ADULTS AND HEALTH COMMITTEE

Thursday, 05 October 2023

10:00

Democratic and Members' Services
Emma Duncan
Service Director: Legal and Governance

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

Red Kite Room
New Shire Hall, Alconbury Weald, Huntingdon, PE28 4YE

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1.	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at* http://tinyurl.com/ccc-conduct-code	
2.	**Adults and Health Committee Minutes - 29 June 2023**	**5 - 38**
3.	**Petitions and Public Questions**	

KEY DECISION

4.	**Adult Social Care Workforce Provider Support Plan**	**39 - 52**

INFORMATION AND MONITORING

Date of Next Meeting

Thursday 14 December 2023

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The Adults and Health Committee comprises the following members:

Councillor Richard Howitt (Chair) Councillor Susan van de Ven (Vice-Chair) Councillor Mike Black Councillor Chris Boden Councillor Alex Bulat Councillor Steve Corney Councillor Adela Costello Councillor Claire Daunton Councillor Anne Hay Councillor Mark Howell Councillor Mac McGuire Councillor Kevin Reynolds Councillor Geoffrey Seeff Councillor Philippa Slatter and Councillor Graham Wilson Councillor Corinne Garvie (Appointee) Councillor Mairead Healy (Appointee) Cllr Keith Horgan (Appointee) Councillor Steve McAdam (Appointee) Councillor Dr Haq Nawaz (Appointee)

Clerk Name:	Tamar Oviatt-Ham
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Adults and Health Committee Minutes

Date: Thursday 29 June 2023

Time: 10.00 am - 16:08 pm

Venue: New Shire Hall, Alconbury Weald, PE28 4XA

Present: Councillors Chris Boden, Mike Black, Alex Bulat, Adela Costello, Claire Daunton, Jose Hales (Co-optee sub), Anne Hay, Keith Horgan (Co-optee), Mark Howell, Richard Howitt (Chair), Steve McAdam (Co-optee - Part 2 only) Dr Haq Nawaz (Co-optee - Part 2 only), Kevin Reynolds, Geoffrey Seeff, Philippa Slatter, Susan van de Ven (Vice-Chair) and Graham Wilson.

173. Notification of Chair and Vice-Chair

Members noted that at the Full Council meeting on 16 May 2023, Councillor Richard Howitt was reappointed as Chair of the Adults and Health Committee, and Councillor Susan van de Ven as Vice-Chair, for the 2023/24 municipal year.

174. Apologies for Absence and Declarations of Interest

Apologies were received from Councillor Mac McGuire, Councillor Corinne Garvie (Co-optee) substituted by Councillor Jose Hales and Councillor Mairead Healy (Co-optee).

The Chair welcomed Councillor Mike Black and Councillor Alex Bulat to the committee, who replaced Councillor Gerri Bird and Councillor Nick Gay. He also welcomed Councillor Mairead Healy who replaced Councillor Jenny Gawthorpe Wood as the Co-optee for Cambridge City Council, Councillor Dr Haq Nawaz who replaced Councillor Sam Clark as the Co-optee for Fenland District Council and Councillor Keith Horgan who replaced Councillor Lis Every as the Co-optee for East Cambridgeshire District Council.

The Chair paid tribute to Debbie McQuade for her exemplary leadership of Adult Social Care and as the Statutory DASS in her interim role. He explained that Debbie had returned to Peterborough City Council as Service Director for Adult Services on 19 June 2023, following a handover with the new Executive Director: Adults, Health and Commissioning, Patrick Warren-Higgs. He thanked Debbie for her service. He welcomed Patrick to his first committee meeting.

There were no declarations of interest.

175. Minutes of the meeting on 9 March 2023 and Action Log

The minutes of the meeting on 9 March 2023 were approved as an accurate record.

The action log was noted.

176. Petitions and Public Questions

No petitions or public questions received.

177. Integrated Tobacco Control in the Cambridgeshire and Peterborough System

The committee considered a report that gave an update on the review of interventions and services to prevent and treat smoking and the proposed actions to decrease the number of people who smoked to improve health outcomes.

The presenting officers highlighted;

- The ‘Smoking Kills White paper’ published in 1998 along with substantial legislation which saw a substantial decrease in smoking rates.

- There had been a stagnation in smoking rates over the last few years with Fenland having the highest rate of smoking in the country. Cambridgeshire as a whole was around the national average with 13% of the population who smoked, this was over 27% in Fenland, with the Peterborough rate at just over 14%. There had been a greater focus on tackling obesity and there was now a need to refocus efforts on tackling smoking rates.

- The report set out the challenges that were currently faced and proposals around how the challenges might be addressed and agreement on development of a shared target for reducing smoking rates.

- Smoking was the main contributor to major impacts on health in particular in relation to cardiovascular disease rate.

- New products most notably e-cigarettes, that is vaping were now commonplace. Vaping was considered as a good aid to help those that currently smoke stop. However there were concerns around the number of young people vaping. It is illegal to sell vapes to anyone under the age of 18 irrespective of whether they smoke or just trying them as something new. The long term effects on nicotine are unknown especially on young people.

- Commissioning of behavioural insights research would help establish what the current barriers were to stopping smoking and what motivated individuals to start smoking. This would help to develop services focused on certain groups and areas including mental health services.

- Work with the Integrated Care Board (ICB) was focussed on National Health Service (NHS) services, the treating tobacco dependency programme had established pathways with maternity services and mental health services across Cambridgeshire and looked to roll this out to the acute settings to providers in both Cambridgeshire and Peterborough.

- Smoking cessation formed part of a wider piece of work that the NHS was looking to build upon and ran through to NHS England's approach to tackling health inequalities 'the Core20Plus5 approach'.

Individual members raised the following points in relation to the report;

- Highlighted that the role of General Practitioners (GPs) as trusted local professionals in the influence on the uptake of smoking cessation offers and noted that primary care was under unprecedented pressure. Members questioned what might inhibit the roll out of the offer. Officers explained that historically stop smoking services had been commissioned through GPs and the pressures on GP practices had affected the throughput of smokers receiving support in primary care. This had been picked up through the behavioural change services but the challenges in the coming months was to develop a new model of working with primary care. Officers stated that there were broader opportunities across primary care utilising other contact points including pharmacies and developing a new integrated neighbourhood approach to help increase referral rates.

- Requested an update on the public campaigning by Cancer Research UK on 'Start the Stop and Stop to Start'. Officers stated that they had developed school-based programmes through our health schools programme and focused on smoking and the harms of vaping.

- A member highlighted that it was over 60 years since the Doli report into the harmful effects of smoking and the link to cancer and that people continued to smoke, even though significant anti-smoking legislation had been put in place. He asked that the Chair of the Committee write to the Secretary of State for Health regarding the legislation that had recently been introduced in New Zealand. Officers stated that there had been successful work over the years in smoking prevention but that there were still pressures that individuals were experiencing in society that lead them to smoke and that it was about trying to understand the reasons for smoking and to be able to provide the support and give individuals the motivation to quit.

- A member stated that they were shocked that 10% of pregnant mothers were still smoking and highlighted that it was crucial to communicate that stopping smoking had remarkably quick health benefits. He stated that the situation in Fenland regarding smoking rates required significant geographical targeting of services to tackle the issues. A member queried whether there were any incentives in place for expectant mothers to stop smoking and that encouraging them to even cut down was a first step.

- A member spoke about her lived experience as a smoker and stated that smoking cessation services needed to be linked into mental health service investment. She also stated that some of the alternatives such as nicotine gum and vaping were more expensive than the tobacco products themselves and queried what could be done to tackle this. She also requested further information on the origin of the data in relation to the statistic that vaping was twice as effective in helping smokers to quit over a 12-month period and if there would be better information available on how vapes could be recycled. Another member stated that vaping in many cases was a long-term replacement to smoking and that there was not enough evidence regarding the effects of vaping in relation to long term use. Officers explained that they had been looking at prescription charges in more detail as they had received evidence from the behavioural change services that individuals were struggling to pay the prescription charges and were reviewing how much it would cost to cover the charges as a system. Officers stated that with the formation of the treating tobacco dependency programme, there would be no charge for pharma therapy through the stop smoking service. Officers stated that the data regarding the vaping study came from St Marys University, London, which used trial data from English stop smoking services.

- Queried the support specific hard to reach groups received particularly in relation to the homeless and carers. Officers explained that the stop smoking services worked closely with the drug and alcohol services. One of the issues that had been highlighted was the range of stressors that carers experienced and understanding them to help shape the support services provided. The behavioural service also had a specialist health trainer that worked with carers. Officers explained that they worked very closely with the homelessness services in Cambridgeshire and looked at the holistic health needs within the service.

- The Chair expressed concern that the Integrated Care Board had highlighted a 40% shortfall in funding for the stop smoking service. He welcomed the behavioural insights work that had been commissioned. He requested further information on the support for the homeless in Cambridgeshire to receive nicotine alternatives as work in Peterborough had been highlighted in the report. He highlighted that there had been a report on illegal vapes flooding the market and queried if there had been any contact with Trading Standards in Cambridgeshire on this issue. He also shared the concern of other members in relation to the number of children vaping. Officers stated that they were working with Trading Standards colleagues to identify were illegal sale of vapes and cheap cigarettes. Officers also explained that a national consultation had just closed in relation to young people and vaping and the results were awaited. Some of the measures to help prevent young people from vaping that had been suggested were to reduce marketing on social media and at point of sale displays and ASH had put forward a proposal to put a tax on disposable vapes and to increase the sessions in schools around the dangers of vaping.

- Noted and supported the current approach to commissioning services from primary care.

It was resolved to endorse:

a) The proposed actions to decrease the numbers of people who smoke.

b) A system wide approach to addressing smoking with an agreed shared target for reducing smoking rates.

c) Also to note the current procurement position for commissioning services from primary care.

178. New All Age Carers Strategy

The committee received a report that asked members to endorse the new Carers Strategy which provided a clear strategic direction for supporting carers across Cambridgeshire.

The presenting officers highlighted;

- The new strategy encompassed all carers, including adult carers, parent carers and young carers. It continued to be a joint strategy with Peterborough City Council, as we aspire to a single strategy across the Cambridgeshire and Peterborough Integrated Care System (CPICS) and more collaborative working to better support carers in our community.

- The impact of the previous strategy was summarised in the report.

- Following engagement with carers and carers groups, feedback from carers highlighted that they were often unaware of the support available to them, or were reluctant to ask for help, or were unsure who to ask. The focus of the updated strategy was to bridge the gap in terms of accessing support and to identify areas of improvement for the future.

- More robust monitoring arrangements would be established with oversight from the Carers Strategic Board and the Carers Partnership Board.

- The key priorities and strategic intentions of the strategy were set out in 2.6 of the report.

- The intention was to publish the strategy in early July 2023 and an action plan would be developed to sit alongside the strategy and that would be developed collaboratively with key partners and the Carers Strategic Board and progress would be reviewed after a year.

Individual members raised the following points in relation to the report;

- Queried how the strategy supported young carers, in relation to the change in the nature of their relationship with their parent/relative and ensuring that they were looked after. Officers explained that they had a contract in place with

Centre 33 who had an extensive offer for young carers covering getting advice and help, risk support, one to one support, needs assessments and targeted support groups.

- Sought further information on training for young carers, taking on board what skills they would learn by being carers and how those skills could help them in later life.

- A member expressed concern in relation to young carers and at what point was it deemed to be neglect as the Council had a responsibility to ensure that young carers were being looked after. Officers stated that they worked closely with colleagues in children's services to ensure that the needs of the young carers were met and to identify any issues before they reached a tipping point.

