ADULTS AND COMMUNITIES' SCRUTINY COMMITTEE	AGENDA ITEM No. 8.
2 MARCH 2021	**PUBLIC REPORT**

Report of:	Charlotte Black, Service Director, Adults and Safeguarding, and Will Patten Service Director Commissioning	
Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care, Health and Public Health	
Contact Officer(s):	Tina Hornsby – Head of Integration	Tel. 07741 830025

PORTFOLO PROGRESS REPORT FOR THE CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH

RECOMMENDATIONS	
FROM: Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care, Health and Public Health	**Deadline date:** *N/A*

It is recommended that the Adults and Communities Scrutiny Committee:

1. Notes the update on the work of adult social care during the year 2020/21 and the results of the 2020 service user survey, published in December 2020, and the learning and actions arising.

1. ORIGIN OF REPORT

1.1 This is the periodic annual report from the Portfolio Holder, setting out the work ongoing with adult social care.

2. PURPOSE AND REASON FOR REPORT

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

Local authorities in England with responsibility for providing adult social care services are required to conduct an annual postal survey of their service users. The Personal Social Services Survey 2019/20 asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and wellbeing. The results and actions arising from this survey are also reported to Scrutiny Committee within this report for information.

2.2 This report is for the Adult & Communities Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1: Functions determined by Council:

1. Adult Social Care
2. Safeguarding Adults

2.3 *How does this report link to the Corporate Priorities?*

3.Safeguard vulnerable children and adults
6. Keep all our communities safe, cohesive and healthy
7. Achieve the best health and wellbeing for the City

The report summarises current work within adult social care and shares the results of the service user survey, published in December 2020 and providing insight into the impact of care and support services on the lives of long-term service users.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	

4. BACKGROUND AND KEY ISSUES

4.1 Responding to Covid-19

The impact of Covid-19 has continued to be significant for Adult Social Care. This has impacted on both the cost of care, as well as increasing demand pressures. Whilst national Covid-19 grants have been welcome, they have not gone far enough to address the additional costs faced by the Council, including investments the Council is having to make 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 is facing a severe impact on its delivery of demand management and savings programme. 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 inflectional control grant payments
- Additional staffing capacity
- Spend on personal protective equipment (PPE)

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 statutory services and restricted the ability to focus on conversations about the use of technology or other preventative services due to the refocusing of staffing resources towards the pandemic response. Many vulnerable adults have developed more complex needs during lockdown as they have not accessed the usual community-based services due to lockdown and their mobility and confidence have reduced and interaction with family, friends and the community been severely restricted.

4.1.1 Infection Control Funding

On the 1st October, the Government announced an extension to Infection Control Funding until the end of March 2021. £546m of additional one-off funding to support infection control (taking the total allocation to £1.146bn) across adult social care providers.

The primary purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of Covid-19 transmission in and between care homes and support wider workforce resilience. 80% of this fund was to be passported directly to care homes and CQC registered community providers in line with national guidance. The remaining 20%, subject to council discretion, was passported to wider

extra care, supported living and day opportunities providers.

Monthly reporting is being undertaken to DHSC on the use of funding. The expectation is that funding is 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.

4.1.2 Rapid Testing Fund

The £149m Rapid Testing Fund was announced on the 23rd December 2020 to support the roll out of lateral flow testing (LFT) in care homes. This funding is to support additional rapid testing of staff in care homes, and to support visiting professionals and enable indoors, close contact visiting where possible. This includes adult social care providers with whom the local authority does not have a contract. 80% of the funding must be passed to care homes on a per bed basis in line with the national conditions. The remaining 20% of the funding must be used to support the care sector to implement increased LFT but can be allocated at the local authority's discretion. We are gathering views from the provider market on the best use of application for the 20% element of funding.

4.1.3 Workforce Funding Grant

The Workforce Capacity Fund was announced on the 29th January 2021. The allocation for Peterborough is £397k. The funding must be used prior to the end of March 2021 and is to support local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved 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

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. We are currently reviewing options for the use of this funding, including discussions with providers on the needs of the market that this funding could help support.

4.1.2 **Care Home Support**

The Council continues to work with providers, focusing on managing providers with outbreaks, collaboratively with system partners. Infection control visits are being coordinated with the CCG for homes who have not had a recent visit. Infection rates in care homes appear to be increasing in line with increased community transmission rates, with an increase seen over the Christmas and New Year period.

There is a collaborative approach to support homes in place with system partners, including:

- Infection Control Fund - there have been 2 tranches of this national fund and a third tranche (Rapid Testing Fund) was recently announced and this is being distributed across providers to ensure the costs of infection control measures can be met including safe staffing levels, cohorting of staff, visiting arrangements, cleaning regimes and lateral flow testing (LFT). Care home providers would say this additional funding does not go anywhere near meeting their additional costs.
- Care Home Support Team – PCC and CCC have established a Care Home Support Team consisting of 5 Social Workers and a Team Manager. This team will be in place for 2 years and the full team has been in place since the start of this month. A Public Health Consultant is focusing specifically on this sector and she is also being supported by an Infection Control Nurse Specialist.
- The Contracts and Brokerage Teams in the LA's have an ongoing relationship with adult social care providers and as well as being a key partner in the outbreak management process, have organised regular briefing sessions for providers about key issues and act as the main point of contact on a wide range of day-to-day issues, both business as usual and Covid related. PCC and CCC has moved additional resources into this team to manage the increased workload.
- The CCG has invested in its Care Home Team and has more than doubled the team, which now includes a Care home Clinical Lead and 6 Care Home Nurses. In addition, the Infection Prevention and Control Team have also increased capacity to include a nurse specialist focussing specifically on care Homes.
- Multi-Disciplinary Team (MDT) model - the Assistant Director for Adults and Safeguarding has been commissioned by the CCG's Chief Nurse and LA Service Directors for Adults and Commissioning to lead an MDT approach to supporting care homes to develop quality and practice making sure we maximise the use of all the resources available and have a clear escalation process. This team is focussed on broader quality issues that may have been exacerbated by Covid and will continue beyond the pandemic.
- Care Homes Cell - this meeting is jointly chaired by the DASS and CCG Chief Nurse and meets weekly to assess risk, take stock of outbreaks and agree actions needed and the prioritisation process. This meeting will identify any broader actions that are needed such as formal representation to a provider and any providers to escalate to CQC. This meeting also undertook a survey of all providers after the last peak and identified any ways in which we could improve our support. The feedback was generally very positive and appreciative. A daily meeting is held 7 days a week currently, chaired by the LA Public Health consultant lead for care home outbreaks, in order to review risks across all settings, including risks to business continuity. This meeting has representation from adult social care, the CCG, the LA contracts team and IPC team as well as Public Health.
- Support for Care Home Managers – the Commissioning directorate has a regular provider forum where any issues or concerns can be covered and specialists in palliative care, infection control and vaccinations to give some examples are invited to speak to all providers and answer any questions.
- Mental Health Support for care home staff and managers - the CCG has led on this and put in place a range of options for care home staff and managers wishing to access mental health support in light of the pressures they are facing and the experiences they have had throughout the pandemic
- Vaccination: There has been a significant effort to vaccinate all residents and staff in care the care home sector.

