

ADULTS AND COMMUNITIES SCRUTINY COMMITTEE	AGENDA ITEM No. 7
14 JANUARY 2020	PUBLIC REPORT

Report of:	Charlotte Black - Director Adults and Safeguarding	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health	
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PETERBOROUGH ADULT SOCIAL CARE ANNUAL PORTFOLIO HOLDER UPDATE AND SELF ASSESSMENT

R E C O M M E N D A T I O N S	
FROM: <i>Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health</i>	Deadline date: <i>N/A</i>
<p>It is recommended that Adult and Communities Scrutiny Committee</p> <ol style="list-style-type: none"> 1. Consider and comment on the annual update for Adult Social Care, including the self-assessment for Peterborough Adult Social Care and the public facing summary for inclusion on the Council website. 	

1. ORIGIN OF REPORT

- 1.1 The Adults and Communities Scrutiny Committee requires an annual update report for the Adult Social Care portfolio holder and service director.

2. PURPOSE AND REASON FOR REPORT

- 2.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment. This year we are sharing the results of the assessment as the basis the annual update to committee.
- 2.2 This report is for the Adults and Communities Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2 Functions determined by the Council:
 1. Adult Social Care
 2. Safeguarding Adults
- 2.3 This report links to the following corporate priority:
 3. Safeguarding vulnerable children and adults.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 BACK GROUND

4.1.1 This paper provides an update on Adult Social Care across commissioning and operational functions, including the outcomes of the recent Peterborough annual self-assessment of Adult Social Care.

4.1.2 As a core part of the Sector Led Improvement programme in the Eastern Region, led by the Association of Directors of Adult Social Services (ADASS), Directors are asked to complete a self-assessment. The self-assessment covered a wide range of themes. Peterborough City Council submitted a self-assessment on 31 October 2019 and this paper summarises the key themes that have emerged through that process.

4.1.3 The self-assessment process also includes a peer challenge by a peer Local Authority in the Region as part of the Association of Directors of Adult Social Services (ADASS) performance improvement process and this will be provided to Cambridgeshire and Peterborough by the Director from Southend and his senior team and will take place on 9 January 2020. In addition ADASS arranges an external challenge session by an expert peer (previously a Director of Adult Social Services) and this will take place in late January / early February 2020.

4.1.4 There is a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. Appendix One provides a public facing overview to be shared more widely as the Local Account for Peterborough City Council.

4.1.5 The following is a summary update on Adult Social Care, including the findings of the self-assessment as submitted in October 2019.

4.2 Self-Assessment – Key Risk, Challenges, Innovations and Achievements

4.2.1 *Risks and challenges*

The following are identified as the key risks and challenges for 2018/19:

1. There are a range of risks around the social care market in Peterborough including- the risk of provider failure, increased costs of residential and nursing placements impacting on budget and availability of domiciliary care.
2. The challenges of working across the health and care system at a time of significant financial challenge for the health and care system has impacted on the ability to maintain a joint strategic approach. We continue to work hard with NHS partners to maintain a joint approach and are working across the health and care system as part of the Strategic Transformation Partnership (STP) and through the development of the NHS Long Term Plan.
3. Peterborough City Council's financial challenges have and continue to be a dominant theme but the Council remains committed to protecting those non statutory services that help manage demand and promote independence.

4.2.2 *Innovation and Achievements*

The following were identified as the top three innovations and achievements in 2018/19:

1. The Adults Positive Challenge Programme: joint transformation and demand management programme across Cambridgeshire County Council and Peterborough City Council leading to culture change, practice change and improved outcomes as part of a whole Council approach

2. Increased uptake in Direct Payments from 25% in April 17 to 30% in April 19. As a result of commissioning a new support provider, there has been an increase in the number of personal assistants available. Pre-paid cards have also been implemented.
3. Improved performance in relation to meeting Transforming Care targets and high performance on Delayed Transfers of Care (DTC) for social care reasons.

4.3 Leadership and Governance

4.3.1 The Council shares a Chief Executive and Senior Management Team with Cambridgeshire County Council and continues to align services where it is identified to be to the benefit of citizens, this includes a shared Executive Director of People and Communities and Director for Adults and Safeguarding.

4.3.2 The integration of the Adults senior management team across Peterborough City Council and Cambridgeshire County Council has led to the development of a shared Adults Positive Challenge transformation programme with a shared vision, values and behaviours. It has also enabled us to reduce duplication, increase consistency and share best practice.

4.4 Vision and Values

4.4.1 The Adults Positive Challenge Programme covers Adult Social Care across Cambridgeshire and Peterborough, within the programme we have agreed the following vision and outcomes:

4.4.2 Vision - By 2023 local people will drive the delivery of care, health and wellbeing in their Neighbourhoods

4.4.3 Outcomes

The People and Public Outcomes will be:

1. Neighbourhood approach supports independence and resilience
2. More people live independent and fulfilling lives for longer
3. People receive information, advice and support appropriate to their level of need, that will help them remain independent for longer
4. People and partners are clear about what the Council can and can't do

4.4.4 We will deliver these outcomes by linking with communities and maximising the impact of every conversation, alongside optimising the use of technology and reablement.

4.5 Adult Early Help

4.5.1 The Adult Early Help team came into effect in November 2017 following a six-week mobilisation period. The intention was to create an approach to service delivery that:

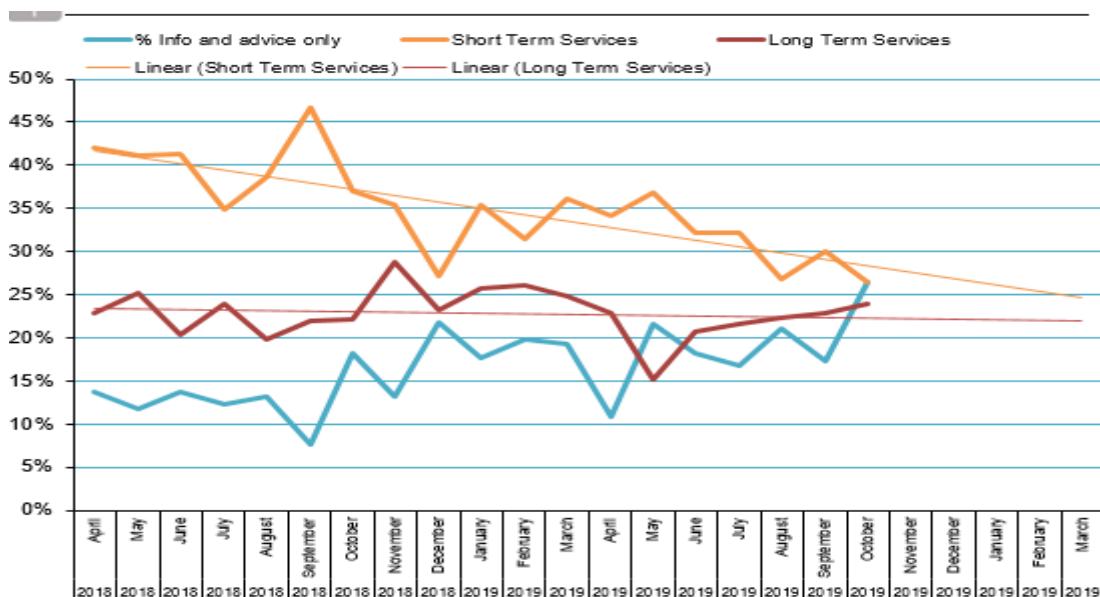
1. Prioritises the ability of a person to live independently and safely in their community
2. Maximises their input to decision-making about how and in what ways they want to have their needs met
3. Makes the person's journey feel more straightforward and easy to understand
4. Provides a resolution of their needs as early as possible