- Queried if there were ideas regarding augmenting services in schools and whether there were staff members that had the time, resource, and expertise to implement this. Officers explained that Centre 33 went into schools to work with young carers and delivered training for individuals that work with young carers. The action plan also included additional workshops and training for young carers and carers champions in schools.

- Requested further information on the improvements to the webpage and what this involved and how interactive the information and communication could be. Officers explained that the current webpage was not in the most accessible format and the idea was to design this collaboratively with carers to meet their needs.

- A member queried how carers were identified regardless of age, especially young carers and questioned if there was an estimate of the percentage of carers yet to be identified and if the council were linking up with the Department for Work and Pensions in relation to this data.

- A member sought further information on whether the council were offering advice or support in other languages and were they collaborating with the voluntary sector in this area.

- Expressed concern that counselling services in schools were not established to support young carers and whether this was picked up in the strategy.

- Queried if there was scope for establishing a mentoring scheme for young carers. Officers stated that in the action plan there were actions including peer support so one action that could evolve from that could be mentoring and that this would be discussed further with the Carers Strategic Board and the Carers Partnership Board.

- The chair welcomed the co-production of the strategy with carers and the 'no wrong door' approach. He sought further information on how the respite services for carers would change and improve in light of the strategy and queried what the reasons were around the performance against the carers

assessment performance indicator. He sought clarity on what measures would be put in place to improve performance. Officers explained that as part of the re-tendering for respite capacity earlier in the year additional capacity was included for carers respite which would be available later in the year. Officers stated that the carers assessment process had recently been reviewed and simplified to make it shorter and there had also been significant work around identifying hidden carers. Officers explained that the number of conversations with carers had increased including 3,000 conversations carried out by council officers and 2,500 by external organisations which included supportive signposting without needing to go through the formal assessment route.

It was resolved to approve and adopt the new Carers Strategy.

179. Older Persons Day Opportunities Recommendations

The committee considered a report outlining a review of older people's day opportunities and associated recommendations.

The presenting officers highlighted;

- Historically the authority has funded the same building-based services over many years.

- A comprehensive review of older people's services has taken places and officers had engaged with service users and carers, staff, providers, and partners to shape the new approach.

- The review was able to define differences in demand, costs, and outcomes for people with eligible care and support needs and those with emerging care and support needs that were not accessing formal care and support.

- Transport was one of the main issues for individuals getting to the services provided.

- The traditional day centre model was not appealing to some individuals who preferred social inclusion within the community.

- Carers really valued the support their family members were given for those with personal care needs. Found that some day centres were thriving and well attended while others were not well attended and were struggling financially.

- Findings from the review had informed the proposed approach to commissioning older people's Day Opportunities moving forwards. The proposal had two parts, the first was to procure services for Huntingdonshire and South Cambridgeshire to supplement the inhouse offer to ensure, once the current grant agreements ended in 2024, there was provision in all

districts for those with eligible care and support needs. The second was to develop a more localised range of day opportunities for people with emerging care and support needs through a place-based approach to commissioning.

- All existing services would have the opportunity to bid for new grants.

- Planned formal consultation throughout July and August 2023.

Individual members raised the following points in relation to the report;

- Queried if officers were involving social prescribers as part of the review.

- Requested further information on the types of activities available at the day centres. Officers explained that 1.1 of the report described how things currently stood. Officers stated that new grant applications would be required to show how people that were attending would be involved in developing the activities going forwards.

- A member highlighted that there was a lot of need within communities that was not being recognised in areas that did not have access to a day centre or even access to a bus service to get to a day centre. He queried what work was being done to link in accessibility to provision as part of the review, working with local community transport. Another member questioned whether organisations such as FACT would be able to apply for the grants so that individuals would have transport to hard-to-reach places. Officers explained that this approach would give the opportunity to be flexible if there were districts where people were finding it difficult to get to activities, and that some of the funding could be used for transport, as long as it met the criteria for reducing social isolation.

- Sought further information on the next steps following the consultation and queried how local groups with lived experience would be encouraged to apply for grants. A member asked that the committee be kept updated on progress. Officers explained that place-based commissioners who were working in the local communities would encourage the local, smaller groups to bid for grants.

- The Chair requested the results of the consultation be reported back to spokes ahead of the next committee meeting. **Action Required**. The chair stated that there was a 98% satisfaction rate of people that use days services and that there was a steer to officers that members were open minded with regards to the consultation and that the design of the service should be focused on the results from the consultation and the users of the services. Officers explained that the consultation outlined what had been agreed in principle working with service users and sought further feedback on any other implications that had not been thought of. Officers stated that working groups would be formed to bring together integrated health, place-based commissioners and district councils and representatives from the communities to pull together the conversations and data to develop the grant specifications and evaluating where the bids go to.

It was resolved:

a) In principle, approve commissioning of Older People's Day Opportunities in Huntingdonshire & South Cambridgeshire on a 2-year plus 2 lots of 12-month extensions basis at total cost of £592,800.

b) Delegate responsibility for awarding any contracts for the provision of Day Opportunities for Older People with eligible care and support needs, within Huntingdonshire and South Cambridgeshire, starting 1st April 2024 and extension periods to the Executive Director of Adults, Health and Commissioning.

c) Delegate responsibility for executing any contracts for the provision of Day Opportunities for Older People with eligible care and support needs, within Huntingdonshire and South Cambridgeshire, starting 01st April 2024 and extension periods to the Executive Director of Adults, Health and Commissioning.

d) In principle, approve the reallocation of £399,878 annual Older Person Day Opportunities budget, as per paragraph 2.5 into a place-based approach.

180. Befriending Service (Early Intervention)

The committee received a report that sought approval to proceed with call-off from the Early Intervention and Prevention Dynamic Purchasing System for a place-based Befriending Service in both Cambridgeshire County Council (CCC) and Peterborough City Council (PCC).

In particular the presenting officers highlighted;

- The befriending service had been historically commissioned since 2014 to provide support in Cambridgeshire and Peterborough for practical and social support.

- Decentralisation was key to the strategy going forwards, with a placed based approach to commissioning, working with local providers to identify who was best placed to use their existing networks to support older people.

- There was a lot of evidence that showed that this service had a positive impact on individuals mental and physical outcomes.

- The current provider of services across Cambridgeshire and Peterborough was Age UK and the contract was coming to an end on 30 September 2023.

- Due to the uncoupling of services between Cambridgeshire and Peterborough there was an opportunity to call off from the Early Intervention Dynamic Purchasing System by changing the specifications.

- Officers engaged with service users and providers through surveys to gain feedback. This highlighted where the service was working well and where there was room for improvement, and this had been incorporated into the design of the new specifications.

- The proposal was to adopt a lead provider model as this allowed for more capacity to write and submit bids, highlighting how they would work with the smaller local providers to engage with hard-to-reach individuals and also engaging experts by experience. The Dynamic Purchasing System would be opened up again in the autumn of 2023 to new providers. The current arrangements meant that the authority was required to call off from the current existing providers on the system.

Individual members raised the following points in relation to the report;

- Queried how providers would formally check the volunteers were providing the required expertise and skills and whether there was a skills assessment that they had complete. Officers explained that all volunteers were DBS checked and they receive training and support around conducting meaningful conversations. It was also envisioned that the lead provider would pay for all of the DBS checks for the smaller organisations.

- Queried why the contract was for three years plus one whilst the contract term for a previous report were two years plus one, plus one. Officers explained that this was in relation to the amount of paperwork that was required to approve the extensions and in terms of Cambridgeshire the amount was well under the key decision threshold. There were also regular contract review meetings and any changes that needed to be made could be made throughout the contract period.

- Highlighted the risks to the different approaches set out in the report including the new service not being ready on time and the new service resulting in negative changes and whether there was going to be a gap. Officers explained if there was a delay then they would extend the current contract but that it was not envisaged this would be an issue.

- Queried if the lead provider model was the way new groups would be brought on board. Officers explained that some providers had been onboarded already and then there would be a separate process for onboarding new providers. This allowed for providers to be onboarded on a regular basis.

- Sought clarity on if there was scope in the service for intergenerational participation. Officers stated that there was a clear appetite for intergenerational participation, and this would be included in the method statements in the bidding process.

- Commented on the ratios and what they indicated in terms of being able to make changes to the service. Officers stated that some volunteers could only commit to 2-3 hours a week therefore this impacted on the ratios. Officers

explained that some of the volunteers themselves had been initially referred to Age UK in relation to their own loneliness and were now benefiting.

- Questioned why virtual calls were not included in the report. Officers explained that when telephone befriending was referred to in the report this also referred to zoom calls, and this would be made more explicit. Officers stated that they would check and confirm with members regarding whether group sessions were taking place. **Action Required**. Officers clarified that they would include digital inclusion in the method statements. **Action Required**

- Highlighted that there was no mention of exercise or personal trainers within the report. Officers explained that in the new specifications for the service the need to undertake physical exercise was included.

- Questioned how the lead provider would enable increased paid capacity within the smaller organisations as volunteer time could potentially be overused and exploited. Officers explained that there was funding to upskill micro providers available through care together. Officers also stated that there were three community micro enterprise officers in place across Cambridgeshire and their role was to help upskill smaller enterprises including sole traders. Officers would also use the social value portal to evidence the social value of all the jobs created through the care together workstreams.

It was resolved to agree:

a) Approval to proceed with call-off from Early Intervention & Prevention Dynamic Purchasing System for a place-based Befriending Service (in both CCC and PCC).

b) Delegate responsibility for awarding and executing a contract for the provision of Befriending Services starting 1st October 2023 and extension periods to the Executive Director Adult, Health & Commissioning.

181. Extra Care extension approval

The committee considered a report that requested approval for a contract extension for Richard Newcombe Court extra care service up to 4 September 2023.

In particular the presenting officers highlighted;

- Committee agreed on 17 March 2022 that the care and support services in six extra care schemes in Cambridgeshire would be retendered. The tender proceeded and bidders were advised of the outcome in February 2023. Contracts for three of the services have been successfully mobilised and implemented. The remaining three services, Dunstan Court, Moorlands and Richard Newcombe Court would be transferred on a phased basis as several issues had surfaced during the mobilisation period.

- The council had been meeting with CHS and Radis to ensure a smooth handover of services, the first service had now been successfully transferred with dates agreed for the further two schemes to be transferred and tenants in these schemes would continue to access the services whilst the new provider mobilised resources.

Individual members raised the following points in relation to the report;

- A member queried why the contract had gone to a big national provider from a small provider and questioned why six schemes were tendered at the same time to reduce procurement costs and whether this particular method of procurement favoured particular types of providers. He highlighted that the bids were based on 70% quality and 30% price and stated that he would like to understand further how the successful bidder had scored and whether they had scored higher on quality. He highlighted the delay in the scheme being implemented was in relation to the disruption of service users in relation to the transfer. He queried whether service users' views had been considered during the process. He stated that he had been in communication with representatives of Richard Newton Court residents, and they had indicated that they would be continuing with CHS and he understood that these individuals would be funded by the Council up until 1 September 2023. He explained that he would like to understand what would happen in relation to the funding of individuals after this date. He also questioned whether communications in relation to the changes were the council's responsibility as there were individuals with lasting powers of attorney, that had not been informed properly of the changes to service. Officers stated that they were limited in what they could say in in relation to the bids and scores due to commercial confidentiality. Officers explained that they had spoken to service users in each of the schemes prior to the tender and it was clear that they valued the services provided by CHS and did not understand why the services needed to be reprocured. Officers stated that it was a requirement for the council to re-tender the services as the contracts had come to end. Officers explained that the original implementation plan included transferring a large group of staff from one organisation to another. However very few staff transferred, and the new provider had to mobilise the services and agreed to transfer on a phased basis. Officers stated that if service users decided that they wanted to stay with CHS then they could apply to the council for a personal budget or they could continue the service with the new provider.