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 ASC 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.

4.1.3 **Covid-19 Vaccinations**

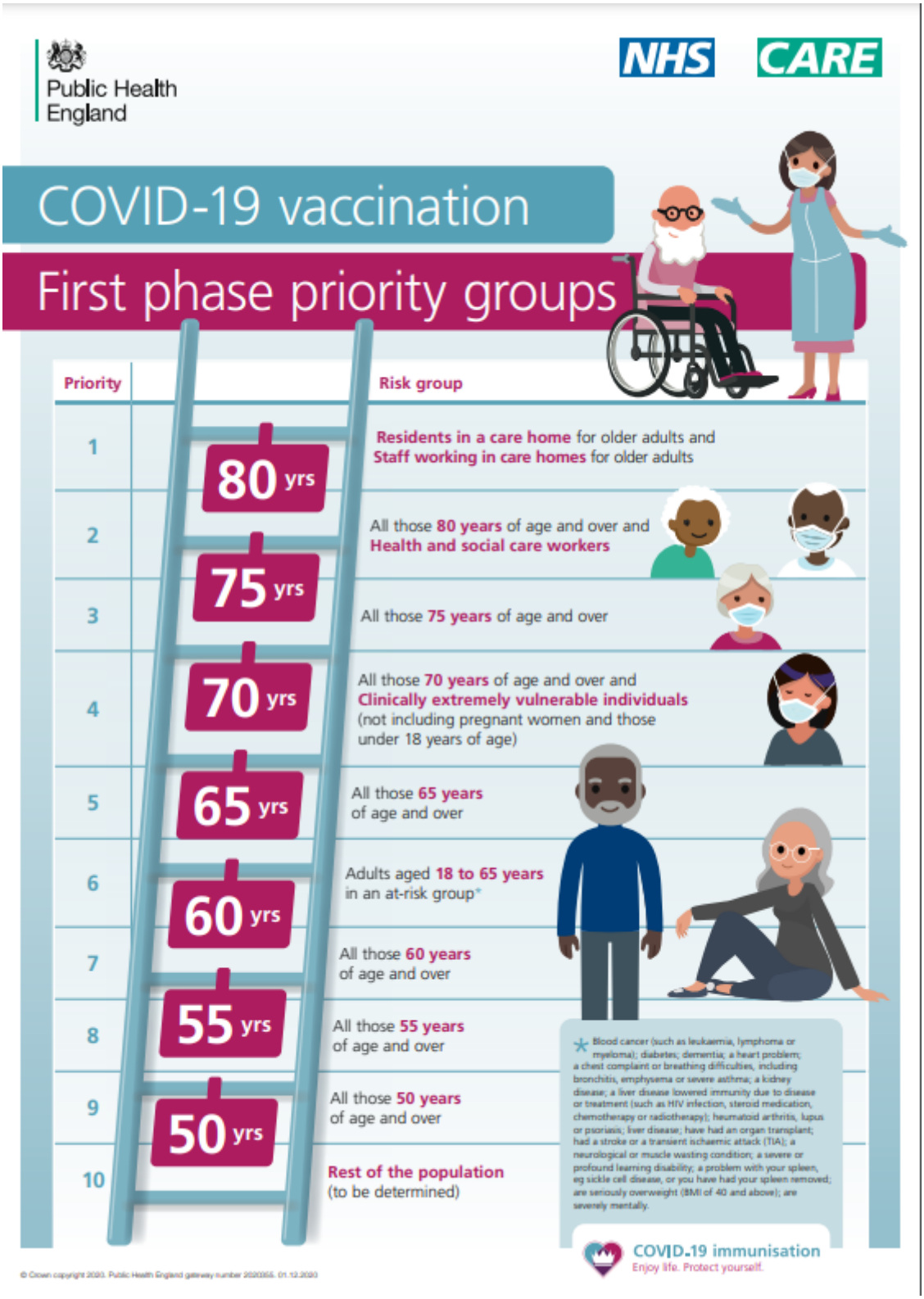
The Covid-19 Vaccination Programme is now well underway in Cambridgeshire and Peterborough, with priority cohorts 1-4 currently being vaccinated in line with the national mandate.

Priority cohort 1, which included over 80 year olds and care home staff and residents started to access vaccinations from 8th December 2020. Provision to frontline health and social care workers commenced early January, with vaccinations being offered across a variety of settings, including hospital hubs, GP clinics and mass vaccination centres. We have worked closely with the CCG to ensure access to frontline social care workers in line with the national JCVI Greenbook definition and published Standard Operating Procedure. There has been good uptake across this cohort, and we have worked collaboratively with the CCG to ensure consistent messaging and communications are in place. This has included a number of dedicated webinar sessions to target Black and Minority Ethnic (BAME), internal staff and care home and domiciliary care workers, enabling staff the opportunity to explore questions and concerns in a supportive setting.

Mass Vaccination sites started to open across Cambridgeshire and Peterborough on the 25th January, with additional sites coming online in the coming weeks. All Primary Care Networks have also now been established as vaccination sites.

The national target, which the system is delivering in line with, is to have vaccinated cohorts 1-4 by mid-February 2021, following which the focus of the programme will start to widen out to the wider cohorts.

An overview of the JCVI cohorts can be found below, setting out the priority groups from the highest priority care home staff and residents, through 9 further priority groups ending in the general population:



4.1.4 **Adult Social Care Winter Plan**

In response to the Adult Social Care Winter Plan being published on the 18 September 2020, the local authority reviewed the local recovery plans in line with the national recommendations and wrote to the Department of Health and Social Care (DHSC) to provide assurance. Following submission of our Adult Social Care Winter Plans 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.

4.1.5 **Commissioning**

Additional Capacity to support the latest surge in Covid-19 Cases – Commissioning issued a Prior information Notice (PIN) to the market to identify additional capacity to support the needs of those who are Covid positive, confirmed Covid contact or Covid negative. Some provision is already operational and the Contracts Team is currently developing the contracts and mobilising the remaining provision. A significant amount of support has also been provided to Day Services who continue to deliver support and Housing Related Support providers.

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.

Learning Disability/Mental Health Crisis and Isolation Beds:
Capacity covering community crisis for LD and Mental Health (MH) has also been identified and operationalised.

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.

