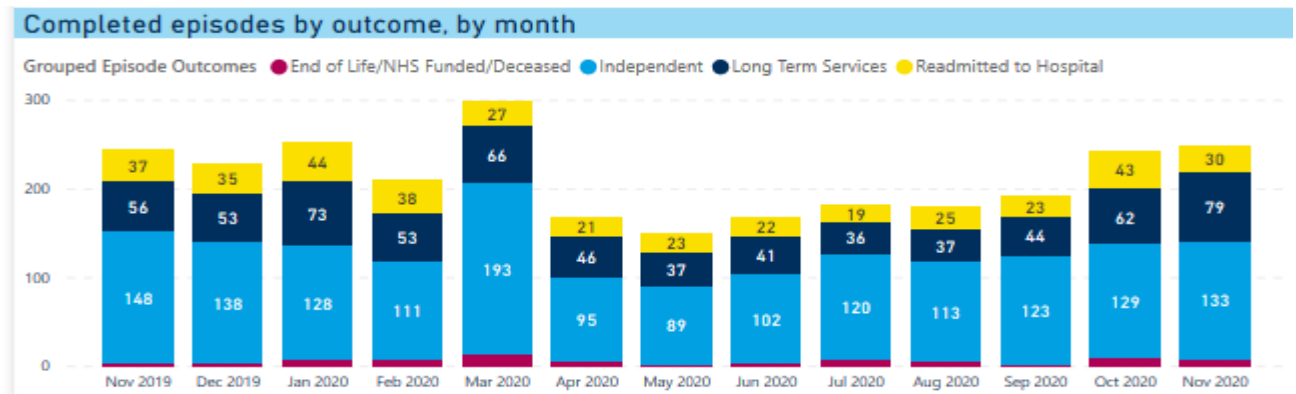
The operating model to support these changes is being developed and can be shared when finalised.

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

2.4 Reablement, rehabilitation and enabling people to regain independence

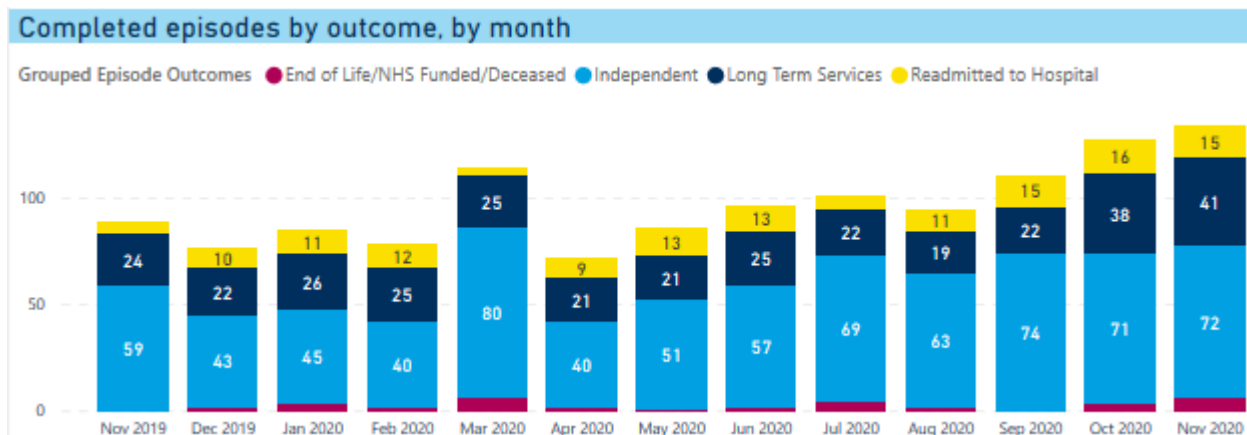
2.4.1 There had been a decline in the number of reablement referrals from hospitals since the start of the year. Referrals are now increasing especially from the community with 55% of all referrals being from the community since April 2020.