- A member queried the transition process and how residents were being supported in what could be a bewildering process and how social value would be expressed and assessed in the procurement process. She stated that there was a lot to learn from the process and that some of the choices that had been made by the previous provider and residents might not have been anticipated. Officers explained that there was on the committee forward agenda plan that would focus on social value.

- Discussed whether there was a need to go into private session to discuss concerns in relation to this particular procurement exercise.

In bringing the debate to a close the chair stated that it would be beneficial for members to have further discussions informally with officers to understand the lessons learnt from this particular procurement process and understand how members could debate concerns in relation to future contracts. **Action Required**. He stated that local members had received strong representations in favour of individuals staying with the previous provider CHS and it was important to understand the process as a whole and the reasons that sat behind it.

The Chair took a vote on whether the committee should defer the vote on this item until the end of the meeting so that there could be a discussion in private session. The vote was lost, and the substantive recommendation stood.

It was resolved to:

> Approve the contract extension for Richard Newcombe Court extra care service up to 4 September 2023 with an overall value of £50,775 and cumulative value of £545,560.

182. Finance Monitoring Report - March

The committee considered a report that set out the financial position of services within its remit as at the end of March 2023 and proposals for the use of new uncommitted Public Health reserves arising from the 2022/23 in year underspend.

In particular the presenting officers highlighted;

- The outturn had not changed much from the February to March position; Adults and Safeguarding and Commissioning ended the year at £1.5 million under and Public Health at £809,000 under. The Public Health underspend was transferred to Public Health reserves at the end of the financial year and some of the balance had been committed which was set out on page 157 of the report pack. Work was ongoing to allocate the remainder of the balance which would come back to committee in due course.

Individual members raised the following points in relation to the report;

- A member stated that he had expressed his concern around the planning of how to use the underspend in Public Health at committee over twelve months ago. He highlighted that there would always be a risk of an underspend and that it had been brought to members attention that due to capacity and recruitment issues there would be a significant underspend at the end of the year. At the time he had requested that officers looked at how the underspend could be spent, and he stated that action had not been taken early enough which was shown in the figures in the outturn report for 2022-23. He worried whether the figures were realistic in terms of forecasting for this financial year and if there could be additional provision identified to utilise the underspend if necessary. The chair stated that he was confident that the Public Health team were spending the money wisely rather than artificially

driving down the reserve level and that this was reviewed on a regular basis. The Director of Public Health stated that there was a need to be optimistic about the spend as it was spend that was anticipated to happen and it was crucial in terms of identifying individuals with cardiovascular disease for example, and there had been an incredible amount of hard work with primary care colleagues to ensure that this activity happened. She stated that officers had plans in place to actively spend the reserve and would have contingency plans in place if it was identified that there would still be an underspend in the future.

- A member commended officers for ending the year with a limited underspend and was pleased that the public health money was going into reserves.

- A member highlighted 2.3.4 in the report regarding the extra funding for providers through the business planning process, in order that providers all paying the real living wage in three years' time. She sought further information on how progress on this would be monitored. Officers stated that they had built into the financial process the expectation that providers pay the real living wage, and this was also in all contracts. Officers explained that it was difficult to get data from providers but that they had made this a requirement now.

It was resolved to:

Review and comment on the relevant sections of the People and Communities and Public Health Finance Monitoring Report as at the end of March 2023.

183. Finance Monitoring Report – May

The committee considered a report that set out the financial position of services within its remit as at the end of May 2023.

In particular the presenting officers highlighted;

- The report was in a new format and was just Adults and Public Health.

- At this stage there were very minimal forecast variances.

- The Capital section of the report on pages 220 and 221 of the agenda pack, looked at capital re-phasing, and drew attention to the independent living suites programme for East Cambridgeshire as there had been issues around the land acquisition and officers asked that this was rephased for future years.

Individual members raised the following points in relation to the report;

- A member expressed concern in relation to the further delay in the independent living suites programme, which meant that the scheme would be more expensive and would potentially have higher interest rates. The chair

also expressed concern around the care suites programme as there had been an ambition to build one set of care suites a year, and the schemes were not progressing as expected. Officers stated that the delay was in relation to health releasing the land to the County Council for the development to happen.

It was resolved to:

a) Review and comment on the relevant sections of the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of May 2023; and

b) Endorse the budget revisions to the capital budgets in the remit of the Committee.

184. Waiting Lists report

The committee considered a report that gave an update on the current waiting list numbers and actions being taken.

In particular the presenting officers highlighted;

- There had been a build-up of the backlogs on waiting lists throughout the pandemic and there had been some focused work on addressing them.

- The investment made on reviews last year had seen some positive results with better performance on statutory reviews currently than pre pandemic, this being one annual review a year for service users with individual long term care packages. The older people and physical disability service community teams lists were also now back to business as usual.

- An area of concern was in relation to adults with autism where there was a historical backlog that predated the pandemic and an increase in demand. There were capacity issues in terms of keeping up with the business-as-usual demand as well as to clear the backlog.

- Another area of concern was in relation to financial assessments as the service had been brought back in house with an historical backlog.

- A further area of concern was in relation to deprivation of liberty safeguards as there had always historically been a backlog in this area. There was a delay in the liberty protection safeguards being brought in, with a delay on any new legislation now postponed until after the next general election.

- There were some waits around specialist learning disability packages.

Individual members raised the following points in relation to the report;

- Queried how financial assessments were being dealt with and reviewed and if the list was constantly reviewed in relation to priorities. The Chair stated that according to the report there was a backlog of 1000 cases and there was a capacity of dealing with four per week. He sought further information on how this was going to be dealt with. Officers explained that there were risks assessments that were applied to all waiting lists and for those who were struggling financial. Officers explained that there was also a deep dive taking place of this list to ensure the risks were being managed appropriately. Officers clarified that the capacity for cases was four per week per member of staff in the service and recruitment and retention in the team was still an issue which the service was looking to address. Officers stated that they were currently soft launching on online financial assessment as a lot of the delays in the process were in relation to documents required. Allowing for documents to be uploaded electronically would cut down the time individuals would need to wait, if done online. Officers explained there were regular meetings of the assessment team and with officers who were out in the community meeting people and cases were flagged through this route where there was distress.

- Questioned if the worker that was identified to carry out transition's enablement plans highlighted on page 238 of the agenda pack was part of the consideration of further increases of staffing within the Learning Disability service. Officers stated that the member of staff identified was a current member of staff and that there would be additional roles recruited to. Officers also explained that there was a three pronged strategy to tackle this backlog, where there were vacant places that already existed in services officers looked to match individuals up with these places, secondly the authority was using the tender framework to bring on more core and cluster services and the third prong, the inhouse property team were conducting a search on land available to see if this could create capacity to develop services including looking at modular buildings.

- A member commented that young people were moving into adulthood losing the structures of support they previously had in place and queried whether the authority would be interested in developing a reablement path for young people in terms of transitions, in a more proactive way. Officers stated that they were seeing an increase in numbers coming through in particular in relation to adults with autism and more thought needs to be put in in terms of the pathway that was taken. Officers stated that they were having business planning discussions around how they could develop support in this area, and it was very much in the forefront of discussions.

- Highlighted that waiting lists had an impact on carers. Officers stated that this needed to be taken into consideration in relation to working with carers and in terms of the risk assessments and management of waiting lists.

- A member expressed concern in relation to the deprivation of liberty safeguards backlog, and asked if this issue could be brough to a future meeting, updating the committee on the situation and giving examples so that members of the committee could understand the real issues. The chair

requested an update on the report that had been due to go to corporate leadership team on 19 June 2023 and suggested that the request for an update on progress be picked up at a spokes meeting. **Action Required.** Officers explained that the case law that was put in place in 2014 meant that any individual that did not have capacity to decide about their own care and support and accommodation was deemed to be deprived of their liberty, the vast majority of individuals were not in distress and were in a registered setting. Officers explained that triage was carried out at the point when a case came in and then if there was an individual in distress this person would be moved to the top of the list. The Executive Director of Adult Social Care explained that he had asked the report to be deferred as he had only just started in post so that he could give it sufficient consideration. He explained that the report had been rescheduled for 3 July 2023. The chair requested to be informed of the outcome of the discussion. **Action Required**.

- Queried if officers had identified any bottlenecks with the deprivation of liberty and the learning disability partnership waiting lists. The chair stated that there had been an increase in complexity of cases in terms of learning disability and that this needed to be acknowledged and sought further information on actions being taken in this area.

- The chair queried when the new social workers would be in place in the autism team. Officers stated that the resourcing level was still an issue in this team and the consequence was a skewed workload as the team were dealing with the most challenging and pressing cases. The team was now fully staffed and there was a proposal for additional staffing to work through the

It was resolved to:

Note and comment on the information outlined in this report.

185. Update on Market Sustainability Fund and Plan

The committee received a report which outlined the current position regarding delivery of the Market Sustainability Plan and allocation of the Council's Market Sustainability Funding.

In discussing the report;

- Members requested a briefing on the submission including an update on the information on current market capacity and predicted demand, and information in relation to commissioned bedspaces, number of clients supported over a specified period and anticipated increases. **Action Required.**

It was resolved to:

Note the update and support the ongoing approach to delivering against the Council's Market Sustainability Plan.

186. Quarter 4 Performance Report – Adult Social Care

The committee received and update on position of performance against the selected KPIs for Adult Social Care as at the end of March 2023, Quarter 4.

In discussing the report;

- A member queried the performance in relation to the indicator at 2.4.3 of the report 'number of carers assessed or reviewed in the year per 100,000 of the population' as he was concerned about the scale of the variance against statistical neighbours. Officers stated that the change in approach to assessment of carers meant that the authority was not counting assessments in the same way as a lot of the interactions were informal and not counted. Officers were continually reviewing the approach to ensure the best outcomes for carers and there was ongoing work to strengthen the feedback loop with carers and practitioners. Officers had seen an uptick in the number of conversations with carers, so the activity overall was high.

It was resolved to:

Note and comment on the performance information outlined in this report and take remedial action as necessary.

187. Quarter 4 Performance Report - Public Health

The committee received and update on position of performance against the selected KPIs for Public Health as at the end of March 2023, Quarter 4.

It was resolved to:

Note and comment on the performance information outlined in this report and recommend any remedial action, as necessary.

188. Adult and Health Committee Agenda Plan, training plan and committee appointments

The committee received a report outlining committee's agenda plan and training plan, and appointments to Outside Bodies and Internal Advisory Groups and Panels.

The Chair proposed that any member of the Committee should be able to substitute for a Quarterly Liaison Group member, rather than naming specific

substitutes for each group. This recognised the importance of continuity at meetings, but offered a pragmatic solution if occasions arose when Liaison Group members were unable to attend. There were no objections.

It was resolved to:

(i) Note the agenda plan attached at Appendix 1 of the report;

(ii) Note the training plan attached at Appendix 2 of the report;

(iii) review and agree the appointments to outside bodies as detailed below;

- Cambridge Cancer Research Hospital Engagement Board – Councillor Geoffrey Seeff.

- Cambridge University Hospitals NHS Foundation Trust Council of Governors – Councillor Susan van de Ven.

(iv) review and agree the appointments to Internal Advisory Groups as detailed below;

- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group - Councillor Dr Naq Hawaz (Co-optee).

- Integrated Care System and Cambridgeshire Healthwatch Liaison Group – Councillor Dr Naq Hawaz (Co-optee) and Councillor Jose Hales (Co-optee sub).