Prevention Early Intervention
The Early Intervention Prevention Framework tender launched in December 2020. The tender is currently being evaluated and we received a large number of responses, which is very positive.

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.

Day Services
There is ongoing work to support both the immediate pressures around day opportunities, including ensuring alternative provision of care for users who are not able to access day services. In addition, there is a medium to longer term strategic review planned on the future model for delivery of day services and commissioning are working closely with operational colleagues to shape this offer through the newly created day opportunities workstream under the Adults Positive Challenge Programme.

Better Care Fund
The National Better Care Fund Policy Statement was published on the 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 being 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 NHS England and Improvement.

4.1.6 **Healthwatch Feedback**

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 (across Peterborough and Cambridgeshire).

The results for Peterborough can be accessed here Report shines light on Covid health and care struggles | Healthwatch Peterborough

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, 18 of whom were discharged from North West Anglia NHS Foundation Trust, 15 discharged from Peterborough City Hospital, and 3 from Hinchingbrooke, 17 of whom were discharged from Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's).

The report set out the following key findings

- Around one in five patients were not told they would get support from health or social care after leaving hospital.
- Nearly two in three people were not given information about who to contact if they needed health advice or support after leaving hospital.
- One in five people were given information about voluntary sector support which could help them after they left hospital.
- Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent.
- Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to.
- Most people were positive about the care put in place.
- Just over one in three people said they waited more than 24 hours to be discharged from hospital
- The main reason for people waiting longer was due to transport arrangements although some people experienced multiple reasons for delay.
- Some patients felt they did not have suitable equipment for use at home or knew how to use it correctly.

These findings underline other patient feedback we have received highlighting the need for better communication between health and care services and patients and their families.

It sets out the following recommendations

We'd like to see services give patients

- A simple information sheet including contact numbers for when they get home
- Clear medication information and instructions that can be given to family/carers, especially if changes have been made at hospital
- A single point of contact – shared with family/carers - 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.

We want hospitals, health and care services to

- 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 space within people's homes.

The full report is published here -
Leaving hospital during Covid 19 | Healthwatch Peterborough

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

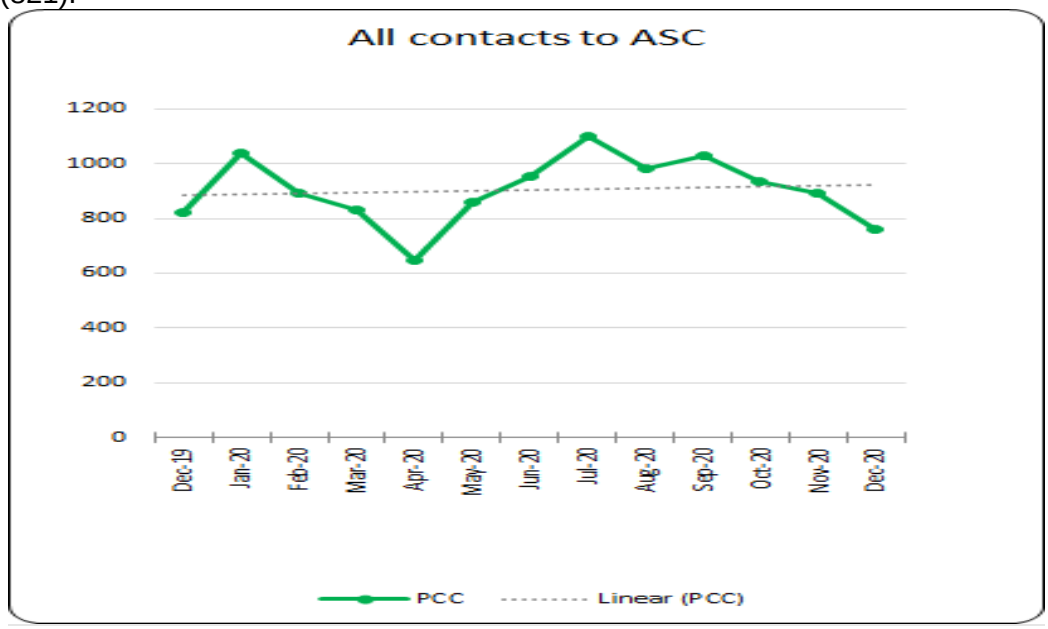
discharge.

The Assistant Director Adults and Safeguarding is working with system partners to develop a detailed Action Plan based on the recommendations. The Action Plan will inform the transformational work that system partners agree to develop a robust Discharge to Assess offer that ensures clear communication with patients and their families. To address the immediate concerns the Local Authority has ensured Social Workers are based in the hospitals to address the issues highlighted within the report.