4.5.2 The overall aim of the service is to resolve people's needs as early and as efficiently as possible, with as few contact points or handoffs for people as possible. The expected outcomes include:

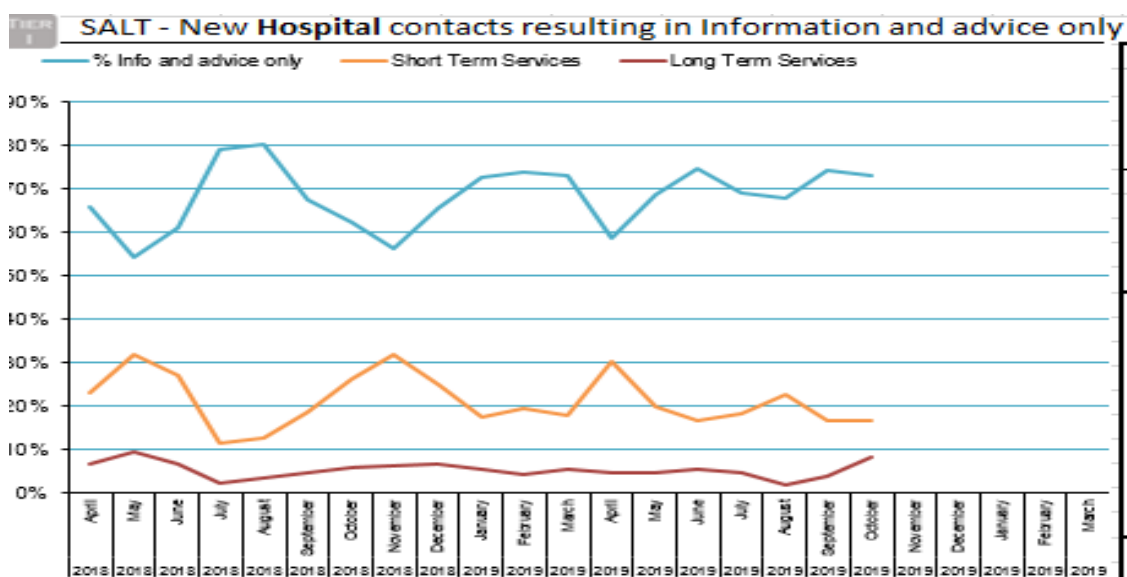
1. Limiting multiple entry points into the service
2. Provision of information and advice to people regarding ASC support services
3. Signposting to local community services or more cost-effective Council services
4. A reduction in the numbers of people referred to longer term ASC care which is more expensive.

4.5.3 As well as Social Workers carrying out assessments, the team has Care Advisers and Care Support Workers who handle the incoming calls and first point of resolution. The service has contact with over 500 people each month and less than 25% of new clients moving through to assessment for long term care and support services, which is a significant reduction from the time when we had no Adult Early Help. The following graph shows the contacts for new clients

going through Adult Early Help and a breakdown of the outcomes from the intervention.



4.5.4 The Adult Early Help contacts do not include new clients discharged from hospital, the outcomes for which are shown in the graph below.



4.6 **Supporting people to stay well in their own homes - community focus**

4.6.1 The Adults Positive Challenge (APC) Programme is focussed on designing a new approach and service model for Adult Social Care in Cambridgeshire and Peterborough. This is driven by the need to continue to improve outcomes for individuals and communities, whilst also being economically sustainable in the face of the huge pressure on the sector. The fundamental principle of the strategic change is a model which is based on putting choice and independence directly into the hands of individuals and communities.

4.6.2 The work streams in this programme include: changing the conversation with individuals and communities, carers support, targeting reablement, expansion of Technology Enabled Care, and preparing for adulthood. The programme is underpinned by the use of behavioural science tools applied to both our conversations and the information we provide via digital and more traditional media. This is whilst completing more proportionate assessments with more personalised outcomes.

4.6.3

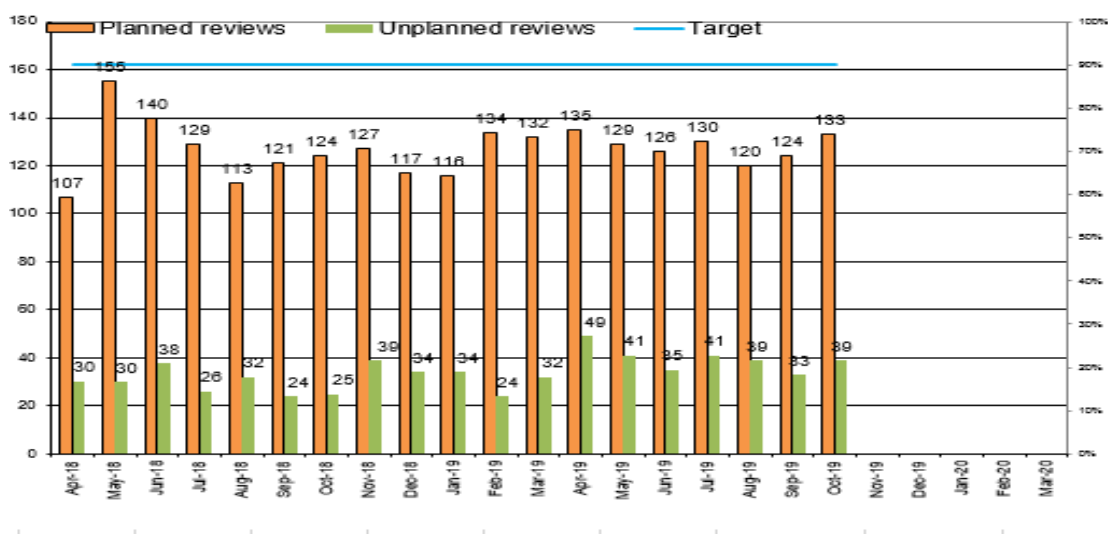
The Council has seen a steady increase in Direct Payments uptake over the last two years, with 30% of the clients receiving a direct payment to cover their community based care and support package as at September 2019.

4.6.4

As part of the Adults Positive Challenge programme there has been a focus on timely and proportionate reviews, particularly for those discharged from hospital. This has led to an increasing numbers of reviews and improved outcomes, including take up of technology enabled care.

4.6.5

The graph below shows the number of reviews carried out per month. The unplanned reviews include the post hospital discharge reviews for people with care and support needs in their own homes, which we have been piloting since April 2019. These reviews are being undertaken with people following a period of time in hospital, where the focus has been on looking to prevent readmission and supporting with any emerging needs or changes in circumstances, once the person has recovered for a short period at home.



4.7 Reablement, rehabilitation and enabling people to regain independence

4.7.1

The health and social care system continues to be focused on reducing Delayed Transfers Of Care (DTC) recognising that delays can lead to a faster and more extensive decline in the physical and mental wellbeing of older people, and in turn this can result in a larger package of support being required. There has been significant improvement in DTC over the past 18 months. Peterborough City Council has maintained a low level of social care delays from acute hospital beds.

4.7.2

The majority of our reablement referrals currently come from people requiring support to return home from hospital, although we would like to see an increase on the numbers of people referred to the service from the community to prevent hospital admission and avoid a further decline in independence.

4.7.3

The referral process for new clients requiring Adult Social Care, following a stay in hospital or the intermediate care service is coordinated via the Transfer of Care Team based in the hospital referring directly into the reablement service. People either require a continued period of reablement support and assessment or require care, which is all completed by the reablement service. Technology Enabled Care (TEC) is an integral part of this service, as well as direct access into the other services offered by the Home Service Delivery team including minor and major adaptations, handyperson service, aids and adaptations, equipment, fuel poverty checks and provision of heating, repairs needed to their home and referral into voluntary organisations for continued support.