Health Scrutiny

189. Cambridgeshire and Peterborough Shared Care Record

The committee received a report on the Cambridgeshire and Peterborough shared care record.

In particular the presenting officers highlighted;

- The shared care record was a collaboration of all of the partners in the Integrated Care System to be able to share care and health data across the system and to have access to the data for direct clinical care.

- Working towards a minimum viable solution which was a nationally developed. This had been broken down into two distinct phases and the first phase was now live. The first phase was the shared care record being made available to a limited number of providers including the County Council.

- The programme was about to go into the second phase which was focused on improving and enhancing the clinical and care data, adding to the primary care data and the community mental health data aiming to bring in the acute hospitals data as well as the adult care data.

Individual members raised the following points in relation to the report;

- Sought clarity on the level of engagement with community groups, voluntary sector and the wider public including hard to reach groups, in relation to the programme. Officers explained that over the last year they had undertaken public engagement including a mail out campaign including information for residents that might wish to opt out of the sharing of data. Officers explained that a helpdesk had also been set up to deal with queries. Officers stated that as part of the lessons learnt from stage one officers would continue to review how they engaged with residents.

- Queried how and when the benefits of the shared care record would be seen by the wider public and the timeframe for this. Officers explained that there was a focus on the benefits the work was aiming to achieve, aligned with the business case and the aims and objectives, to be able to demonstrate to the board and members on progress against the benefits. Officers highlighted that one of the benefits that had already been realised was that access to data had made the process quicker so there was no need to chase results via telephone. Officers stated that they had looked at how many minutes each person saved when they accessed the shared care record, over and above the fact that they may have had to make a call to find the correct person to speak to. Officers explained that they expected to report back to the programme board on the results over the next three months. Officers also explained that the there was a shared care record page on the ICS website and this would be updated with the relevant data on the benefits.

- Questioned how officers would know the shared care record was working well. Officers stated that as already discussed the feedback on progress against the benefits would evidence the outcomes from the programme. Officers explained that the main benefit to date was the time efficiencies created by faster access to data, including avoiding unnecessary phone calls. And Officers stated that there was a focus on whether the record was performing against the contract specifications including looking at how many people had accessed the record and how many views. There were only currently 1300 users of the record at the moment with 233 unique accesses to the record. Officers highlighted that they were working with partners to increase the knowledge of the shared care record to drive up usage.

- Questioned whether care homes would be brought into the next phase of the programme as well as professional carers as there was great potential in terms of them having access to the system. Officers explained that the next stage of the programme would include getting all of the acute systems on board and there was a parallel programme being run with Cambridgeshire County Council called 'Digitisation of Social Care', and this was giving care homes access to funds in order that they could move to a digital platform with all of their records, which would in time enable them to join the shared care record.

- Sought clarity on whether patients could opt out of the social care record and having their records shared and what security features were built in to stop unauthorised people accessing the system. Officers explained that the system was accessed based on role-based access so if individuals had permissions currently to access medical records, then they would have access to these records on the shared care record. Officers stated that levels of access were set by partners and not the central system and it was currently protected by single sign on. Officer highlighted that a portal would be developed and when that came into use there would be two factor authentication. Officers explained that the aspiration was there would be access for public health purpose and was part of a wider strategic programme. Officers stated that there was a full-time privacy officer who was solely dedicated to ensure that the adequate controls in place. Security and privacy considerations were taken very seriously, and where residents asked to opt out this was actioned swiftly.

- Queried if any artificial intelligence was being built into the system and if so, were there any foreseen risks in relation to it. Officers confirmed that Artificial Intelligence would not be employed in the shared care record.

- The Chair highlighted that a lot of public health programmes were being delivered through primary care which was under an incredible burden, and some areas of the system were reluctant to share data which was slowing up the system and commented that confidence in the shared care record needed to be addressed.

- The Chief Executive of Cambridgeshire and Peterborough Healthwatch commented that Healthwatch had been consulted about the Shared Care

Record programme and would be happy to attend relevant partnership boards and forums. He reported concern by patients in relation to the potential commercial exploitation of the records. He highlighted the confusion that some people had expressed regarding the use of MyChart and the shared care record and that the forms could be complicated. He commented that more needed to be done regarding communications so that the public could understand the difference between the systems and how they could opt in or opt out of the shared care record. Officers stated that the information would not be shared with any commercial entities and the agreement was that the data was for direct care only.

The Chair expressed a broad welcome from the committee for the scheme and welcomed the information on links to primary care. Digitisation in relation to social care was a key issue and the committee would like to see timetables on that outside of the meeting. The Committee welcomed the assurances given that there would be no commercial exploitation of patient data, and emphasised the need to be clear how people could opt out. **Action required**

It was resolved to discuss and give feedback on the Cambridgeshire and Peterborough Shared Care Update.

190. Access to GP Primary Care Services

The committee received a report from the Integrated Care System's Chief Finance Officer that outlined the background, issues, actions taken and outcomes and impacts on people in Cambridgeshire in relation to the following key lines of enquiry:

i. Delivery Plan for Recovering Access to Primary Care
ii. Proposed Changes to Patient appointment booking
iii. Increased use of digital and Telephone consultations
iv. Workforce – The Role of salaried GPs
v. Practice Vulnerability and Support – Learning from Priors Field, Sutton

Members also received a report from Healthwatch Cambridgeshire and Peterborough summarising the feedback received by its Information and Signposting team in relation to access to GP services during the previous six months.

In particular the presenting officers highlighted;

- NHS England announced the Delivery Plan for Recovering Access to Primary Care on 9 May 2023 and confirmation was received on 6 June 2023, so the timeframes had not coincided with the budget planning cycle. The funding made available from this was just under £2.50 per patient. This built on GP contract changes and the Fuller stocktake report, and looked at how more sustainable access to primary care could be provided. The ICS were working with the primary care networks and integrated neighbourhood teams to determine what was right for each community rather than taking a blanket approach, with the aim of feeding back on the delivery plan through the board in the Autumn. One of the key areas was in relation to telephony

improvements and how all of the workforce could be utilised within the neighbourhood to support primary care. Current demand for primary care services exceeded pre-pandemic levels.

- The Chief Executive of Cambridgeshire and Peterborough Healthwatch described problems reported around access to primary care services and capacity. The main concerns expressed related to problems with booking appointments and people wanting to see a GP but being offered an appointment with a different clinician. There was some confusion about whether individuals had the right to see a doctor or whether this was decided by someone else. There were also concerns about the closure of GP lists and dispersing patients to other practices if a temporary list closure occurred. Feedback regarding online and telephone consultations was mixed, with some concern expressed in relation to the timing of call backs.

The local member for Sutton addressed the committee in relation to Priors Field Surgery in Sutton. In particular she highlighted the following points:

- In late February 2023 a sudden announcement was made that the Fenland Group Practice would not be renewing its contract to deliver primary care services at Prior Field Surgery. The news broke on social media with no background as to the reasons for the decision.

- The NHS announced the managed transfer of the list to 10 surrounding practices, some up to 15 miles away some with no access to public transport provision.

- A petition and a series of public meetings were held and within two weeks an interim provider was put in place with a one-year contract with the option for a further year's extension.

- The interim provider Malling Health had settled in and received positive feedback from the community.

- A new permanent premises was included in the NHS plan for 2023-24 and they were looking to identify a plot of land and the resources to build a new building. Two public meetings had now been held which included the patient participation group to help shape the new service.

- The NHS were looking to hold an after-action review to look at what happened at Priors Field to learn from the experience, with the input of the patient participation group.

- There were wider implications for GP practices, it had emerged that there had been concerns for a while in relation to the long-term sustainability of the practice in terms of staff and premises.

- Assurances were sought from the NHS that communications would be handled as effectively as possible in challenging circumstances in the future.

- The maintenance of the NHS risk register and vulnerability dashboard, and how its various parts could work together to monitor the risks of continuity of primary care provision and seek to act early to prevent or manage the process more effectively.

In questioning the local member in relation to Priors Field Surgery;

- A member questioned if the practice had closed on financial grounds or resourcing. The local member stated that the practice did not close, but the contract was relinquished. The pressure from the community ensured the NHS looked again at what could be done to ensure that a practice remained in the village. She stated that both the patient participation group and the community had stepped up and were keen to engage and work positively with the NHS. Officers stated that GP practices were private businesses, and the ICS could only act if GPs chose to share their plans. Officers stated that they were notified of disputes between partners back in November 2022. The reason for the time delay on communication between November 2022 and March 2023 was that the partners in the Fenland Group had signalled that they wanted to provide the care, but the issue was around not being able to come to an agreement with the owner of the building. Officers clarified that the ICB had taken on the full liability of the dispute, and this was unusual, to get a provider in.

- A member questioned when the local member found out and how they found out regarding the closure. The local member stated that she learnt in the same day and at the same time via a post on social media. Officers explained that the priority had been to communicate with staff first however there had been lessons learnt in terms of the communication strategy in the future.

- The Chair commented that he found it unacceptable that the contractual confidentiality of one arm of the NHS had led to a breakdown in communication and failed to allow system partners to work together. ICS Officers stated that they had a duty to speak to practice staff first. It had been their intention to brief local MPs and councillors a few days later, but by then the news had leaked on social media. They would reflect on this, and lessons around communications would be learned.

The Chair thanked the local member for Sutton for acting as a catalyst to ensure that action was taken, and solutions sought in relation to the potential practice closure.

Moving on, individual members raised the following discussion points, in relation to the remainder of the report;

- Queried how vulnerable GP practices were being identified and supported and at what point was appropriate to communicate with local members on concerns. The Chair queried if there was a system in place to deal with GP surgeries of concern. Officers explained that there was a process and that if practices recognised that they had financial issues they could approach the ICB, but that this did not always materialise into support. Officers explained that vulnerable practices were identified via the Care Quality Commission

(CQC), and this was public information available on their website. At present 13 of the 88 GP practices in Cambridgeshire were RAG rated as red risk, around 15 were green and the remainder were amber, due primarily to workforce issues.

- Highlighted that GP practices had to re-sign contracts and as many as up to 50% of Cambridgeshire practices had not as yet re-signed. Questioned if there was there an understanding of how many would not re-sign. Officers stated that the Nuffield Trust had highlighted that by the end of the decade 1 in 4 GP posts would be vacant and the future service would have to be very different. Officers stated that over 95% of doctors in Cambridgeshire and Peterborough were based in acute hospitals and trusts, 1 in 20 doctors in the system worked in general practice which delivered 90% of patient contacts. There was a mismatch between the activity and funding in place.

- Questioned how the transitioning and sustainability through the delivery plan would be beneficial to patients and practices and queried what the future model of GP services might look like. Officers stated that community-based care was key to the transition, and there were some fantastic examples including Melbourn Hub. The ICB were also looking at running clinics at community faith groups and at different partnership models. The ICB were focusing on the risk areas, particularly in Fenland were there was an aging workforce. Officers stated that all of this work would focus on the needs of the community and use specific population data and the joint forward plan and strategic vision was to shift the funding between community and primary care and to shift the reliance from the acute sector to the community. Officers stated that there would also be additional focus on education and prevention.

- Commented on access to services when living in the borders between Cambridgeshire and Herefordshire and questioned how the ICS were approaching this. Officers stated that 'Just Talk' had just been launched in Royston which was one of the areas on the borders, and this was an engagement piece to understand the needs within the area.

- Queried the planning for provision of GP service in new developments in Cambridgeshire. Officers highlighted that planning for provision for new developments was a real issue due to workforce shortages and also the challenge of attracting GPs to work in Cambridgeshire. Officers highlighted that it was not just the financial drivers that attracted individuals but also autonomy and mastery. Officers explained that there needed to be better use of section 106 and district council resources to tackle these issues.