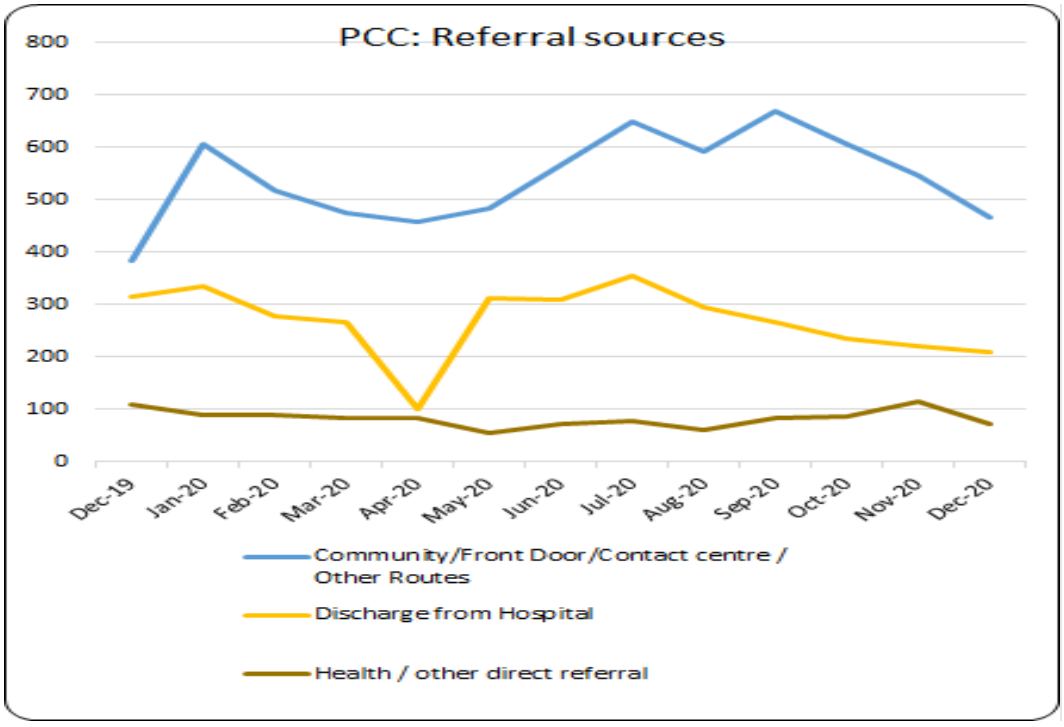
4.2 Service activity

4.2.1 Information and Advice, Contacts and Adult Early Help

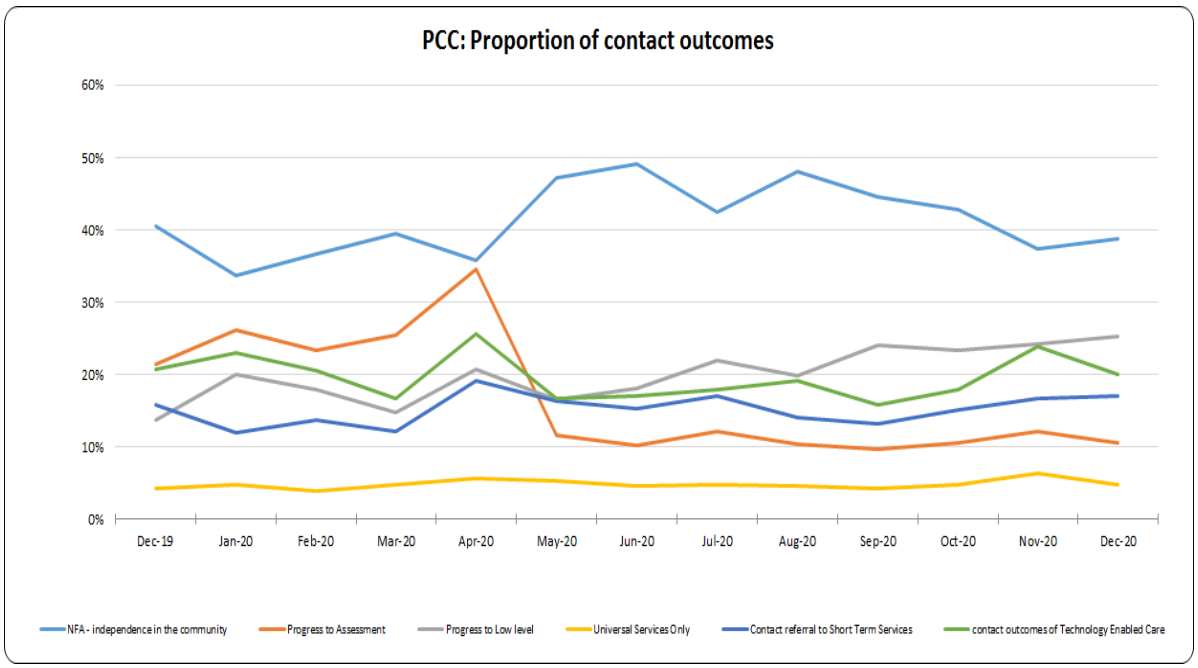
Contacts to adult social care did dip at the beginning of the first lock down, with only 647 contact in April 20. However, these climbed month on month running up to the summer, peaking at 1097 in July 20. The number of contacts began to decrease again from August, with December 20 (762) being just slightly lower than the number received in December 19 (821).



However, the source of contacts has changed markedly since the first lockdown, with an increased number coming from the community via the Adult Early Help team and a smaller number coming via hospital discharge referrals**.** During 2019/20 there was an average of 524 contacts to Adult Early Help Team per month, this increased to 559 per month between April-December 2020. For discharge from hospital however, the average decreased from 300 per month in 2019/20, to 256 per month for April-December 2020.



Outcomes of referrals have changed slightly since the first lockdown with less referrals leading to assessment for long term care and support (the orange line in the graph below) averaging 116 contacts per month and a higher percentage leading to low level support such as equipment (the grey line on the graph below) averaging 195 contacts per month. Provision of information and advice remains the most common outcome for referrals (the blue line on the graph below) averaging 392 contacts per month. This trend is in line with stated objectives our Adult Positive Challenge Programme and Adult Early Help specification, with a focus being on early intervention and prevention to mitigate against the need for long term care and support services.

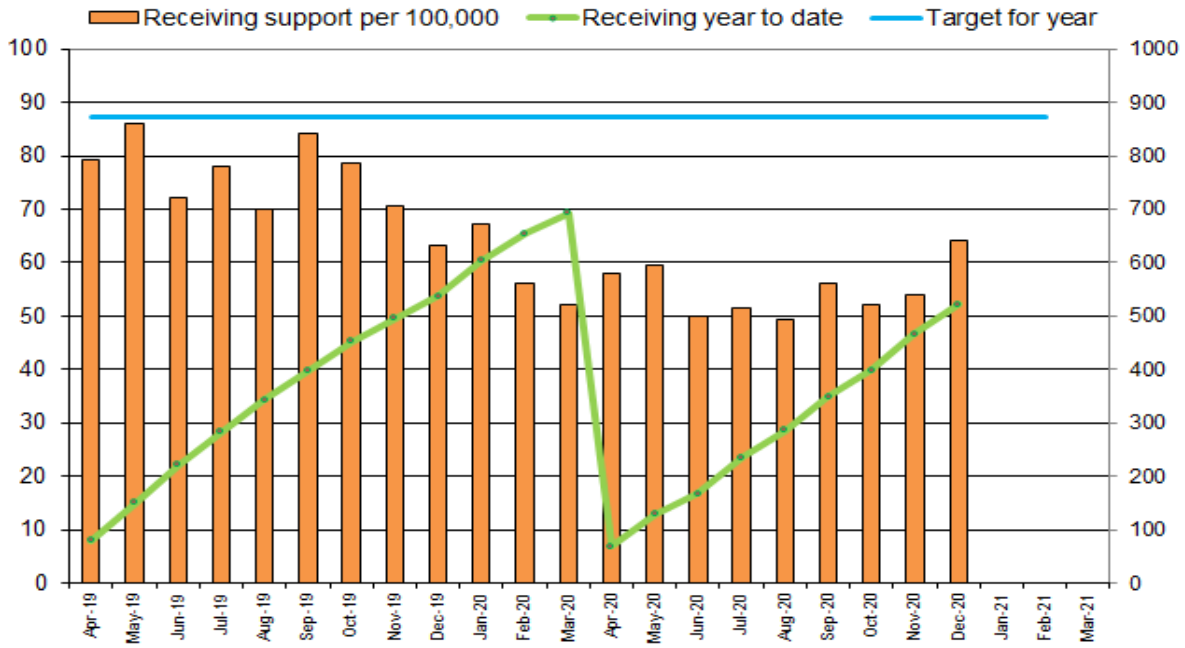


The Council is currently reviewing the way in which we deliver adult early help and developing a new operating model to reflect changing needs and context. The driver behind this review is to further reduce handoffs and provide more carer support options at the first point of contact. It is also to make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