4.7.4

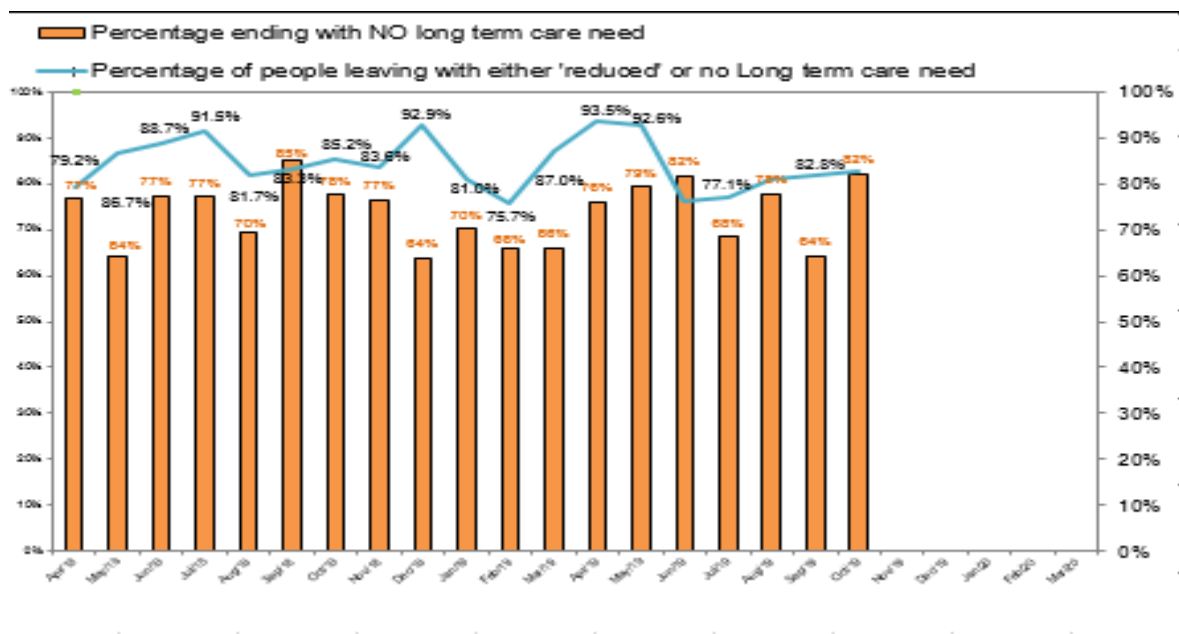
The reablement service has continued to deliver good outcomes with positive customer feedback and a high percentage of clients ending their period of reablement with no ongoing

long term care and support needs. However capacity has been under pressure in 2019/20 with difficulties in recruitment and retention of staff and shortages in domiciliary care capacity. This can mean that some Reablement capacity (up to 100 hours per week) gets taken up delivering home care as the Council's provider of last resort.

4.7.5

The graph below illustrates the percentage of adults completing reablement with no further long term care needs (average of 76%) or reduced long term care needs (average of 84%), evidence the importance of the service for demand management.

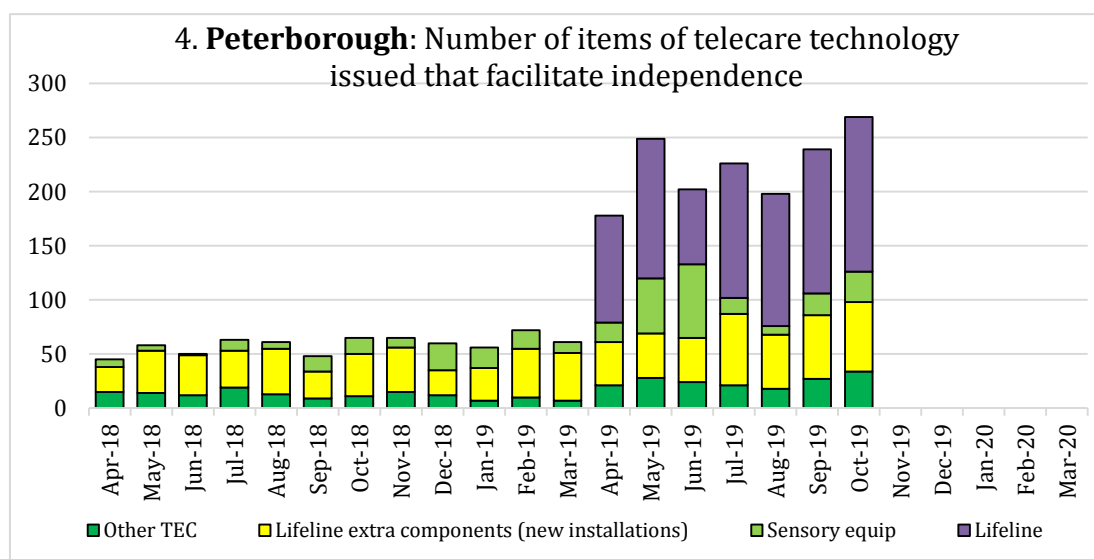
Percentage of people receiving reablement who required less or no long term care.



4.8
4.8.1

Technology Enabled Care (TEC)

During 2019/20 there has been an increased focus on promotion of Technology Enabled Care, both at an early point for potential new clients to avoid the need for long term care, and for existing clients to prevent deterioration and minimise reliance on commissioned care and support. The graph below shows the increased activity in relation to Technology Enabled Care. The graph below illustrates the increase in issue of Technology Enabled Care (the dark green), products to connect through to lifeline alarms (yellow) and sensory equipment (light green).



4.8.2

Commissioning continue to work with operational colleagues on the development of Technology Enabled Care as part of the Adults Positive Challenge Programme. This has four

work streams:

1. Ensuring staff think 'TEC First' when triaging and support planning
2. Ensuring the general public have access to good quality information and advice to make decisions around the use of Technology Enabled Care
3. Aligning the operating model for Technology Enabled Care across Cambridgeshire and Peterborough to ensure a consistent and equitable service is in place
4. Ensuring ongoing innovation through tapping into benefits offered by the latest technology and building business cases based on robust 'Return on Investment' propositions.

4.9 Safeguarding People

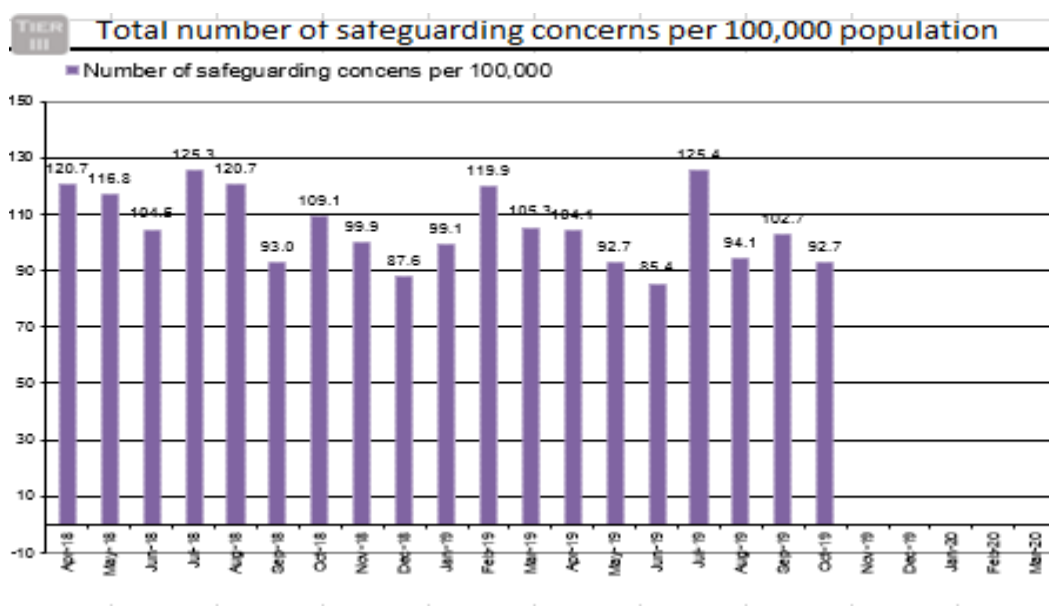
4.9.1 Overseen by the Cambridgeshire and Peterborough Safeguarding Adult Board (SAB), a multi-agency safeguarding policy has been developed in conjunction with all key stakeholders.