- Queried how the ICS saw Primary Care Networks (PCNs) being able to work with the GPs. Officers stated there was no clear guidance currently on the future of PCNs.

- Asked whether there should be a periodic clinical audit of the role of GPs, how to attract more GPs and whether there was a role in this in relation to the Levelling Up agenda.

- The chair sought comment on how bad the 8am rush was in Cambridgeshire and what would happen to tackle this. A member also commented that all approaches to GP surgeries required a response, and they were not always as forthcoming as and when the individual needed them to be. Officers stated that the only way to cope with demand was to share the load across different healthcare professionals and not just GPs, although they would want those people with chronic conditions to see the same clinician. Currently all GP practices bought their own telephony systems, and the NHS recognised this needed to be addressed. A central call centre would beat the 8.00am rush, but the ICB had chosen instead to take a community-based approach looking at the capacity of local providers and the needs of their communities. The ICS had a responsibility to patients to look at how to shift resources to community and primary care and reduce the pressure on acute services. The cost of one hospital outpatient appointment was broadly equivalent to the funding a GP practice received for one patient for a whole year.

- Dr Morrow referenced the importance of technological support and the issue of scale as an enabler for general practice. However, there was no one solution which would fit all, and it was important to provide appropriate support to local populations and hard to reach groups. The ICB was supporting GP practices that wanted to share back-office functions and GP and locum salaries in Cambridgeshire were higher than in surrounding areas, so the difficulty in attracting those professionals must relate to other factors. He would like to see the primary care working environment made more sustainable and welcoming, and questioned whether some S106 funding might be used in this way. He described how continuity of primary care reduced the number of follow-up appointments and acute admissions, improving both satisfaction rates and outcomes. Between a quarter and a third of Cambridgeshire's GPs were aged over 55, making it a fragile workforce.

In bringing the debate to a close the chair requested that the report on the lessons learnt from Priors Field be formally sent to the committee once completed. **Action Required.** He welcomed the acceptance of the ICB that there were lessons to be learnt from Priors Field and that local members and partners needed to be trusted to be involved earlier in the process and that communications needed to be robust and timely.

The Chair summarised the following conclusions in relation to the debate;

- Welcome the efforts of the ICB and the idea of the single communication irrespective of the method and this would be tailored to the needs of each local area.

- Noted the additional roles in practices to drive up capacity and suggested consideration be given to periodic clinical audit of these expanded teams of medical staff.

- Sought effective communication with the public to manage expectation.

- Highlighted concerns regarding practices assessed as being at risk and GP roles being vacant.

- Support the calls for there to be greater national and local resources in primary care, shifting to prevention and education.

- Express concern about the vacuum in planning GP practices in new communities such as Northstowe and called for better use of section 106

- Expressed concern in relation to the closures of lists and call for greater collaboration with the ICB to further understand the issues.

- Welcomed the reassurance that patients would have access to the same GP if they had a chronic condition.

- Noted the non- financial incentives of attracting GPs to Cambridgeshire.

- Highlighted the role of integrated neighbourhoods in decentralisation and services at a local level.

The Chair thanked the Chief Finance Officer of the ICS, Dr James Morrow and the Chief Executive of Healthwatch for their attendance and welcomed the continuing dialogue between all parties.

191. Date of Next Meeting

It was noted that the next meeting would take place 5 October 2023.

ADULTS AND HEALTH COMMITTEE MINUTES - ACTION LOG

This is the updated action log as 27 September 2023 and captures the actions arising from the most recent Adults and Health Committee meeting and updates Members on the progress on compliance in delivering the necessary actions

Meeting 9 March 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
169.	Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich	Richenda Greenhill	Requested forecast data on the number of patients which would be seen by the proposed NNUH (North Norwich University Hospital) development, rather than Addenbrookes, that had an injury severity score rating above 15 (indicating the injury was life threatening or life changing).	20.04.23 request sent to NHS E for update awaiting response. 09.05.23 Chaser sent. 07.06.23 We have had confirmation that NHSE colleagues have left and are now chasing directly with Addenbrookes. 25.09.23: A response will be requested at the next Cambridge University Hospitals Quarterly liaison meeting.	In progress	

Meeting 29 June 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
179.	Older Persons Day Opportunities Recommendations	Claire Cluer	The Chair requested the results of the consultation be reported back to spokes ahead of the next committee meeting.	Commissioning took an update report stating numbers of responses, no issues identified and key themes for Spokes on 18th September.	Closed	
180.	Befriending Service (Early Intervention)	Graeme Hodgson	Questioned why virtual calls were not included in the report. Officers explained that when telephone befriending was referred to in the report this also referred to zoom calls, and this would be made more explicit. Officers stated that they would check and confirm with members regarding whether group sessions were taking place.	Specifications for the new service specifically request 'dedicated befriending/friendship groups and make reference to 'video calls'.	Closed	
180.	Befriending Service (Early Intervention)	Graeme Hodgson	Officers clarified that they would include digital inclusion in the method statements.	Specifications for the new service make reference to 'aid with digital exclusion'. In addition, the Commissioning Team is in conversations with multiple stakeholders (internal and external) about increasing the offer of support with digital inclusion to all Older Adults who require it.	Closed	

181.	Extra Care extension approval	Lynne O'Brien	In bringing the debate to a close the chair stated that it would be beneficial for members to have further discussions informally with officers to understand the lessons learnt from this particular procurement process and understand how members could debate concerns in relation to future contracts.	Part of Social Value and Commissioning Briefing on 21 September 2023	Closed	
184.	Waiting Lists report	Tina Hornsby	A member expressed concern in relation to the deprivation of liberty safeguards backlog, and asked if this issue could be brough to a future meeting, updating the committee on the situation and giving examples so that members of the committee could understand the real issues. The chair requested an update on the report that had been due to go to corporate leadership team on 19 June 2023 and suggested that the request for an update on progress be picked up at a spokes meeting.	The Deprivation of Liberty Safeguards paper was taken to Corporate Leadership Team in June, to highlight the level of incoming work and to propose a solution to addressing the individuals who have been triaged as high risk. Additional funding has been agreed to enable the team to undertake significantly more assessments in the next 6 months to address the backlog and then to embed capacity to maintain a steady state of assessments going forward.	Closed	

184.	Waiting Lists report	Tina Hornsby	Officers explained that the case law that was put in place in 2014 meant that any individual that did not have capacity to decide about their own care and support and accommodation was deemed to be deprived of their liberty, the vast majority of individuals were not in distress and were in a registered setting. Officers explained that triage was carried out at the point when a case came in and then if there was an individual in distress this person would be moved to the top of the list. The Executive Director of Adult Social Care explained that he had asked the report to be deferred as he had only just started in post so that he could give it sufficient consideration. He explained that the report had been rescheduled for 3 July 2023. The chair requested to be informed of the outcome of the discussion.	See response to action 184 above	Closed	

185.	Update on Market Sustainability Fund and Plan	Lisa Sparks	Members requested a briefing on the submission including an update on the information on current market capacity and predicted demand, and information in relation to commissioned bedspaces, number of clients supported over a specified period and anticipated increases.	The Exec Director has confirmed that this will be part of a Market Shaping paper that will come to a future committee.	Closed	
189.	Cambridgeshire and Peterborough Shared Care Record	Richenda Greenhill	Digitisation in relation to social care was identified as a key issue and the committee would like to see timetables on that outside of the meeting.	The Shared Care Record Phase 2 (including social care records) is being scoped between now and end of December 2023. A further update will be provided when this work is complete.	In progress	
190.	Access to GP Primary Care Services	Richenda Greenhill	Requested that a copy of the ICS report on lessons learnt from Priors Field be sent to the committee once completed.	It is expected that the report will be taken to the Integrated Care Board in November 2023. A copy will be made available to the committee at that time.	In progress	

Adult Social Care Workforce Provider Support Plan

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Patrick Warren-Higgs, Executive Director: Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Outcome:	The Committee will have noted the summary details and approved the next steps and commissioning approach of the Adult Social Care Provider Workforce Support Plan 2023 – 2028.
Recommendation:	Adults and Health Committee are asked to:

a) Approve the procurement of further skills interventions, up to the value of £845k, to support the ambitions in the Workforce Plan and to delegate the awarding and executing of contracts to the Executive Director of Adults, Health & Commissioning.

b) Fully support the initiatives by Cambridgeshire County Council to support the workforce now, developing local initiatives to strengthen the workforce based on specific challenges faced by care professionals, providers, and individuals in the area. Committee are asked to note this report and approve the continued focus of the Adult Social Care Workforce Programme Board on the priorities identified.

c) To delegate the approval of the branding of the Adult Social Care Provider Workforce Programme to the Executive Director of Adults, Health and Commissioning in consultation with the Committee Chair.

Officer contact:
Name: Donna Glover
Post: Service Director
Email: Donna.Glover@cambridgeshire.gov.uk

1. Background

1.1. Background of the programme:

- The council has a statutory responsibility to meet the needs of adults with care and support needs as defined by the Care Act 2014. This includes the need to make sure that there is a range of provision of high quality and appropriate services to choose from, and a workforce to deliver them. The council fulfils the majority of its responsibility by commissioning independent providers who offer care and support in residential settings and to residents in their own homes. In addition, payments are given directly to some individuals who purchase their own care and support.

- Achieving high quality provision and therefore good outcomes for people with care and support needs, requires a skilled and stable workforce to fulfil care and support roles. This poses a challenge as there are significant recruitment and retention issues in the workforce as well as patchy training and qualifications to support professional development. This is the case across Cambridgeshire as well as nationally. Evidence shows that lack of skills development opportunities has a significant impact on recruitment and retention.

- For context, the social care workforce is fragmented across multiple providers. Within Cambridgeshire there are 266 CQC regulated care providers in the community and residential sector, of which the council contract with 221. There are also 650 direct payment recipients who may employ their own personal assistants. Across all providers there are 16,000 posts including 1,100 managerial roles.

- In response to the challenges and in recognition of the opportunities for this workforce to deliver improved outcomes for Cambridgeshire residents, an adult social care provider workforce programme has been initiated which aims to promote in Cambridgeshire careers in care have reach and embed levers for improvement in skills, recruitment and retention across the multitude of settings where care is delivered.

- The programme was initiated jointly with Peterborough City council when there were joint leadership arrangements in place across adult social care. The first milestones aim to strengthen workforce skills. These will be delivered concurrently across the two councils but beyond that the programme will be delivered separately. Cambridgeshire proposes to proceed further with an ambitious programme that includes significant additional investment, drawing on the Market Sustainability and Improvement Fund (Workforce Fund), to go beyond the first milestones and deliver a strong, targeted skills intervention directly to the workforce that will support us deliver on our intentions. This additional investment is subject to committee approval.

- While there has been some central government commitment to supporting the social care workforce, initiatives are yet to be announced in detail and there are no timelines for implementation. Delivering this programme in Cambridgeshire now avoids further delay in improving recruitment, retention, and skills in the workforce. If national policies come to fruition, the council will be in a strong position to access government support

and use it to work with providers and individuals to shape the skills of the local workforce in a way that aligns with our ambitions and drives best outcomes for residents of Cambridgeshire.

1.2. **Increasing demand for services:**

- A key reason for strengthening the workforce is the expected need for it to increase in size and skills in the future, and be more flexible in how it meets need, based on population demographics, characteristics and trends.