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

4.2.2 Reablement, enabling people to regain independence

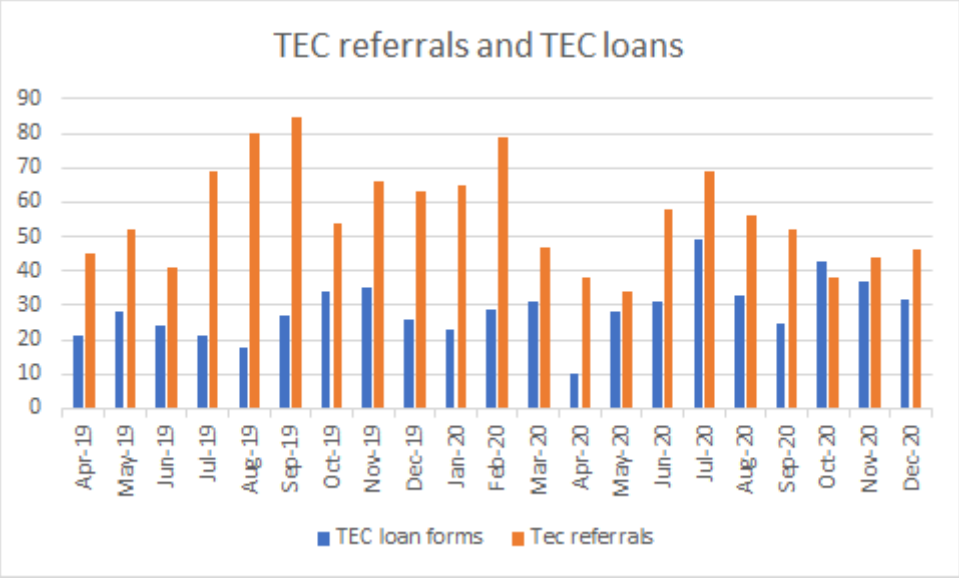
There has been a reduction in the number of people receiving reablement since from the time of the first lockdown. This is mostly due to a decrease in referrals from hospital and a significant investment in Intermediate Care (rehabilitation). People are being discharged earlier and therefore have increased needs that are best met on a health rehabilitation pathway. The service efficiency has been impacted by the requirements related to infection control measures and the requirement to have separate rotas for people who have Covid and to accommodate the needs of staff in higher risk groups. The graph below illustrates the numbers of people receiving reablement since April 2019.



The average number per month was 107 people in 2019/20 (72 per 100K of the population). The average number during April-December 2020 was 82 per month (55 per 100K of the population). For those who do receive reablement however, outcomes are still good with between 64% and 81% having no long-term care needs at the end of the reablement period and between 72% and 97% having at least reduced long term care needs each month.

4.2.3 Technology enabled care (TEC)

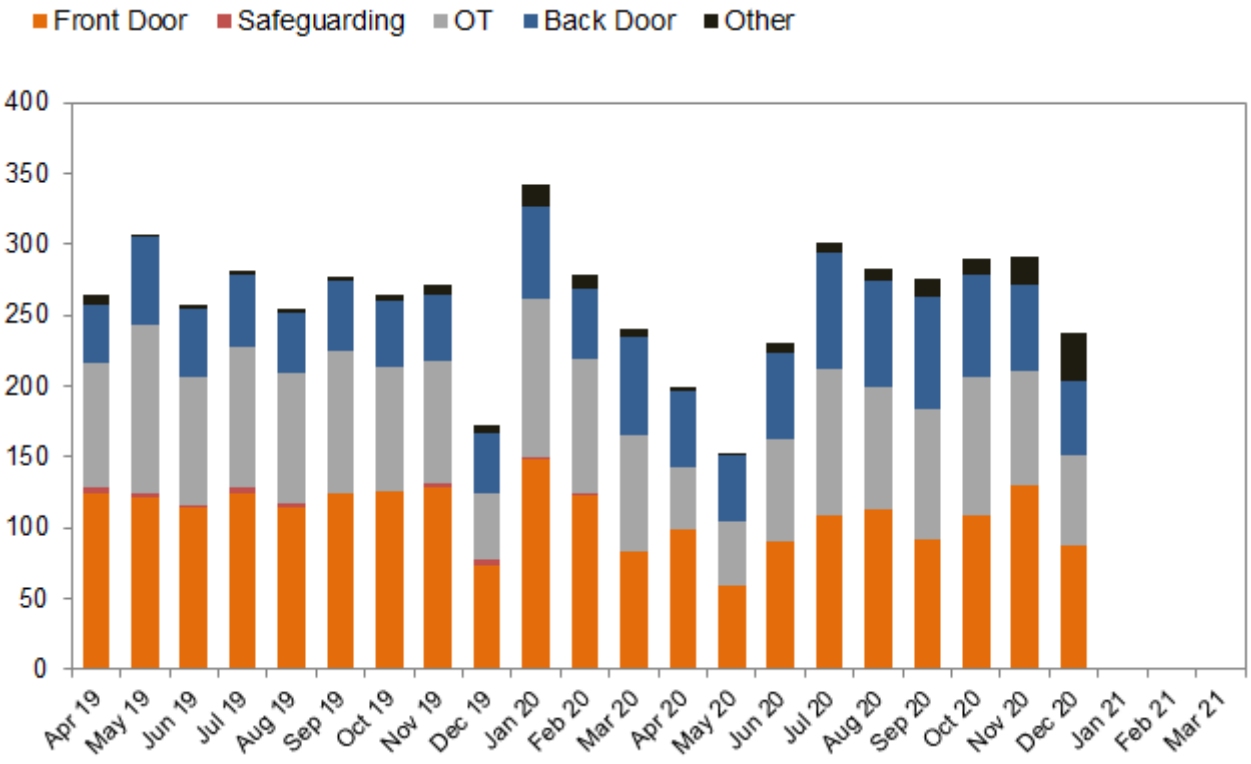
As a result of the pandemic and lock downs there has been a decline in overall referrals to Adult Social Care from hospital based on acuity of people and this has also impacted on the numbers of new people referred to receive technology enable care (TEC). The monthly average has reduced from 62 referrals in 19/20 to 48 referrals between April-December 2020. The graph below shows the number is referrals for TEC received each month, (the orange bars) compared to the numbers of TEC loans issued, (the blue bars).



Despite the reduction in number of TEC referrals the amount TEC loaned out has increased slightly which would suggest that the referrals we are receiving are appropriate.