4.9.2 At the forefront of our safeguarding work is the Multi-Agency Safeguarding Hub (MASH); a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) that supports joint working on child protection and safeguarding adults.

4.9.3 The Adult MASH team's main responsibilities are:

1. Triage of adult safeguarding referrals
2. Screening-out inappropriate referrals therefore saving time for care teams
3. Ensuring appropriate immediate action is taken;
4. Either carry out a section 42 (s42) enquiry or identify the key team or organisation that will carry out the enquiry
5. Work with the person in the right way for them and their situation, to get the outcome they want and need
6. Collate and share any relevant information with the key team or organisation undertaking the s42 enquiry
7. Provide advice and support to care teams on safeguarding issues
8. Oversee the collection of safeguarding management information

4.9.4 During 2018/19 the MASH received 1,694 safeguarding concerns, an average of 141 per month. In the period April 2019 to October 2019 this has risen slightly to 149 per month. The graph below shows the increase overall increase and a peak in July 2019.



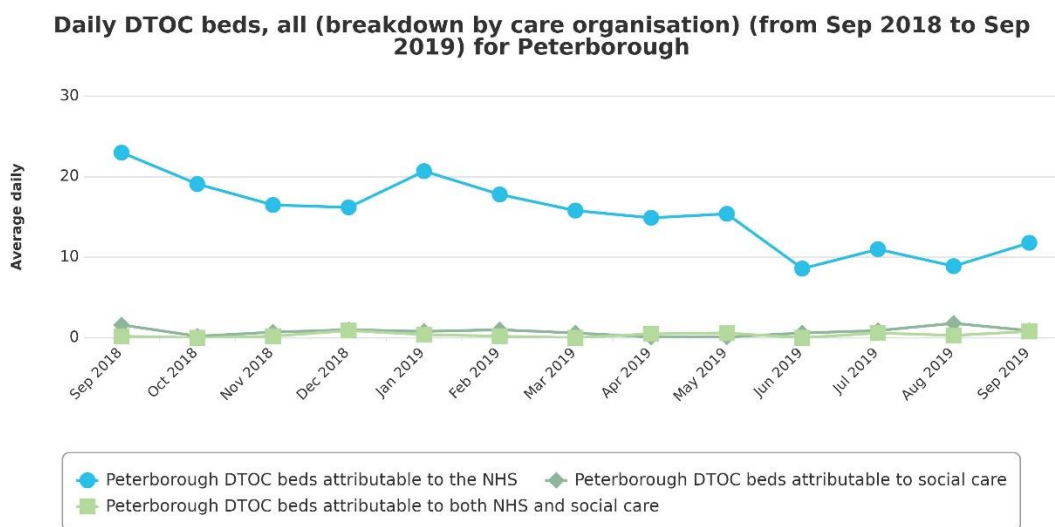
4.9.5

Of the concerns received, the vast majority have been resolved within the MASH, with only a small percentage requiring a full enquiry under section 42 of the Care Act. During 2018/19 249 concerns proceeded to a full section 42 enquiry, an average of 21 per month. So far in 2019/20 174 concerns have proceeded to enquiry, a slightly higher average of 25 per month. This might be in part a reflection of the increased number of concerns but might also be a reflection of better awareness of safeguarding issues meaning that more of the concerns we receive are appropriate for the interventions an enquiry can lead to.

4.10 System Working to address Delayed Transfers Of Care (DTOCs)

4.10.1 Delayed Transfers Of Care have continued to be a challenge for the system over the past 12 months, though we have seen significant improvements in this area, consistently over-delivering on the national 3.5% target. Social care attributable delays have remained exceptionally low. This is a testament to strong multi-disciplinary team approach to managing complex discharges, with the implementation of an integrated discharge service in each acute.

The below graph shows a breakdown of DTOCs by attributable organisation.



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4.10.2 For September 2019 Peterborough, compared to all single tier and county councils in England, is ranked 72 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 113 on the rate of delayed days attributable to the NHS, and 31 on the rate of delayed days attributable to social care. The below graph shows Cambridgeshire's performance compared to other counties.

4.10.3 The below provides an update on more recent local performance data for Peterborough City Hospital for the past 5 weeks against the 3.5% national target:

Date	Peterborough City Hospital % Performance
27/10/19	2.9%
3/11/2019	2.9%
10/11/2019	3.4%
17/11/2019	3.3%
24/11/2019	3.3%

4.11

4.11.1 Performance and Outcomes – Adult Social Care Outcomes Framework (ASCOF)

Each year the Council compares itself to other local Authorities based on national metrics (ASCOF) which are published by NHS Digital. Below are the key headlines from that comparison

4.11.2

Peterborough has a lower number of people discharged from hospital into reablement and a lower percentage of reablement packages resulting in no further care than the region. This is likely to be due to the use of The British Red Cross as an alternative to reablement for people with lower levels of need who just need time limited support to step down from hospital. This allows the reablement service to focus on providing reablement where it has the greatest impact, meaning that the service can also work with people for whom an ongoing care and support package can be reduced rather than working more exclusively with those unlikely to require further long term care. When taking account of those leaving with reduced care and support needs percentages are higher at 84%.

4.11.3

Peterborough has made sustained efforts to promote direct payments as an option over recent years and now 30% of long term service users receive a direct payment. This alongside the volume of extra care and supported living arrangements in place for Peterborough City Council, accounts for the comparatively larger proportion of long term care recipients receiving community based care packages. Conversely permanent admission rates to residential care remain low and below the regional average.

4.11.4

Increasing Learning Disability employment has also proved challenging with much of the support activity being targeted at people who are not eligible for long term care and support. Mental Health employment rates are much better, being the highest in the region.

4.11.5

Peterborough continues to see high overall rates of Delayed Transfers of Care from acute settings, although low rates of delays for social care reasons.