2.4.1.1 The graph shows all the reablement referrals



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

2.4.1.2 The Graph shows the Community reablement referrals



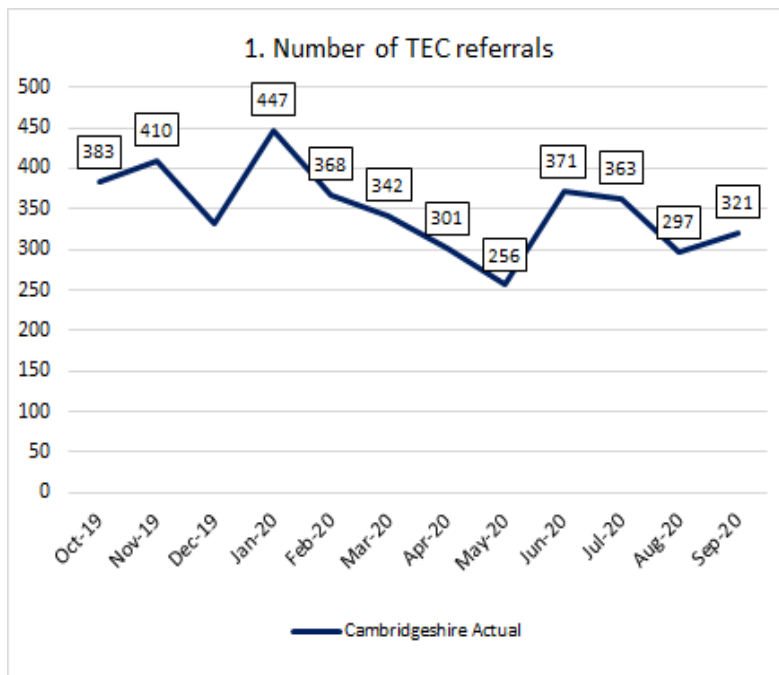
The graph above shows the gradual growth in reablement episodes originating from the community rather than hospital. In November 2019, 89 people referred from the community completed a period of reablement. In November 2020 this number had risen to 134, the highest number in the twelve-month period.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

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

2.5 Technology enabled care (TEC)

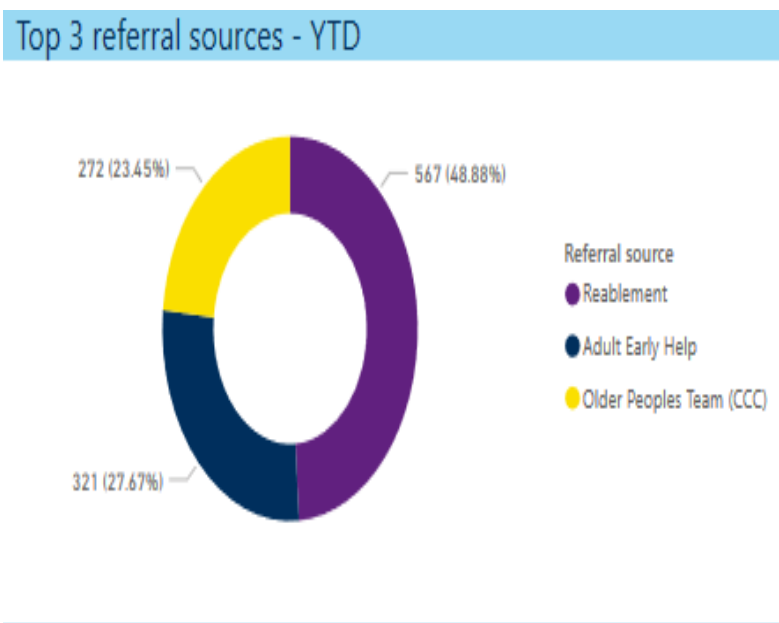
The decline in overall referrals to Adult Social Care from hospital has also impacted on the numbers of new people referred to receive technology enabled care (TEC). The most common outcomes from TEC referrals have been prevention of hospital admission (1525), informal carer support (862) and managing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

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



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

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



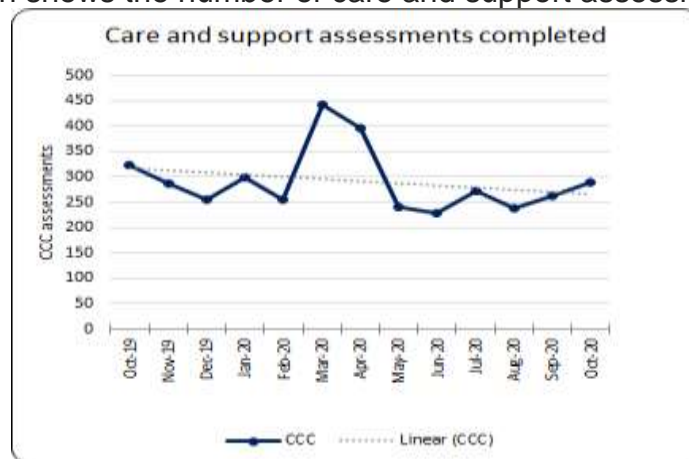
The chart above shows the top three referral sources year to date for TEC:

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

2.6 Supporting people with long term care and support needs

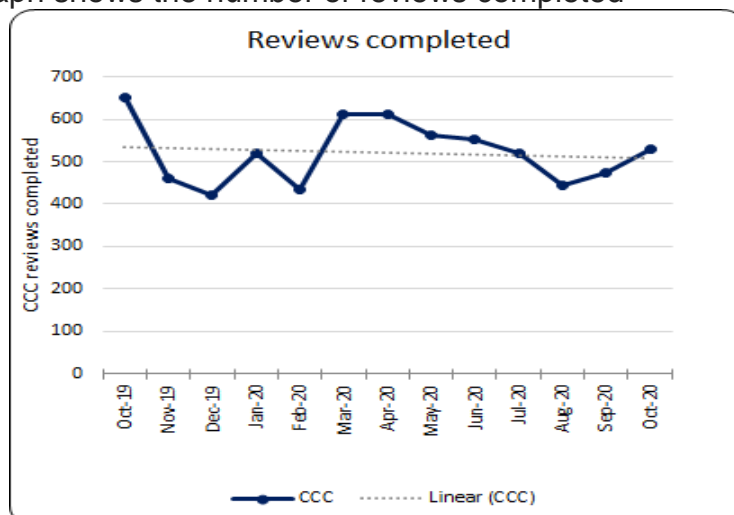
2.6.1 There has been a marked increase in assessment activity in April and May, before falling sharply. Reviews increased in March and April, as changes to care packages were picked up, but dropped in August and September 2020. For both assessment and reviews, the trend has been rising in more recent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

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



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

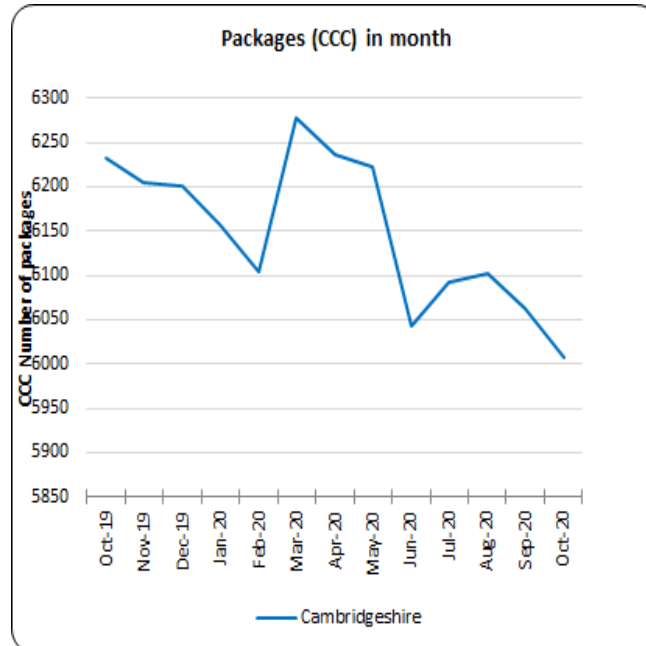
2.6.1.2 The Graph shows the number of reviews completed



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

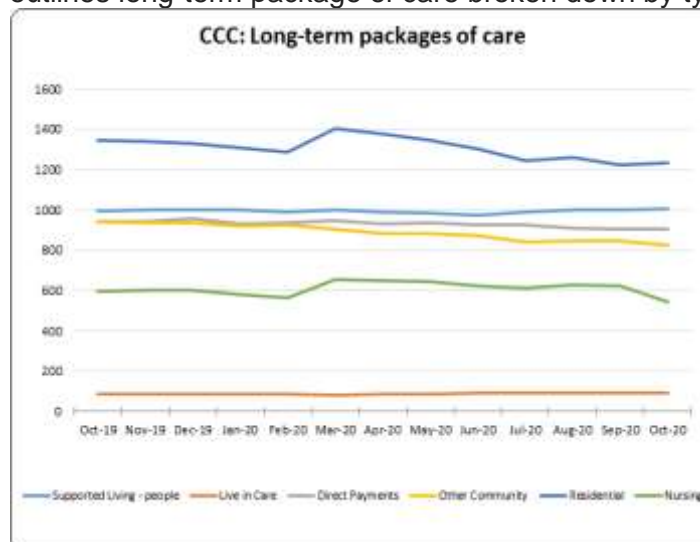
2.6.2 The number of people receiving long term packages of care and support funded in whole or in part by the Council has fallen overall since May 2020. The main reductions have been in residential care and nursing home care, and other community packages, which includes day care. There has also been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

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



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

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



The graph above shows long term packages broken down by type. Decreases have been seen in residential care, the dark blue line, reducing from a peak of 1404 in March 20 to 1231 (-173) in October 2020. Other community, the yellow line, reducing from 943 in October 2019 to 825 (-118) in October 2020. Nursing home care, the green line, reducing from a peak of 696 in March 2020 to 540 in October 2020 (-156).

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

2.7 Carers

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

2.8 Commissioning and Market Management

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

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

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

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

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

2.10 **Financial Assessment and Charging**

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

2.11 **Learning Disability Partnership**

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

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

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

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

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

3.2 Thriving places for people to live

Ensuring people have access to the most appropriate services in their communities

3.3 The best start for Cambridgeshire's children

There are no significant implications for this priority

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority

4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement
There are no significant implications within this category.

4.7 Public Health Implications
There are no significant implications within this category.

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

5. Source documents

5.1 Source documents

National Covid19 guidance

Healthwatch Cambridgeshire – Your Care During Covid

Healthwatch Cambridgeshire – Leaving Hospital During Covid-19

5.2 Location

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

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

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