- According to the State of Ageing 2022 report there are almost 11 million people aged 65 and over in England; this equates to 19% of the total population. In 10 years' time, this number will have increased to almost 13 million people or 22% of the population[1]. In Cambridgeshire and Peterborough, the age group 65+ is estimated to increase by 48% from 199,190 to 294,801, of which 85+ by 110% from 28,980 to 60,858 between 2021-2041.

- As life expectancy increases, the numbers of people who will have social care and health support needs is predicted to increase[2]. Based on predicted increase in demand in 2021 the Health Foundation predicted that up to 627,000 extra social care staff would be required, representing a 55% growth in the next ten years[3].

- Skills for Care have similarly forecast that, nationally, if the workforce grows just proportionally to the projected number of people aged 65 and over in the population, the number of adult social care posts will need to increase by around 25% (445,000 posts) to around 2.23 million by 2035[4]. The increasing demand alongside the consistent recruitment and retention challenges require immediate local interventions to recruit and develop the workforce to meet the growing need.

- Although older people demographics are a large factor in the increasing demand for care, 50% of adult social care spend is on adults aged 18-64 with Learning Disabilities, Physical Disabilities and Mental Health issues. The number of 18-64 year olds with care needs is projected to grow significantly over the coming years. The proportion of younger adults reporting a disability across England increased from 14% in 2007/08 to 18% in 2017/18. When combined with population growth, the number rose by 35%. The number of people with severe learning disabilities is projected to increase by 34% between 2017 and 2027[5]. The number of learning-disabled younger adults in council funded residential care is predicted to rise by 56% between 2018-[6].

1.3. **State of the Adult Social Care Workforce in Cambridgeshire:**

[1] The-State-of-Ageing-2022-online.pdf (ageing-better.org.uk)
[2] United Kingdom: life expectancy 1765-2020 | Statista
[3] https://www.health.org.uk/news-and-comment/news/over-a-million-more-health-and-care-staff-needed-in-the-next-decade
[4] The size and structure of the adult social care sector and workforce in England (skillsforcare.org.uk)
[5] https://www.health.org.uk/publications/reports/social-care-for-adults-aged-18-64
[6] Projections of Adult Social Care Demand and Expenditure 2018 to 2038 (lse.ac.uk)

- In total the Adult Social Care workforce is larger than the NHS workforce[5] but is fundamentally different in its skills, employment status and recognition. It currently experiences a large turnover of staff, high vacancy rates and a weak baseline of skills which impacts negatively on the quality and consistency of some care provision. There is a need for long-term investment and support to recognise and value people working in social care, to develop their skills, offer career pathways and therefore attract and retain them within the workforce.

- Currently the workforce in Cambridgeshire is below the national average in terms of holding social care relevant qualifications. Skills for Care reported in 2022 that only 43% of the workforce in Cambridgeshire (excluding regulated professionals) had achieved or were working towards the care certificate compared to a 48% in England as a whole[7], Moreover, only 45% of the workforce in Cambridgeshire (excluding regulated professionals) held a qualification relevant to social care, compared with 49% of the workforce in England. Of the 45% who held a social care relevant qualification, 1% held a level 1, 19% held a level 2, 15% held a level 3 and 10% held a level 4 and above.

- When looking at working conditions, in Cambridgeshire 21% of the workforce and 30% of care workers were employed on zero hours contracts according to Skills for Care in 2022. Skills for Care also reported the average hourly rate for care workers in the independent sector in Cambridgeshire was £9.68 compared to £10.03 nationally. The staff turnover rate in Cambridgeshire remains high and has been above 35%[8] for the past five years in a row compared with 29% nationally[9]. Vacancy rates are also high at 9.8%[10] compared with 10.7% nationally[11].

- In a survey of almost 9,000 adult social care settings in England, representing a response rate of 27% of all CQC registered care homes and 44% of CQC registered domiciliary providers, the main reported reason for staff shortages was that pay and working conditions in the sector could not compete with other sectors [12]. 25.9% of respondents from care homes and 29.1% of respondents from domiciliary providers believed the main cause of staff leaving was better pay outside the care sector[13]. 13.4% of respondents from care homes and 11.5% of respondents from domiciliary providers reported that staff were leaving because of better hours and working conditions outside the care sector[14]. Pay and conditions remains a challenge for social care employers when competing with other sectors to retain workers.

- This programme aim is to support providers and PAs and develop the market to respond to this growth in need and workforce issues, or risk not being able meet our statutory responsibilities in the future.

[7] My local area (skillsforcare.org.uk)
[8] My local area (skillsforcare.org.uk)
[9] The state of the adult social care sector and workforce 2022 (skillsforcare.org.uk)
[10] My local area (skillsforcare.org.uk)
[11] The state of the adult social care sector and workforce 2022 (skillsforcare.org.uk)
[12] Adult social care workforce survey: December 2021 report - GOV.UK (www.gov.uk)
[13] Adult social care workforce survey: December 2021 report - GOV.UK (www.gov.uk)
[14] Adult social care workforce survey: December 2021 report - GOV.UK (www.gov.uk)

1.4. **Case for change:**

- Many providers and individuals struggle to recruit and retain staff with the right skills, and that this impacts on the quality of care they can offer. This is not unique to Cambridgeshire, and nationally the government have indicated their intention to implement some policies to begin to address the challenge. A proposed £500m investment in the social care workforce announced in 2021 as part of social care reform was subsequently reduced to £250m. That funding is yet to be distributed although 'recognising skills for careers in care' is still a key government ambition and an implementation plan has been developed. However, the majority of the plan is due to be delivered after the next general election which brings significant risk of further delay in addressing workforce challenges. This is a risk we want to mitigate.

- To achieve this, Cambridgeshire are delivering a plan to support the workforce now, developing local initiatives to strengthen the workforce based on specific challenges faced by care professionals, providers, and individuals in the area. This plan aims to strengthen the quality-of-care delivery in Cambridgeshire so that benefits can begin to be realised in the short to medium term. The council, care providers and care professionals will be in an improved position to access any new national funding and or skills interventions when they become available – and the council will be better placed to shape the skills of the workforce in line with its broader intentions.

- While the programme is largely focussed on the external care provider market, it also applies to a much smaller but equally valued workforce employed directly by the council in care giving roles. The council's People Strategy has been taken fully into account as the development of the programme intentions and activity have been developed.

- Based on research, further investigation and engagement with providers around the key issues, the workforce programme plan, with the following vision for the Adult Social Care workforce across Cambridgeshire has been developed, focused on individual care staff:

  The social care workforce across Cambridgeshire feels able and supported to build a 'career in care' which will lead to better outcomes for the people we support.

2. Main Issues

2.1 Provider focus groups took place in April 2023 to explore the specific challenges facing providers. Feedback about the experience of personal assistants (PAs) was sought through the Self-Directed Support programme as these workers do not belong to an organisation. The table below summarises the top common themes arising from both national research and from local providers and PAs for both residential and homecare:

	Top common themes	How we propose to address these
1	Shortages of quality staff	To develop with providers a comprehensive marketing plan across the region and align with the Self Directed Support programme to explore support for PA recruitment.
2	Training & skills	To standardise delivery and assessment of the Care Certificate through recommended training providers To establish a support model for delivering and recording training e.g. portal which is accessible to all providers, members of the workforce, direct payment recipients and PAs.
3	Pay linked to funding	To work up options for local pay scales Collaborate with the Self Directed Support programme on pay rates linked to PA pay To develop and promote realistic 'Career Pathways'
4	Role expectations	To develop with providers a comprehensive marketing plan across the region
5	Wellbeing	To promote and support the development of a culture of wellbeing, amongst care sector leadership
6	Communication	The regional international recruitment programme, which we are linked into, is providing tools including cultural training and ESOL which will support international recruits with communication.

2.2 Along with shortages of staff one of the challenges raised is the skill levels of staff when they are recruited. There are no entry requirements to join the sector as a care worker or as a PA. The Care Certificate was launched in 2015 as a way to address this. It contains a set of standards that care workers new to the sector should receive training on and then have their competency to meet those standards assessed on the job. While the Care Certificate, if delivered in the way recommended by Skills for Care (the sector skills organisation) has the potential to establish a good baseline of skills in the workforce, the reality is that it does not as undertaking the certificate is neither mandatory nor accredited. This has resulted in:

- inconsistency in delivery and quality – often delivered by very short on-line learning;
- lack of portability when moving to another care provider, leading to repetition of training;
- challenges including time and cost commitments; and
- challenges in the use of agency staff and international recruits not being sufficiently trained.

This had led to a perception of social care being a low skilled role with little sense joining a valued profession. Providers and those who directly employ their own staff do not have confidence in the evidence they are able to provide about their skills and prior training.

2.3 Given the importance of this baseline of skills, for providers, PAs and to support the council's ambitions around delivery of high-quality care, this is the first priority of the programme. Other priorities identified by providers, PAs and national research will have detailed actions developed around them in the next stage of the programme. The council has already made progress around pay, one of the other identified top priorities, by its commitment to paying the real living wage.

2.4 Progress so far: In order to begin to address the priorities set out above, the programme has been split into three workstreams:

- Learning & Development
- Recruitment & Retention
- Career Pathways.

2.5 A high-level two-year initial action plan has been developed to implement the first initiatives. Skills within the Learning & Development workstream, has been prioritised as this emerged as the top issue.

2.6 Two members of staff have been recruited to develop a hybrid Care Certificate training offer for all carers and care providers, including assessment training and ongoing support. This is aimed at:

- improving the delivery, assessment and consistency of the Care Certificate
- offering hybrid options at low cost to providers
- working closely with commissioning to embed levers to embed good quality Care Certificate delivery
- having oversight of a learner's journey
- offering continued support and development to assessors who can assess the application of learnt skills 'on the job'

2.7 A process is in progress to procure a portal, estimated value of £120k/year (below committee approval threshold) for a 2 +2 contract, giving free access to all carers and care providers, to include:

- information on locally available training and a list of recommended training providers;
- a mechanism for individuals and care providers to log training achieved;
- incentives for individuals and care providers to participate in recommended training;
- a mechanism for quality assuring the delivery and assessment of the Care Certificate that our contracted care providers are carrying out.

2.8 This approach is fairly unique across our region. We have incorporated learning from the limited number of other local authorities in the country who have successfully implemented some similar initiatives to improve the local skills offer for care staff, which includes Hertfordshire and Nottinghamshire.

2.9 The portal will provide an outward facing, coherent and comprehensive skills offer to the entire provider workforce. It will offer the potential for greater engagement with all providers of care, including personal assistants and provide a platform, moving forwards for the council to launch other skills initiatives.

2.10 Next steps

2.11 In conjunction with the programme board and the communications team, we will be developing a unique brand name for the workforce programme, which promotes a professional, local recognition and values-based ethos and aims to promote across Cambridgeshire careers in care.

2.12 The portal and the new hybrid Care Certificate package is scheduled to be launched in November 2023. There will be a face-to-face event open to all providers. This will include keynote speakers across workforce development programmes, including Skills for Care to share information on the detail of what the portal will offer.

2.13 The launch will be promoted to all care providers across Cambridgeshire, and we are particularly working on reaching Personal Assistants who often work independently of an organisation.

2.14 Beyond this initial significant milestone aimed at securing the baseline of skills in the sector, we have ambitions to deliver targeted skills interventions to support progression within the workforce and develop skills to fulfil our ambitions around place-based delivery. We hope to align these interventions with the new contracting of local homecare which is anticipated in Autumn 2024

2.15 We propose to use a portion of the recently announced Market Sustainability and Improvement (MSIF) - Workforce Fund to achieve this.