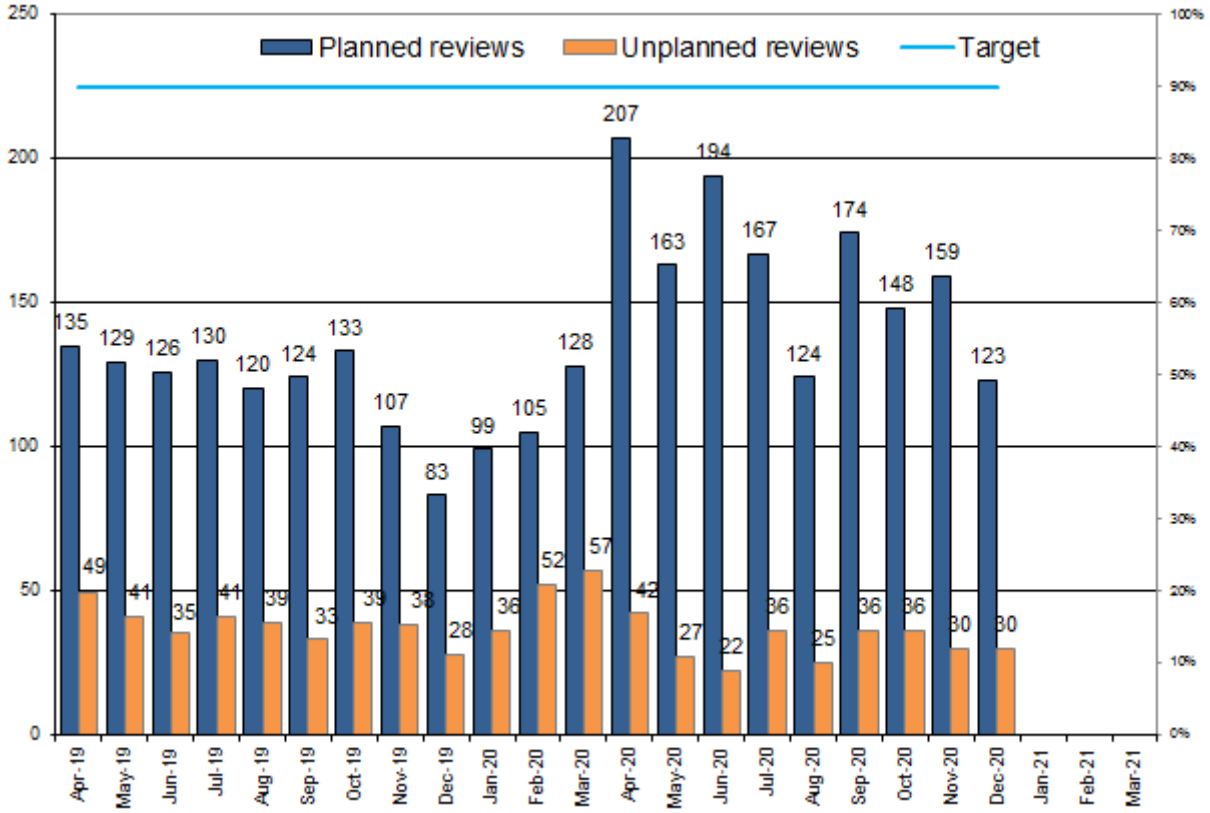
4.2.4 **Supporting people with long term care and support needs**

There has been a marked increase in assessments completed since June 2020, in part reflecting the Discharge to Assess programme which has increased the number of people who were discharged to a step-down bed between April and September 2020, who subsequently required an assessment. There has been positive feedback from NHSE/I in terms of completed assessments and no backlogs.

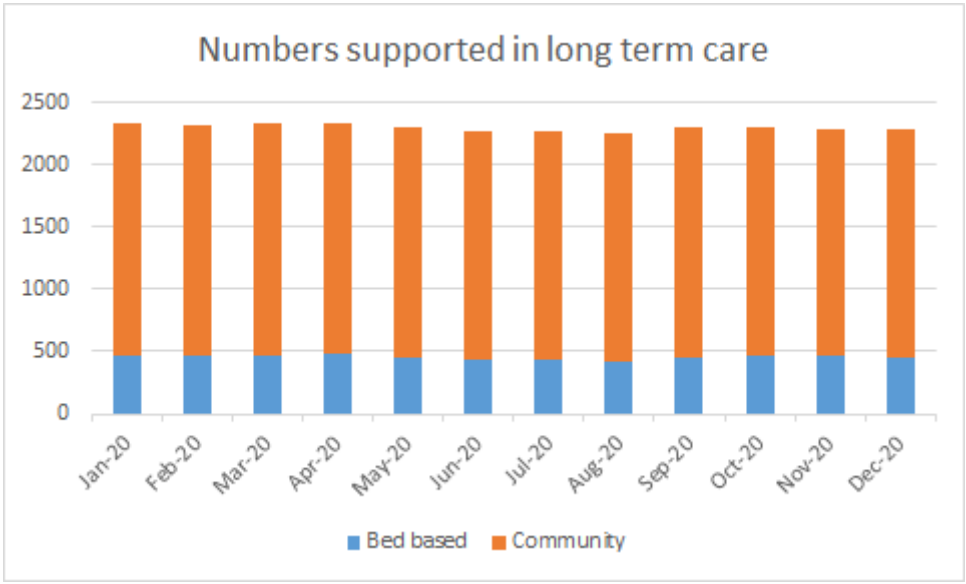


The graph above illustrates a breakdown of assessments completed by source. The largest number of assessments were for new clients, showing as front door (orange) or other (black). However, this reduced from an average of 130 per month in 19/20 to 111 in April-December 20, due to the low number during the first quarter. Occupational Therapy assessments (showing as grey) have reduced slightly from 91 per month on average last year, to 76 per month on average this year. Assessments of existing clients with long term needs (shaded blue), generally undertaken when someone moves into a 24-hour care setting, have increased, averaging 65 per month his year and 51 per month in the previous year.

The number of reviews completed has also increased since March 2020, with a continued good balance between planned and unplanned reviews which is very positive. The graph below shows the numbers of planned reviews completed in blue, an average of 162 per month, and the number of unplanned reviews in orange, an average of 32 per month. As at December over 80% of service users with long term care packages had received a review in the last 12 months.



In line with the Adults Positive Challenge Programme we continue to support the majority of our long-term service users in ways that enable them to remain in their own homes the graph below shows the total numbers supported by long term care and support. Numbers supported in their own homes with community-based packages have reduced slightly between January 2020 and December 2020, down by 38 (2%).