		Legend								
		Peterborough is better than comparator		Peterborough is the same as comparator		Peterborough is worse than comparator				
Ref	ASCOF - Indicator	Measure	2016/17	2017/18	2018/19	Peterborough Region	CIPFA	England	Rank	DOT
1A	Social care related quality of life (Score)	Bigger is Better	19.5	19.6	19.4	19.3	19.1	19.1	35	↓
1B	Service users with control over their daily life (Percentage)	Bigger is Better	79.7	81.8	82.7	79.4	78.5	77.6	11	↑
1C1A	People receiving self-directed support (Percentage)	Bigger is Better	97.9	99	98.7	85.2	100	89	54	↓
1C2A	People receiving direct payments (Percentage)	Bigger is Better	25.3	26.9	30.1	25.9	30.8	28.3	61	↑
1C1B	Carers receiving self-directed support (Percentage)	Bigger is Better	100	100	100	93.4	74.8	83.3	1	→
1C2B	Carers receiving direct payments (Percentage)	Bigger is Better	27.1	44.7	55.2	78.4	98.3	73.4	114	↓
1D	Carer-reported quality of life (Score)	Bigger is Better	7.8	7.8	7.4	7.3		7.5	72	↓
1E	Adults with learning disabilities in employment (Percentage)	Bigger is Better	9.6	6.3	5.9	8	5.2	5.9	66	↓
1G	Adults with learning disabilities living in own home or with family (Percentage)	Bigger is Better	83.8	81.2	80.5	76.3	88.5	77.4	66	↓
1I(1)	Service users with as much social contact as they would like (Percentage)	Bigger is Better	46.1	49.3	49	47.2	45.6	45.9	35	↓
1I(2)	Carers with as much social contact as they would like (Percentage)	Bigger is Better	33.2	33.2	32.2	27.7		32.5	63	↓
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)	Smaller is Better	7.5	6.7	8.3	14.9	10.5	13.9	36	↑
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)	Smaller is Better	439.6	441.8	372.8	518.1	575.5	579.4	20	↓
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)	Bigger is Better	72.4	75.6	81.6	81.2	81.6	82.4	100	↑
2B2	Older people receiving reablement services after leaving hospital (Percentage)	Bigger is Better	2.7	2.2	2.5	2.8	3	2.8	86	↑
2C1	Delayed transfers of care (Per 100,000)	Smaller is Better	12	14	14.3	10.5	7.9	10.3	131	↑
2C2	Delayed transfers of care attributable to social services (Per 100,000)	Smaller is Better	0.3	0.2	0.8	3.2	1.5	3.1	29	↑
2C3	Delayed transfers of care attributable to both (Per 100,000)	Smaller is Better	N/A	0.8	0.5	0.5	0.5	0.8	92	↓
2D	The outcome of short-term services: sequel to service no care needs (Percentage)	Bigger is Better	70.2	74.8	72.6	86.3	75.4	79.6	97	↓
3A	Client satisfaction with care and support (Percentage)	Bigger is Better	65.5	65.8	66.4	64	64	64.3	49	↑
3B	Carer satisfaction with social services (Percentage)	Bigger is Better	38.1	38.1	39.8	37.6		38.6	61	↑
3C	Carers included or consulted in decisions (Percentage)	Bigger is Better	71.2	71.2	67.7	69.6		69.7	91	↑
3D	Service users who find it easy to get information (Percentage)	Bigger is Better	78.6	75.7	77.3	69.7	68.08	69.7	16	↑
3D	Carers who find it easy to get information (Percentage)	Bigger is Better	64.6	64.6	63.6	61.2		62.3	62	↑
4A	People who use services and feel safe (Percentage)	Bigger is Better	70.9	68.4	70	70.4	69.03	70	80	↑
4B	People who say the services they use make them feel safe and secure	Bigger is Better	83.7	85.6	84.8	85.2	85.07	86.9	99	↓

Note: CIPFA comparison = median average including Peterborough
 Comparator Councils are Rochdale, Thurriock, Swindon, Blackburn with Darwen, Stockton-on-Tees, Calderdale, Bolton, Coventry, Bury, Derby, Warrington, Telford and Wrekin, Milton Keynes, Oldham, Tameside.

The table above summarises the ASCOF indicator published results for the previous 3 years and gives a comparison against the latest results for England, the region and our 15 most comparable Councils as identified by the Chartered Institute of Public Finance and Accountancy (CIPFA)

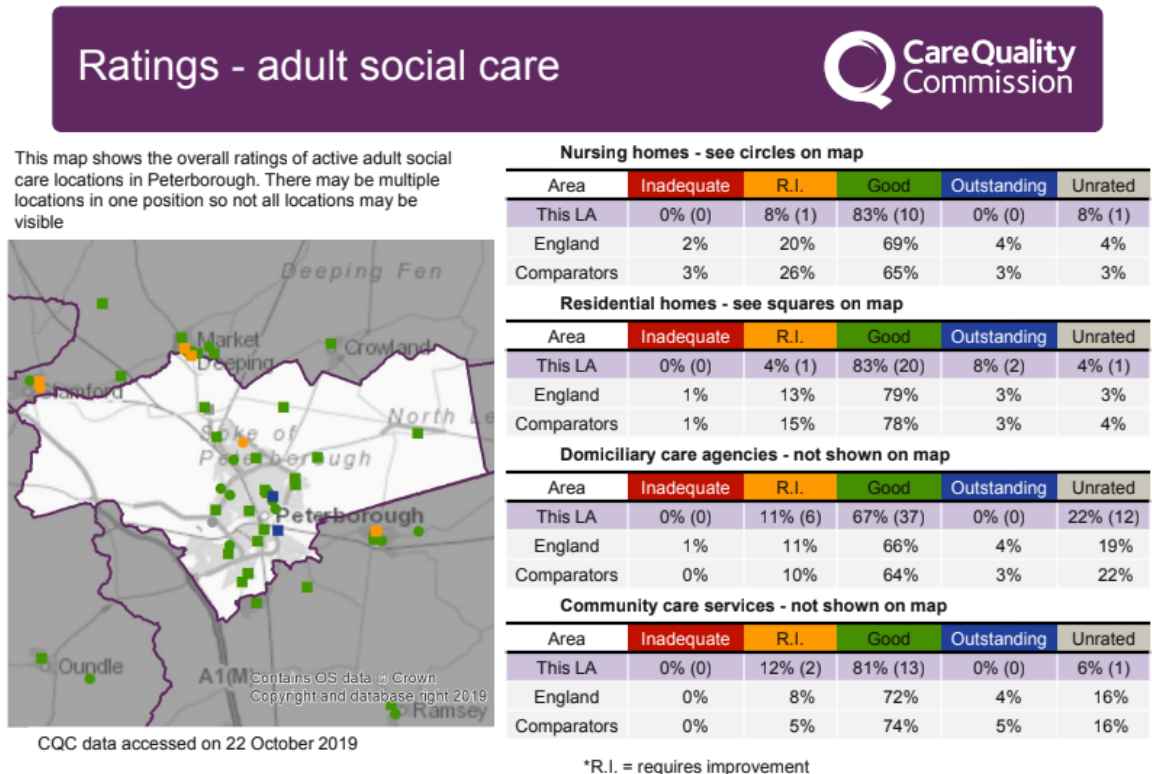
4.12

Market Management

4.12.1

Quality of Care

The Council complies with CQC regulations and continues to work with local providers to ensure quality provision. The below provides an overview of CQC ratings across Peterborough, which that Peterborough is performing comparatively better than both statistical neighbours and national averages. 91% of Peterborough care homes are rated good or outstanding, compared to 81% amongst statistical neighbours and 82% nationally.



4.12.2

Adult Social Care Workforce

Across the Eastern Region, the latest Skills for Care data shows us that the number of adult social care jobs across the Eastern region has increased by 8.6% since 2012 (by 13,500) jobs and increased by around 1.4% (2,000 jobs) between 2016 and 2017.

4.12.3

The turnover rate in Peterborough was 44%, which was higher than the region average of 33.9% and higher than England at 30.70%. Not all turnover results in workers leaving the sector, with 48% of those recruited coming from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

4.12.4

Adult social care has an experienced 'core' of workers. Workers in Peterborough had on average 5.9 years of experience in the sector. Skills for Care estimates that in Peterborough, 9% of roles in adult social care were vacant, this equates to around 500 vacancies at any one time. This vacancy rate was similar to the region average, at 9.7% and similar to England at 8.0%.

4.12.5

The average number of sickness days taken in the last year in Peterborough was 2.6 (4.9 in Eastern and 5.1 across England).

4.12.6

An estimated 80% of the workforce in Peterborough had a British nationality, 12% had an EU nationality and 8% had a non-EU nationality, therefore there was a higher reliance on EU than non EU workers.