2.16 These interventions will aim to strengthen skills in the workforce where we have identified gaps in the quality and quantity of provision and where there is most opportunity to positively impact outcomes. The areas identified are workforce skills to support those with the most complex needs and support for registered managers, and those aspiring to be registered managers, who are key to achieving improved quality of outcomes.

2.17 The use of a some of the MSIF – Workforce fund allocation for this purpose is taking an innovative approach to target skills interventions directly. In this way, the council is making a clear statement of the importance it places on the social care workforce and its intention to support it to become stronger, feel better valued and develop a real sense of being on a career journey in care in Cambridgeshire. This varies from more traditional uses of workforce funding, which has commonly has been passed out to providers but has not necessarily reached the front line workforce.

2.18 In the medium term, the council will seek to deliver its objectives by seeking to secure as many streams of funding as possible to fulfil identified skills needs in the workforce as the programme progresses to assess these further. Some of these sit outside of the council, for example within education in apprenticeship funding, or with Skills for Care who hold a budget provided to them by the Department of Health and Social Care to support skills in the sector. Both of these funding streams are currently underutilised in Cambridgeshire and we see the council's role as a providing leadership and coordination to ensure use of these and other funding streams is maximised. Planning ahead, it is also the Council's desire to advance this work, whether or not there are external funding sources, where a case for investment from the council should be considered.

3. Consultation

3.1 The programme is overseen by a board jointly chaired with the Cambridgeshire and Peterborough Combined Authority. Throughout the development of the programme there has been consultation and support from stakeholders across the health and social care system in Cambridgeshire, including:

- Independent Care Providers (through targeted focus groups)
- Skills for Care
- Healthwatch
- Adult Social Care Reform Board
- Cambridgeshire Skills
- Regional Integrated Social Care & Health Workforce Delivery Group (ICS)
- Council Commissioning & Contracts officers
- Adult's Learning & Development team in CCC
- Health and Social Care Academy (Integrated Care System led)
- International Recruitment East Programme

3.2 The range of stakeholders and joint chairing of the board by the Combined Authority reflects that addressing the skills of the care workforce is not an issue that sits solely with the council to address, as set out above, to lead to a position where the council carries only the burden of investment appropriate to its role within the wider system.

3.3 It is our medium-term ambition to deliver on the priorities of the programme jointly with the health system. The care workforce is one that straddles health and social care with many comparative roles, such as care worker and health care assistant. We have secured good engagement with health colleagues and work is underway to develop an understanding of how we can be better aligned to deliver across the entire workforce. We have cross pollination of our governance arrangements, health is a key member of our workforce programme board and, in turn, we are members of theirs. Outside of those formal governance settings, activity is taking place to identify synergies between our ambitions. This has been particularly productive so far in beginning to map career routes, for example opportunities for care workers to access nursing and nursing associate training. This work will continue and is a priority focus.

4. **Alignment with corporate priorities**

4.1 Environment and Sustainability

There are no significant implications for this priority.

4.2 Health and Care: This programme aligns with ambition 4 of the strategic outcomes framework: People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs This programme will deliver improvements that will strengthen the workforce and hence increase the quality of care provided to Cambridgeshire residents.

The tables below show the KPIs that have been set for the programme:

Council Ambition	**Qualitative KPI**	**Measure**
Ambition 4: Health, Safe & Independent Lives - Drive up the quality and dignity of care work	Improved perception of care work as a desirable career	Carers survey at start and end of pilot period
	Improved confidence to cope with the role	Carers survey at start and end of pilot period

	Intention to stay in the sector for the next 5 years	Carers survey at start and end of pilot period

Programme Quantitative KPI	Baseline (Oct 22)	England average	Target in year 1
Staff turnover	39.9%	29%	reduce
Vacancy rate	9.8%	10.7%	reduce
Achieved or working towards Care Cert	43%	48%	increase

Workstream	Project	Quantitative KPI	Target	Qualitative KPI	Measure
Learning & Development	Care Certificate	Uptake of packages **	450 / year (year 1) 900 / year (year 2)	Learner satisfaction rate	Post course learner surveys
		% gold standard	50%	Improved competency level	Annual provider survey
	Care portal	% of providers signed up	50% over 2-year pilot	Improved training management	Annual provider survey
		% of carers signed up	50% over 2-year pilot	Benefits package satisfaction	Annual carers survey via CA

4.3 Places and Communities
There are no significant implications for this priority.

4.4 Children and Young People
There are no significant implications for this priority.

4.5 Transport
There are no significant implications for this priority.

5. Significant implications

5.1 Resource Implications

- A one-off funding grant of £451k was secured from Health Education England to initiate the programme and procure the **portal**. All costs are revenue rather than capital and within the total of the grant with a current projected underspend of 19%

which will be invested into extending the care certificate offer if not needed to cover other project costs. Beyond the two year pilot period there is an option for the council to exit the procured portal model and incur no further costs, or reduce activity to achieve a breakeven position. However, the preferred option based on current information would be to continue with provision of the portal funded by income from providers accessing the skills offer and/or other available skills funding from external sources or government grants, depending on availability.

- Resource to initiate the programme has been secured on a temporary or fixed term basis to mitigate risk of ongoing commitments beyond the term of the grant. There is a modest resource implication around two workers employed on a 2 year fixed term basis which may result in a redundancy liability of approximately £4200 at the end of the period, depending on circumstances at that point. The risk of this occurring is low and the amount payable is well within the projected project underspend.

- IT and data implications around the procurement of the portal have been addressed as part of the procurement process with advice sought from relevant council officers. There are no impacts on council IT systems as the portal will run on a system hosted separately to those used by the council. Data ownership has been addressed so that data is not lost at the end of the contract. The new Care Certificate will be delivered via a platform that the council learning and development team already use to serve internal staff. The landing page for external suppliers will be separate.

- Good practice examples have been researched as part of the development of the portal procurement and used as a baseline for developing the specification. Two other local authorities have a portal model and we have benchmarked costs against them to provide assurance of value for money.

- For the decision requested in this paper, separate funding of a number of projects totalling £845k between 2023-25 has been earmarked in the Market Sustainability and Improvement (MSIF) - Workforce Funding. This will be used to deliver a nuanced skills offer that goes beyond the Care Certificate in line with the council's ambitions. The nature of this procurement is yet to be fully scoped, but the grant needs to be allocated before the 24 May 2023. Given the timeline to allocate the grant, we plan to scope and begin procurement of the projects included in £845m package and update the committee at the next meeting. This would have no resource implications beyond the term of the grant and resource implications will be considered in the same way as the portal procurement as those skills interventions are procured.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The council's contract procedure rules have been fully complied with. Procurement officers have been consulted and collaborated on the tendering process for the portal funded by HEE monies, the same approach will be taken for the procurement of further skills interventions funded by the Market Sustainability and Improvement (MSIF) - Workforce Fund.

5.3 Statutory, Legal and Risk Implications

- There are no significant risks or legal implications arising from the proposed recommendations in this report. On governance relating to this decision, the local authority is required to provide a return to the Department of Health and Social Care setting plans to spend the Market Sustainability and Improvement (MSIF) - Workforce Fund in line with the grant. Advice around legal implications for the procurement of the portal has been taken from the council's legal service and acted upon. A similar approach will be taken with further procurement of skills interventions.

- There is a risk that by not investing in the skills of the provider workforce the council has reduced ability to meet its statutory duties under the Care Act as the market is insufficient in quantity and quality to meet demand.

5.4 Equality and Diversity Implications

- An Equality Impact Assessment has been carried out and approved for the portal procurement and training will be accessible to all. A similar assessment will be carried out for future procurement of skills interventions purchased using the Market Sustainability and Improvement (MSIF) - Workforce Fund grant.

5.5 Engagement and Communications Implications

- Communications and commissioning officers are engaged in planning to communicate effectively with the care provider market to promote the benefits of the programme. There is also a planned launch event to promote the online portal.

5.6 Localism and Local Member Involvement

- There are no significant implications within this category.

5.7 Public Health Implications

- There are no significant implications within this category.

5.8 Climate Change and Environment Implications on Priority Areas

- There are no significant implications within this category.

5.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral, there are no new buildings associated with this offer

5.8.2 Implication 2: Low carbon transport.
Status: Neutral, there is not a transport aspect to this activity

5.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Status: Neutral, nothing contained in the proposed activity impacts these areas.

5.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral, no additional activity that would produce waste is proposed.

5.8.5 Implication 5: Water use, availability and management:
Status: Neutral, no change in use of water is created by this activity.

5.8.6 Implication 6: Air Pollution:
Status Neutral, no activity creates or
decreases air pollution.

5.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change. Positive: Resilience of our services to respond to people with care and support needs will be strengthened.

Have the resource implications been cleared by Finance?
Yes
Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial?
Yes
Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Legal Officer: Emma Duncan

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes
Name of Officer: Donna Glover

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: Simon Cobby

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Donna Glover

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Emily Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes
Name of Officer: Emily Bolton

6. **Source documents guidance**

    - The documents listed under point 13 have been used to inform the Adult Social Care Provider Workforce Support Plan 2023 – 2028.

7. **Source documents**

    - Cambridgeshire_Summary (skillsforcare.org.uk)
    - Adult social care workforce in England - House of Commons Library (parliament.uk)
    - United Kingdom: life expectancy 1765-2020 | Statista
    - https://www.health.org.uk/news-and-comment/news/over-a-million-more-health-and-care-staff-needed-in-the-next-decade
    - Social care for adults aged 18–64 (health.org.uk)
    - The-State-of-Ageing-2022-online.pdf (ageing-better.org.uk)
    - United Kingdom: life expectancy 1765-2020 | Statista
    - https://www.health.org.uk/news-and-comment/news/over-a-million-more-health-and-care-staff-needed-in-the-next-decade
    - skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2022.pdf
    - https://www.health.org.uk/publications/reports/social-care-for-adults-aged-18-64
    - Projections of Adult Social Care Demand and Expenditure 2018 to 2038 (lse.ac.uk)

Adult Social Care Local Government Association Peer Review Update and readiness for Care Quality Commission Assurance.

To:	Adults and Health Committee.
Meeting Date:	5 October 2023.
From:	Executive Director Adults, Health, and Commissioning.
Electoral division(s):	All.
Key decision:	No.
Forward Plan ref:	N/A
Outcome:	Enclosed are the key recommendations of the LGA Peer review for Adult Social Care and progress to date on those recommendations.
Recommendation:	Adults and Health Committee are recommended to note and comment on the information outlined in this report.

Officer contact:
Name: Patrick – Warren-Higgs.
Post: Executive Director, Adults, Health, and Commissioning.
Email: Patrick. Warren-Higgs@cambridgeshire.gov.uk
Tel: 07443 147279

1. Background

1.1 A previous self-assessment report came to Committee in December 2022. This report is a follow up to understand the progress Adult Social Care (ASC) has made following the feedback and outcomes of a Local Government Association (LGA) Peer Review of Adult Social Care and Commissioning in 2022.

1.2 The council requested that the Local Government Association undertook an Adult Social Care *Preparation for Assurance Peer Challenge* to gain a view on how Councils can deliver value for money, quality, effectiveness, and the most personal outcome focused offer for local people. This work was commissioned by the Association of Directors of Adult Social Care Eastern Branch as part of their preparation for the then future Care Quality Commission (CQC) Enhanced Assurance process, which came into effect on the 1 April 2023.

1.3 The context for the 2022 Local Government Association peer review was that it was undertaken building upon the self-assessment that is a core part of the sector lead improvement programme in the Eastern Region led by the Association of Directors of Adult Social Care (ADASS). Therefore, the original Committee report summarised the findings in detail from the self-assessment, a subsequent external challenge session with a former Director, Ray James, and the Local Government Association peer review. Here we will review the actions and outcomes in relation to the Local Government Association peer review.