Numbers supported in residential care or nursing homes has also reduced slightly, by 3%, or 17 people. However, some of this decrease might be explained by people currently supported within the increased NHS health funded discharge and interim bed capacity and we might

expect numbers to have a step increase in April 21, following the cessation of this funding arrangement.

4.2.5 Supporting Carers

The Council's contract for carers support was renewed with Caring Together over the summer, following a tender process. Alzheimers Society have also launched a new NHS funded project to support people caring for someone with dementia, with a focus on avoiding hospital admissions.

Carers have been particularly impacted by Covid with much of the regular support being reduced or limited due to infection prevention and control measures. This has led to increasing demand on teams, but also to a focus on proactive contacts and What If Plans being developed in partnership with Caring Together. Day services which cannot currently offer face to face support in a day centre setting, have been offering outreach support and activity packs. Staff redeployed from front line roles due to shielding status have been making contacts to carers throughout the period of the pandemic to offer support and link carers into wider Covid support such as access to shopping etc.

The Adult Positive Challenge workstream is developing a joint delivery plan with Think Communities aimed at reaching out to hidden carers and making community support more easily available to access. This will be a priority for delivery for both transformation programmes during 2021/22.

4.2.6 Safeguarding

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

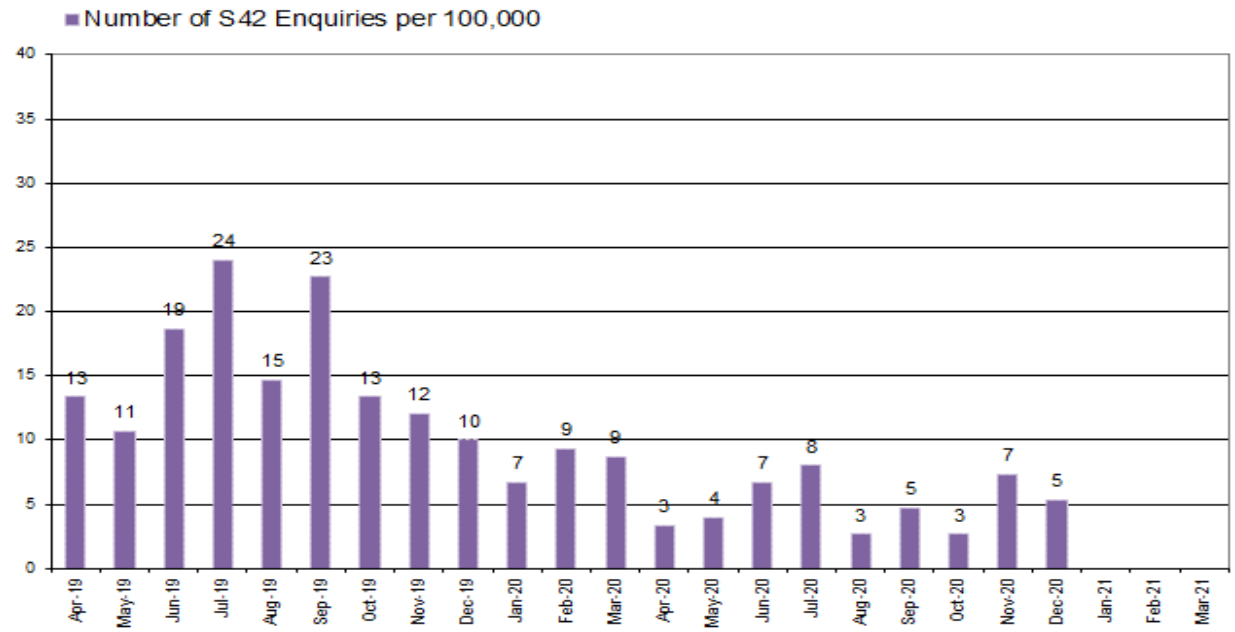
At the forefront of our safeguarding work is the Multi-Agency Safeguarding Hub (MASH); a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) that supports joint working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

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

During 2020/21 to December the MASH has received 1109 safeguarding concerns, a reduction on the same period of last year of around 16%. This is likely to be linked to the lockdown and people remaining within their homes with less outside contact. 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.

The graph below shows the number of section 42 safeguarding enquiries carried out each month per 100,000 of the population. Although there has been a reduction in concerns received by the MASH, the number requiring a full section 42 enquiry had reduced from January 20. The average number of enquiries commencing each month is currently seven per month, or 5 per 100,000 of the population.



The drop in the number of section 42 enquiries required has also led to an improvement in the median average time taken to complete an enquiry from 129 days in March 2020 to 29 days in December 2020.

4.4 **Adults Positive Challenge Programme**

Despite the challenges of Covid-19 the focus of the Adult Positive Challenge has continued with current active workstreams as follows and is forecasting delivery of a level of planned savings this financial year.

Changing the Conversation. The focus this year has been on embedding strengths and asset-based conversations with wider staff groups such as reablement, mental health teams and occupational therapy whilst finding ways to track cost avoidance through impact logs and case studies. The focus on reviews post hospital discharge has continued to show good outcomes. There is a plan to deliver joint changing the conversation activities with Think Communities to reach wider stakeholders.

Carers

In addition to the award of new carers support contract in the summer areas of focus this year have included: embedding carers conversations in wider staff groups such as reablement and mental health: Developing a shared delivery plan with think Communities; and demonstrating cost avoidance through impact logs.

Technology Enabled Care (TEC)

The continued focussed on TEC has led to the embedding of the TEC offer within adult social care. The focus is now moving to development of a shared delivery plan with Think Communities to expand the TEC first approach into a wider range of stakeholders and to increase take up of lifeline by people at an earlier point in their lives.

Independence and Wellbeing

This workstream has continued to focus on reablement, although impacted by Covid, next year the workstream will be expanding the delivery plan to include joint work with Public Health and Primary Care Networks around falls prevention.

Preparing for Adulthood

This workstream, considers the planned transitions of young people with care and support needs into adult services, has made good progress this year with targeting reviews to incorporate changing the conversation, carers conversations and TEC where they will have the greatest impact on the outcomes for young people and their families. The workstream links

closely with commissioning and the Written Statement of Action to ensure local services continue to support independence and meet the needs of those with more complex needs.

Day Opportunities
This is a new workstream which takes the principles of Adult Positive Challenge and applies them to the review of Day Opportunities post Covid-19. Day Opportunities have been significantly impacted by Covid due to the building-based nature of the delivery and the vulnerability of the service user groups, which has made social distancing difficult. The workstream aims to map out the existing offer, take account of feedback from service users gathered from a telephone questionnaire carried out during the first lockdown, and coproduce a future delivery model with a wide range of stakeholders. This work stream is also linked into the Think Communities programme, recognising the value of place-based approaches.