4.12.7

The Council continues to support the development and sustainability of the adult social care workforce in a number of ways, including:

- Exploring alternative models of delivering care, for example investing in reablement as the provide rofl sat resort, exploring place based models of delivery and commissioning alternative options such as Technology Enabled Care, direct payments
- Education and development, such as working with LGSS to support the development of the social work degree apprenticeship
- Working with the wider system, for example the Sustainability and Transformation Partnership, to develop system wide workforce strategies
- Working with providers to support planning and mitigations for Brexit

4.13 Brokerage, quality improvement and contract management

4.13.1 There is a now permanent broker based in Peterborough City Hospital who work closely with the discharge planning teams. This post has been well received and helped improve flow and responsiveness.

4.13.2 The contract management team has been transitioning to a more proactive risk based model of contract management with providers. This has improved provider relationships and confidence, and we have had received initial positive feedback from providers on the new approach.

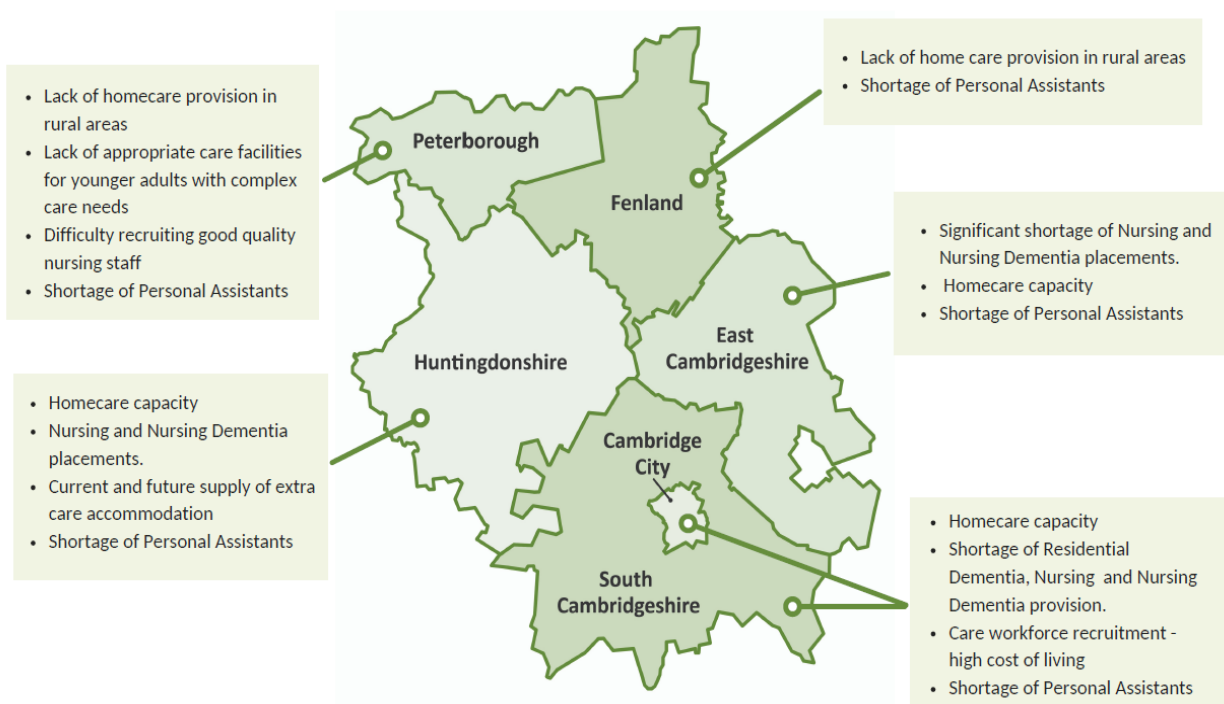
4.13.3 Over the last few months, the team have worked with a number of providers to manage quality issues and contract handbacks. The below provides an overview of existing issues which are being managed by the Council:

- We recently had 1 domiciliary care provider terminate their contract, due to changing their business model and moving their head office out of county. The council has worked closely with the provider, individuals and their families to transition care to alternative provision and there is increased monitoring in place for this transfer to ensure stability of care provision.
- We have increased monitoring in place for 1 domiciliary provider, who is a provider of concern.

4.14 Adult Social Care Commissioning

4.14.1 Due to an ageing population and significant financial constraint, we are facing unprecedented challenges across the system. Within commissioning, there are number of key challenges demonstrated within graphic below:

Map of Cambridgeshire and Peterborough showing key pressures for each district:



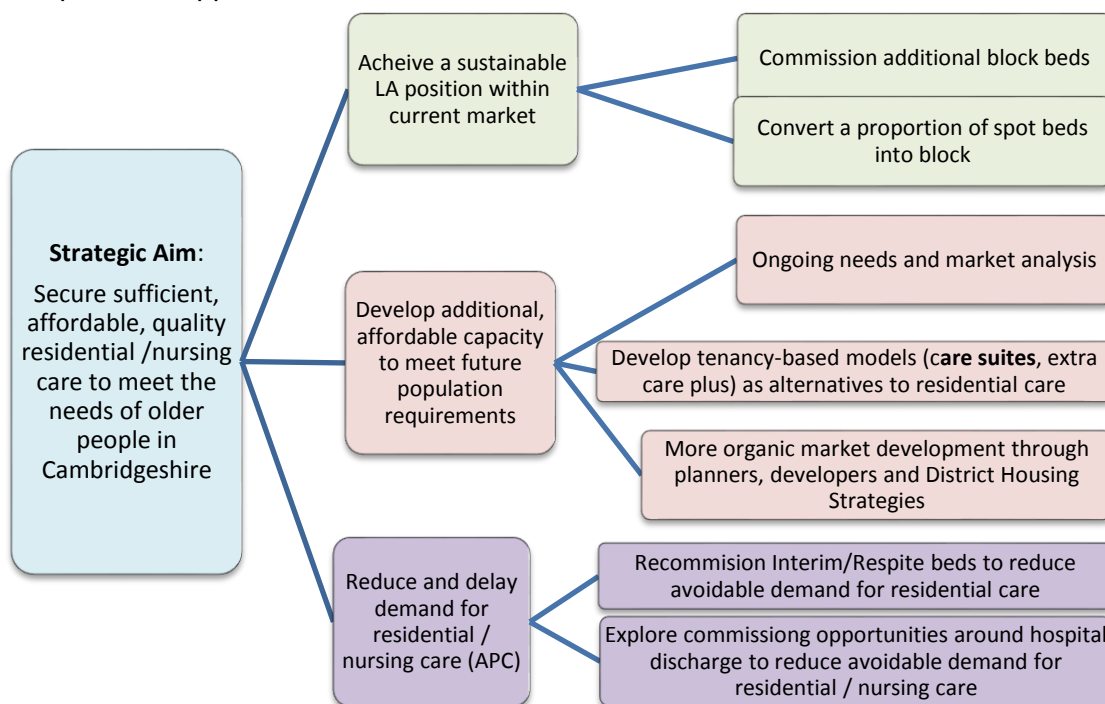
In order to meet the significant challenges we face across the health and care system, Commissioning intend to continue to work creatively to support people to remain independent in their communities for as long as possible and meet increasing demand. The Joint Market Position Statement outlines the approach to implementing the following strategic intentions:

1. Providing individuals with increased choice and control over the services they receive through commissioning provision which enables an increase in direct payments
2. Working in partnership with local organisations, service providers, service users and the general public to design and deliver provision which meets local need
3. Working with providers to develop new ways of working in providing support through models such as micro enterprises.
4. Exploring how the Local Authority can commission by outcomes

4.14.2 **Carers Support:** The provision of carers support has been reviewed and is in the process of being recommissioned. This is a jointly commissioned service with Cambridgeshire County Council, following the CCG withdrawing from the tendering and will take a preventative approach to supporting the local carer population. This links closely with the objectives of the Adults Positive Challenge Programme and we will continue to work with the successful provider to ensure that the objectives are jointly owned and priorities are delivered against. The tender is currently at evaluation stage, with award due to commence in January 2020. Again, work will take place following the award of the new contract to ensure both the provider and local authority are maximising all opportunities to provider carers with access with preventative or formal support provision.