4.5 **Service User Survey 2020 (TH)**

4.5.1 **Background**

In January 2020, 1027 service users were surveyed by post. 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 386 responses - **38%** response rate. This was a slightly larger numbers of response than the previous year's 335

The survey is carried out with people who were in receipt of long term package of care and support in September of the previous year. The definition of long-term support does not include services such as reablement, equipment and TEC, and therefore the responses do not reflect the experiences of those services users.

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 more challenging for people to complete where they would normally have asked a friend or family member to support with the completion. This timing might also have impacted on responses in a number of areas, due to increasing anxiety about the impact of Covid-19.

4.5.2 **Summary of Results**

High level messages published by NHS Digital from the survey in December 2020 were as follows:

4.5.2i **Overall Satisfaction**
Almost two thirds (**64.2%**) of service users in England were very or extremely satisfied with the care and support they received. **2.1**% of service users were very or extremely dissatisfied with the care and support they received. For Peterborough **62.5%** were very or extremely satisfied which is slightly below the national average but slightly better at **1.1%** for those who were very or extremely dissatisfied.

4.5.2ii **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 Peterborough that figure was lower at **35.4**% and the percentage reporting extreme pain and discomfort was higher at **14.8**%. This could be a reflection of that fact that in Peterborough we have a reducing number of people in long term care as we seek alternatives and early intervention and therefore those receiving long term care are more likely to have a more complex level of need and co morbidity.

Nationally the percentage of respondents who were aged 85 or over decreased from 27.3% in 18/19 to **26.8**% in 19/20. In Peterborough this percentage remained higher at **27.2**%

When asked to describe their general state of health **42.8**% nationally described it a good or very good. In Peterborough this was 40.9%, as mentioned above this is likely to be a reflection of the success of early intervention and prevention services keeping those in good or very good health from unnecessary reliance on long term care and support.

4.5.2iii **Paying for additional care and support privately**

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 Peterborough this decreased from 9.6% to **6.7**%. This is likely to be a reflection on the demography in Peterborough, is likely also to be related the fact that a higher percentage brought additional care from themselves. In England the percentage who use their own money to buy additional care rose from 28.9% to **29.5**%. The result in Peterborough is much higher and rose from 36.2% to **36.9**%.

4.4.2iv **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 Peterborough this is increased from 40% to **42.2**%

Almost half (**48.3%**) of service users in England reported receiving regular practical help from someone living in another household. In Peterborough this was lower at **44.3**%.

4.5.2v **Choice**

In England in 2019/20 **66.6%** of service users stated that they have enough choice over care and support services. In Peterborough this was considerably higher at **75.2%**

4.5.2vi **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 Peterborough was higher at **62.5**% which is significantly higher than the previous year's 59%.

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. Peterborough's result was **9.6%** which is an increase from the previous survey when the result was 9.2%.

4.5.2vii **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 Peterborough this was higher at **45.3%**, an increase from 43.8% the previous year.

For those who did look, in Peterborough **72%** found it fairly or very easy to find what they needed, a reduction on 77.3% the previous year. This is still higher than the **68.4%** reported nationally which also worsened from the previous year, 69.7%.

4.5.2vii **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 Peterborough the result is better at **32.2**% although lower than the previous year, 36.2%. The percentage who do not leave their home at all was **26.2**% just below the national average of **26.5**%

4.5.2viii **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 Peterborough this was higher at **64.9%**.

4.5.3 **Adult Social Care Outcomes Framework – ASCOF**

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 framework 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.

The Council deteriorated on five of the indicators since the previous survey, improved on one and stayed static but above average on another. Despite the in-year deterioration the council remain above average on 5 out of 7 of the metrics.

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.
- Proportion of people who use services who find it easy to find information about services.
- Proportion of people who use services who feel safe

The indicators where the Council performed less well were:

- Percentage of adults using services who are satisfied with the care and support they receive
- Proportion of people who use services who say those services made them feel safe and secure.

4.5.12 **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 our adult positive challenge programme. Particular areas for focus from the 19/20 survey results are:

Carers
The survey evidenced the increasing reliance that our long-term service users have, on the support offered by informal carers. This links in with our continued focus on improving proactive engagement and support for carers, which is easy to access. 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.

Access to Information and Advice.
Peterborough has worked hard on the information and advice offer, and despite the slight deterioration in this area this year, the responses are still good when compared to other councils. However, the focus 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 have also linked into the Covid Vaccination programme to have the Guide to Independent Living, our care directory, handed out to over 800 over 80s attending for their vaccinations, alongside 1000 Stay Well packs and 2000 Caring Together leaflets.

We will also be tracking our website and Peterborough Information Network page views to understand what information people are looking for.

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

General Health and Independence

A core part of our Adult Positive Challenge is understanding the drivers of demand, but also promoting independence wherever we can. The information on self-reported health and independence supports our understanding of the levels of need amongst our long-term service users.

5. CONSULTATION

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5.1 The service user survey was undertaken with 1027 service users, 386 of whom responded. The Healthwatch hospital discharge survey was completed with 15 service users discharged from Peterborough City Hospital. The system wide Healthwatch consultation was undertaken with a total of 1,131 people from across Cambridgeshire and Peterborough between 28 May and 31 August 2020. The local Healthwatch review of hospital discharge during Covid was carried out with 15 patients discharged from Peterborough City Hospital

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 **Increase independence, confidence, and quality of life.**
The survey measures the service users self-reported quality of life and the finding of the survey have fed into our planning for the Adult Positive Challenge.

Increased quality of life and wellbeing for people with complex long-term needs.
The Adult Positive Challenge has at its foundation the objective of supporting people with long term conditions to maintain a quality of life within their own communities.

Help manage potential risks around the home.
A key element of the Adult Positive Challenge programme is to support people feeling safe in their own home via promotion and supply of technology to help to manage risks, such as monitors, alarms and medication dispensers.

Reduce the costs of traditional care and support
Supporting service users to have choice and control, and quality of life can prevent early deterioration of health and hence delay the need for care and support.

7. REASON FOR THE RECOMMENDATION

7.1 This report is for information only

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 This report is for information only.

9. IMPLICATIONS

Financial Implications

9.1 *None this report is for information only*

Legal Implications

9.2 *None this report is for information only*

Equalities Implications

9.3 *None this report is for information only*

Rural Implications

9.4 *None this report is for information only*

Carbon Impact Assessment

9.5 *None this report is for information only*

10. BACKGROUND DOCUMENTS

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

10.1 National Service User Survey Results
Healthwatch Report – Your Care During Covid - Report shines light on Covid health and care struggles | Healthwatch Peterborough
Healthwatch Report – Leaving Hospital During Covid-19 Leaving hospital during Covid 19 | Healthwatch Peterborough

11. APPENDICES

11.1 *Appendix 1 - Service User Survey detailed report*