4.14.3 **Older People’s Accommodation:** The overarching aim of the Older People’s Accommodation Strategy is to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community. We are seeking to achieve the above through a multi-faceted plan which will help us gain more control of the local market. This includes reducing demand for residential care, better market management and development of alternative delivery models such as ‘care suites’ and ‘extra care plus’.

4.14.4 This plan and approach is illustrated below.



4.14.5 The strategy therefore focuses on how we can harness all accommodation options for older people in order to manage the demand pressures associated with traditional residential and nursing care offer illustrated in the graphic below.



4.14.6 Through this approach, Commissioning intends to take a more prudent approach to obtaining additional capacity from the market on an incremental basis through the following:

1. Securing the use of existing care home provision and maintain control of cost pressure both now and in the future
2. Working more closely with the market to stimulate the development of new affordable residential and nursing provision.
1. Working to extend the use of extra care so delaying the need for care home placements and engaging with the market to promote increased development of care home provision over time.
2. Continuing to develop, test and refine potential alternative delivery models including:
 - Extra Care Plus: This is local concept in which additional night care hours are commissioned to enable individuals with more complex needs to remain living in their Extra Care tenancy rather than transferring to residential care or nursing care
 - Care Suites: Piloting the use of care suites through conversion of existing care home provision within both Cambridgeshire and Peterborough.

4.14.7 All of the above will enable both Local Authorities to maximise market control, add capacity and manage rising cost pressures within the shortest timescales. The outcome of the above will inform an updated assessment of local need allowing commissioning to compare this to available capacity and consider the outcomes of the extra care and care suites pilots. This will ultimately lead to a clear view of future commissioning priorities which may include further development of care suite should the need for further capacity or management of rising costs be required. The Commissioning Team are also working within both Cambridgeshire and Peterborough to pilot development of care suites through working with providers to convert existing care home provision:

4.14.8 **Housing Related Support:** We continue to review this, to explore new models of delivery that promote best practice and ensure that people accessing housing related support services get the best possible outcomes. To support this, the Council have commissioned an independent organisation to deliver a comprehensive needs assessment which will underpin an updated strategy. This strategy will not only reflect the progress that has been made over the past year, but will confirm an approach to recommissioning services according to best practice moving

forward. This has resulted in an updated completion date of April 2021.

- 4.14.9 **Prevention and Early Intervention:** There is a clear recognition of the need to support moving to an asset based approach to manage demand, which promotes independence and choice, whilst maximising place based community assets. The future commissioning of prevention and early intervention services is a key element to support the delivery of this approach, in line with the principles of Think Communities and Adults Positive Challenge Programme. The tendering of a new prevention and early intervention framework with being progressed. The fact that a number of these contracts are due to end in March 2020 provides us with a unique opportunity to support providers in changing the conversation through the adoption of a new and flexible approach, which will allow communities to pull-down services based on local needs, supporting place based delivery in line with the principles of Think Communities and Adults Positive Challenge.
- 4.14.10 **Integrated Community Equipment Service:** this contract is due to be re-tendered next financial year. Discussions with the CCG and Cambridgeshire County Council to review the current contract and review needs to inform the future commissioning arrangements.
- 4.14.11 **Falls Lifting Service:** The falls lifting service, which was commissioned from Cross Keys and funded via the Improved Better Care Fund, has been successful in reducing ambulance conveyances to hospital. Following increased utilisation of this service, we have now extended this into the City's extra care provision.

4.15 **Mental Health and Learning Disabilities Commissioning**

- 4.15.1 **Recovery and Community Inclusion contract:** (co-commissioned with the CCG and Cambridgeshire County Council) The contract is being delivered by CPSL Mind and is branded as 'The Good Life' service. The service aims to connect people with their local community assets as well as supporting people to improve their individual living skills, resilience and recovery. In the initial 3 months of delivery the service has supported the introduction of Good Mood Cafes and Open Door Calm Spaces, which are available in local communities across the county, as well as supporting 100 individuals with specialist mental health needs. The service is already making a positive impact and additional elements of service are due to roll out in the coming months including a specialist Personality Disorder service, on-line counselling and peer support and a ring-fenced Innovation Fund to support service user led initiatives.
- 4.15.2 **Carers of Adults with Mental Health Needs:** As part of the tender for an All Age Carers Service a specific lot has been included to support Carers of Adults with Mental Health Needs. This service will work as an integrated part of the wider Carers Service but recognises some of the specific challenges faced by this cohort of Carers. This service has previously been commissioned in Cambridgeshire and as part of the tender will be extended to Peterborough with additional funding contributed by Peterborough City Council.
- 4.15.3 **Community Mental Health Services Transformation:** A 2-year pilot with £3.5m investment secured by Cambridgeshire and Peterborough CCG will be undertaken in Peterborough as part of a national community transformation pilot to trail blaze, ahead of the national implementation of community mental health transformation initiatives from 2021/2022. Peterborough was selected because of the relatively high level of deprivation and mental health need. The learning from the pilot will inform the third phase of the PRISM implementation.
- 4.15.4 **County Wide Learning Disabilities Partnership Operation Service (Cambridgeshire County Council and Peterborough City Council):** The Learning Disability Partnership is in early discussions with the CCG, CPFT and Cambridgeshire County Council to establish a County wide LDP model for LDP staff only. This will bring the operations under one universal management structure in order to provide a consistent and collective integrated health and social care LDP service across the County. The aim is to ensure the model gives adults with

learning disabilities the best experience by combining the good practice across Cambridgeshire and Peterborough. The S75 Agreements that the individual Councils have with the CCG will continue to be distinct. What will be put in place is a management agreement between the Councils and CPFT to facilitate the new structure and operational practice.

4.15.5 **Transforming Care Partnership:** Currently there are 5 Service Users within this cohort. Three remain medically unfit, 2 are ready for discharge (1 of these is awaiting a Court of Protection order and the other is awaiting suitable accommodation from the provider). Although the numbers appear small, the cost of care to deliver independence is disproportionately high and albeit there are contributions via the CCG and Continuing Health Care, the financial impact on the budget is significant.

4.15.6 The Transforming Care Partnership is working on several commissioning streams to ensure there are services within Cambridgeshire & Peterborough that can meet the needs of this cohort, both in terms of stabilising and supporting existing placements, namely ensuring there is sufficient crisis response and forensic support, and also in developing new services which those in hospital placements and out of county placements can return to live in and joined up services that offer out of hours and weekend support. There is ongoing collaboration between the council and the CCG to ensure robust discharge plans are established and implemented.

4.16 Joint Commissioning with Health

4.16.1 The Council continues to work in close partnership with NHS partners with a particular focus on joint commissioning to support prevention and early intervention, system working to address DTOCs and admission avoidance initiatives such as neighbourhood based care.

4.16.2 Partnerships with NHS partners are generally positive and we continue to see good collaborative working on the ground with social care staff supporting multi-disciplinary approaches. ASC is seen as a key part of the wider system and we are increasingly working with partners including health partners in many areas as the Primary Care Networks continue to develop across the North of the system. ASC is a key member and decision maker of the North Alliance and South Alliance Boards and we are actively involved in the local STP and NHS Long Term plan development.

4.16.3 There is a clear strategic vision across the health and care system and all partners are committed to developing integrated models of care at a place based level. The local authority is a key member of STP governance boards. Place based delivery is supported through our local authority think communities approach, which is aligned with wider system PCN and integrated neighbourhood development.

4.17 Integrated Commissioning

4.17.1 Despite the significant financial challenges across the health and care system, we continue to work hard to maintain joint commissioned services, whilst looking for further opportunities to jointly commission via the Integrated Commissioning Board. We currently have a range of jointly commissioned services in place, including:

1. Mental Health
2. Better Care Fund
3. Community Equipment / TEC and Occupational Therapy

4.17.2 **Mental health:** In the last year the S75 for mental health has been overhauled and renewed for 1 year for Cambridgeshire and Peterborough, with a sharper focus on meeting Care Act responsibilities.

4.17.3 **Better Care Fund:** Local Better Care Fund (BCF) plans for 2019/20 are in place, pending formal approval from NHS England. Plans build on 2017-19 plans and meet national conditions, including maintaining ASC investment. An evaluation of BCF spend and performance is being undertaken in conjunction with the CCG and wider system partners to

inform planning recommendations for next financial year.

Performance against the BCF targets is varied. Currently, we are performing well against residential admissions and non-elective admissions. Our main area of concern is meeting the Delayed Transfers Of Care target, but local performance is showing significant improvement in recent months. Significant IBCF investment continues in this area, with a focus on supporting the high impact change model of delivery.

Financial challenges and increasing demand for services continue to be a challenge for the system. However, successful delivery of the residential admissions target for the last few years indicates that prevention and early intervention initiatives are supporting the unnecessary escalation of care needs, supporting people for longer in their own homes.

4.18 Partnerships with Education and Children's Services

4.18.1 The development of the 0-25 service in Peterborough based in ASC has been proactive with the combining of the previous children with disabilities service and the transitions team being brought together under one Head of Service. The management and leadership of the service sits within the Adult Social Care function of the Authority and include short breaks children's homes, an outreach service, link fostering services and short break day service.

4.18.2 As part of the Adult Positive Challenge Programme there is a work stream in Preparing For Adulthood, this links through to the SEND Programme Board and is focussing on delivering the following outcomes:

The young person, their strengths, interests and outcomes are at the centre of support planning processes.

Parent carers / family:

- Feel supported, and know where to go for help before situations escalate.
- Work with staff to develop creative and ambitious support plans, including a focus on outcomes and positive risk taking.

Professionals:

- Have a shared understanding of what good Preparation for Adulthood and transition planning looks like and;
- Work together to achieve this, supported by the alignment of systems and processes across education, health and social care.
- Are confident talking to families about this to develop strengths-based, outcomes-focused support plans.
- Are aware of the range of support options available, including prevention and early intervention provision.

Provision:

- Is commissioned proactively to meet needs.
- Forms a whole-system, graduated support offer.
- Is focussed on progression and promoting independence

4.19 Partnerships with Housing

The Creation of the Home Service Delivery Model (HSDM) brought together Housing and ASC teams to ensure a joined up and seamless approach to ensure clients remain live independently and safely in their own homes for as long as possible, reducing the need for high cost packages or settings. We have OTs working within the Housing Needs team, within children's services and the hospital to ensure a joined up and preventative approach. We have the Housing Programme Manager sitting on all 4 Primary Care Multi-Disciplinary Teams in the City. We have direct referrals from GPs into HSDM

4.20 Partnerships with Public Health

A Public Health Consultant has been appointed to specifically work with Adult Social Care, to provide evidence and evaluation support and to ensure work streams between the two departments are aligned. The Falls Prevention Programme is a shared objective and now sits as a work stream within the Adults Positive Challenge. A current focus is how the Public Health lifestyle services can support the Adult Positive Challenge Programme, particularly through behaviour change approaches. The re-specification of the Public Health led Integrated Life Style service is an opportunity for closer work and specific workshops have been arranged to examine if there is scope to support carers with stakeholders including Adult Social Care managers and commissioners. Adult Social Care are also partners in the PH led Stay Well in Winter campaign.

4.21 Partnerships with the Voluntary and Community Sector

The Council has strong partnerships with the voluntary and third sector, and this is being further built upon by the Think Communities programme. The Council has an online directory– Peterborough Information Network which promotes VCS and Community assets.

4.22 Partnership with Mental Health

4.22.1 There is an aligned commissioning model for Adult Mental Health and Older People’s Mental Health across Peterborough and Cambridgeshire Councils and the CCG .This supports joint development and delivery of specialist and primary care mental health and voluntary sector/community based services.

4.22.2 A section 75 Partnership Agreement delegating PCC and CCC authority/ responsibilities for Adult Mental Health (AMH) and Older People Mental Health (OPMH) is in place with the Mental Health Trust and this enables close working relationships between the Councils and Trust. There is strong engagement with independent and voluntary sector providers, including AMH (Adult Mental Health Stakeholder Forum (quarterly)) and Older People Mental Health (OPMH Steering Group/Delivery Board (Bi-monthly)). This supports strong partnerships across commissioners and providers, with established Public Health leads for AMH and OPMH.

4.22.3 There are a number of opportunities and challenges, including:

1. Moving to a strengths based approach, which builds community and individual resilience, whilst ensuring compliance with the Care Act by the seconded staff managed by the MH Trust
2. Pressure on financial resources: delivering more with less
3. Ensuring health and social care needs arising from mental health problems are met effectively in a seamless way, including ensuring that practitioners apportion equal importance to both

4.23

4.23.1 Resource And Workforce Management

The council has a comprehensive training programme in place for directly employed staff including in house providers and this was also open free of charge to the wider sector in 18/19 and continues to be in 19/20. A training pathway has been created for all ASC roles. Newly qualified social workers are well supported through the Assessed and Supported year in employment via a dedicated resource. In 19/20 the first social work apprenticeship programme will commence providing alternative entry into the profession for alternatively qualified staff which offers a training in employment route supporting retention.

4.23.2

The highest use of agency spend is within the 0-25 team. The reablement service has seen an increase in demand for services and continues to have the highest vacancy and sickness rates. Both remain a priority focus for recruitment and retention activity. Across the council there is a director led working group focused on the impact of Brexit and the immigration status of our current workforce which has been in place for over a year.

4.23.3

During 2018 we ran an all staff survey for ASC and have developed action plans to respond

to feedback with the all manager forum. Results have been shared at service level in addition to departmental level. One of the universal concerns was around communication flows and this has been addressed by development of two newsletters one for general updates and one for practice updates as well as finding new ways to gather information from the front line to feed up, e.g. development of team manager logs.

4.24 Next steps

The external challenge session will take place in January / February and following feedback from this the Council will agree and action plan. Progress will then be reviewed at the regional performance challenge event scheduled for later in the year.

4.25 Accessible Local Account

As part of the sector led improvement programme ADASS encourages sharing of a local account style overview of adult social care in an accessible format. To fulfil this objective the self-assessment has been created in a public facing format attached at Appendix 1 for review and comment by the committee.

5. CONSULTATION

5.1 This report reflects back on issues which impact all wards.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The Adults and Communities Scrutiny Committee may identify areas for further scrutiny and make comments on the public-facing summary for the website.

7. REASON FOR THE RECOMMENDATION

7.1 To give the Adults and Communities Scrutiny Committee the opportunity to examine the self-assessment for Adult Social Care in Peterborough, identify any areas for further scrutiny if required and comment on the proposed public-facing summary to be published on the council website.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable

9. IMPLICATIONS

Financial Implications

9.1 Not applicable

Legal Implications

9.2 Not applicable

Equalities Implications

9.3 Not applicable

Rural Implications

9.4 *Not applicable*

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 *Published Adult Social Care Outcomes Framework outturns for all Local Authorities in England*

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<https://app.powerbi.com/view?r=eyJrIjoieMGM5OGRIOTAtY2QxYy00YzAxLWEyZWEtNjl3ZWRmOTE2OWI4IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMjIiImMlMmIjOj9>

11. APPENDICES

11.1 Appendix 1 - Local Account 2018/19

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