1.4 To note, at the time of writing this report for Committee, adult social care and commissioning are preparing the Self- Assessment for 2023.

2. Main Issues

2.1 **LGA Peer review**.

2.2 The framework the peer challenge team used was the Care Quality Commission CQC five key questions and quality statements. The peer challenge focused on the questions, Well Led, Safe and Responsive and included the peer challenge team's reflections around the extent to which Equality Diversity and Inclusion was embedded in the Councils.

2.3 Key questions explored were as follows:

Key question: well-led

"There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred, and sustainable, and to reduce inequalities. There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care".

Key question: safe

"Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. Their liberty is protected where this is in their best

interests and in line with legislation. Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control, and individual wellbeing."

Key question: responsive

"People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support, and treatment is easily accessible, including physical access.

People can access care in ways that meet their personal circumstances and protected equality characteristics. People, those who support them, and staff can easily access information, advice, and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements."

2.4 Once the final report from the LGA peer review was received, we built the recommendations into the overall Adult Social Care and Commissioning improvement plan. Most of the LGA peer review recommendations mapped clearly to the areas identified within our self-assessment, but there were other helpful suggestions around preparing for an external inspection that were made, which have been included in the improvement plan.

2.5 The recommendations, proposed actions, and updates from the LGA peer review were:

2.6 **Key Recommendations and proposed actions.**

2.6.1 Recommendation 1 - The Council should be clear in their narrative about which functions are shared, to ensure that these are understood by staff and partner organisations, and that there is congruity between the expectations of the Care Quality Commission (CQC) and their experience during a review.

The recommendation from the peer review was that prior to any CQC assurance that we review the shared arrangements and ensure they were clearly set out and understood by staff and key system partners.

Adult Social Care completed the proposed action which was to review the shared service arrangements and overall structure for Adult Social Care, and this progressed further as part of the separation from Peterborough City Council (PCC). Where shared services remain currently, Transfers of Care (Hospital Discharges) and the Adult Social Care out of hours Emergency Duty Team, these arrangements are being reviewed further to determine if they should remain.

2.6.2 Recommendation 2 - The Council should ensure that there is a clear and easily identifiable audit trail from performance monitoring to decision making to actions so that this can be easily followed.

What the peers said - *It is important that the Council's trail of activity from decision making to action is clear and auditable. The Councils' Performance Board demonstrated a good understanding of performance issues. However, it was not obvious to the peer challenge team what actions were being taken to make improvements, and action trackers appear to be maintained separately. Examples included the low rates of people with Learning Disability and/or Autism being supported into employment, and carers' experience, which had shown a deterioration in the carers survey. In both cases the peer challenge team were unable to find evidence of the Council's action plans to improve. It was recognised that there were areas of concerns regarding the quality of data in some instances, and that further work was being completed to develop performance reports.*

Adult Social Care completed the action to hold a performance improvement plan which will allow the Council to evidence the performance improvement actions being undertaken in a clear way. The project to develop the range of self-service performance and strategic data reports continues and will continue to be an evolving journey as we understand more what CQC are looking for within their assurance process.

2.6.3 Recommendation 3 - The Council's strategies for early help, prevention and strength-based working is dependent on doing more through the voluntary and community sector. To do this, they will need to ensure sufficient capacity, including consideration of longer-term funding for the sector.

What the peers said - The strategy for early help, prevention and strength-based working is heavily dependent voluntary and community sector capacity. The sector felt that it was already getting more referrals than they were able to manage: "*there are lots of travel agents, but not enough holidays*". Consideration should be given to longer term funding for voluntary and community organisations to enable them to offer sustainable employment and increase the resilience of the sector. Whilst the commitment to working in neighbourhoods in an integrated way is to be applauded, there are some concerns that the voluntary and community sector does not have sufficient capacity to meet the council's aspirations for early help. There were gaps in services described such as psychological support for people accessing care and support and emotional support for carers. Voluntary and community sector partners were aware of the Councils' commissioning activities - including community catalysts, integrated communities, health neighbourhoods, joy app, social prescribing - but there were some concerns about commissioning being "piecemeal", "confusing" and "fragmented", and whether there is the capacity to deliver.

The pressures affecting the local voluntary and community sector have been recognised in the Council's Market Sustainability Plan, with inflationary and market sustainability funds allocated in support. The Care Together programme is focused on building capacity in the voluntary, community and social enterprise sector at grassroots level to support more people to live independently at home for longer. It does so using a community development approach with Integrated Neighborhood partners and local grant funding investment to stimulate growth of new and existing community groups. Over £200,000 of Care Together seed funding has also been committed in 22/23 to help set up or expand voluntary/

community groups and social enterprises in local communities. This includes mobile warden schemes, healthy lifestyle/fitness for older people, knit and natter sessions, community transport, year-round community living rooms/warm hubs and much more. The Council is also investing in the development of Care Microenterprises so local people have access to a wider range of care and support in their local community than ever before.

It is also a wider piece of work that we are working through with the Integrated Care Board in respect of provided longer term funding. For example, continued expansion of place-based commissioning through Care Together i.e., expanding commissioning at integrated neighbourhood by replicating joint Primary Care Networks (PCNs) and Council funding of a Voluntary Community Social Enterprise (VCSE) partner to identify and support carers in two more parts of the county (Huntingdon and Fenland). Participation in the 'One Team' pilot in North Cambridge to further develop collaborative working and prioritisation around a community using a population health management approach. This will lead to greater alignment of VCSE funding by Council and health partners.

2.6.4 Recommendation 4 - The Council should minimise backlogs of assessments, including Deprivation of Liberty Safeguards and reviews. Where external agencies are used to complete reviews, the Council should ensure that agency staff are clear about their authority and the process to make changes to care and support.

What the peers said - *Any CQC enhanced assurance review is likely to focus on backlogs of assessments. The council has a backlog of Deprivation of Liberty Safeguards that it would be wise to reduce. The council has a backlog of reviews and some care providers mentioned that this was affecting their ability to provide appropriate support to some people. Some progress has been made to reduce the backlog of reviews using an external provider, and some feedback suggested agency staff were not clear about their authority and the process to make changes to people's care and support. Other issues include long waits for occupational therapy and Approved Mental Health Practitioner (AMHP) availability.*

Adult Social Care has a clear focus on waiting lists and are seeking ways to maximise opportunities to address these, including the use of specific grants such as the Market Sustainability and Improvement Fund (MSIF) workforce allocation. There are specific action plans for teams with the biggest challenges. We are investing in the Deprivation of Liberty Safeguards, as this holds the largest back log area for Adult Social Care, to focuses on the highest priority cases, whilst looking at sustainable options that we are working alongside regional colleagues in exploring.

The investment into the Deprivation of Liberty and Safeguarding backlog has a plan agreed, which has been approved at CLT and is making use of MSIF to substantially increase the capacity in the team via the use of external Best Interest Assessor assessments. This is to increase activity over a 6-month period in order to clear the back-log (approx. 200 assessments per month) and then to maintain a steady state of responding to referrals that are triaged as high. Long-term funding has been secured that will enable the completion of 125 assessments a month to be embedded within the team as permanent additional capacity. This will mean that referrals are not being placed on a waiting list, people will be supported and seen in a timely manner and that the team can focus existing resources on quality of work and a sustainable approach to supporting those referrals that have been assessed as low. All referrals are screened and triaged in accordance with the ADASS prioritisation tool

and reviewed every 6 months in order to quantify that the individuals' circumstances have not changed.

2.6.5 Recommendation 5 - If further savings are required to adult social care the Council should carefully consider the impact on quality of services and consider, the CQC Enhanced Assurance review.

What the peers said - *With such a large corporate financial gap being likely it is assumed that adult social care will be required to make further savings for the Medium-Term Financial Strategy, starting next year. The peer challenge team encourage the Council to think very carefully about the nature and timing of the savings to avoid compromising quality and to consider the risk of an adverse CQC judgement.*

Adult Social Care has completed the proposed actions by ensuring all savings proposals will be considered by commissioners, ASC officers and the principal social worker, to ensure Adult Social Care is clear on any potential impact to the market or quality of practice before progressing further. Adult Social Care is currently within the Business Planning cycle.

2.6.6 Recommendation 6 -The Councils should work with the Integrated Care Board to consider further integration of hospital discharge arrangements, aligning them with the ' discharge to assess' model that is regarded as best practice.

What the peers said - *Both Councils have significant financial challenges with a significant gap between corporate income and expenditure expected from 2023/24 and rising to 2027/28. The NHS also has very substantial financial challenges. There is risk that decisions are made unilaterally that have a detrimental impact on other partners and risk undermining the good relationships that have been fostered. Some examples of this include recent changes by the Integrated Care Board (ICB) in the process for discharging people from hospital to 'pathway 3' beds, which have increased delays. Whilst relationships between the Councils and the NHS at senior leadership level are good there were reports of difficulties at operational levels with reports of some middle managers continuing to work in silos.*

We continue to work with our health colleagues towards evolving the discharge from hospital model in to one that delivers the better outcomes for people. We are key partners in several workstreams under the umbrella of the Home First Discharge to Assess (D2A) Programme lead by the Integrated Care Board (ICB). Several pilots of more seamless hospital discharge have been tried over recent years and then halted due to the temporary nature of the funding. Future delivery models must be based on sustainable funding agreed between partners and conversations about how we can achieve that are ongoing. A proposal, worked up between all parties, is being presented this autumn to the system wide Unplanned Care Board setting out current gaps in the current discharge pathway 2 along with proposals on how these can be expanded.

In terms of the specific recommendation around pathway one, the local authority reablement model continues to be strong, delivering good outcomes for people, the majority of whom can live independently without the need for long term care. This remains

independent of the health led Intermediate Care Team (ICT) offer, which supports people who have predominantly health needs when then leave hospital.

Our focus currently is on evolving other pathways as this is where, as a system, we have identified there is more opportunity, but the aspiration for a joined-up pathway 1 has not been lost and can be revisited once current priorities have been worked through. Further exploration is also needed by system partners regarding a commitment to explore the potential further benefits and opportunities of implementing fully the Discharge to Assess guidance.

2.6.7 Recommendation 7 - The Councils may wish to reflect upon how they could expand the provision of Direct Payments and ensure that these strike the right balance between choice and control for recipients and assurance.

What the peers said -*The council has some improvement to make in relation to the offer of direct payments to people accessing care and support and carers. The peer challenge team recommend that the council reflects upon how they could expand the provision of direct payments and strike the right balance between choice and control for clients and assurance for the Councils. It was not clear or evident if a direct payment was offered as a default and take up of direct payments differs significantly between Cambridgeshire and Peterborough. The council commissions a direct payment support service, but choices for people who have direct payments appeared limited due to the lack of availability within the market*

Improving the direct payment offer for local people has been a key priority of the Council over the past two years. The Self-Directed Support Programme was established in 2022 and, working with service users and other stakeholders, has produced a blueprint for how the Council's direct payment offer could be improved. The programme is currently implementing the changes needed in our culture, processes, systems and local market, with the aim of increasing the number of people who access a form of self-directed support. One example of this is the introduction of Individual Service Funds, initially piloted in East Cambridgeshire and now being rolled out across the County. As part of Care Together, the Council has also invested in the creation of Care Microenterprises to ensure there is a much wider choice of care and support in local communities.

2.6.8 Recommendation 8 - The Councils should engage with the market and develop strategies to secure the sustainability of care provision, taking a more pro-active role to market shaping and development across Cambridgeshire and Peterborough for all client groups.

What the peers said - *Markets appear to be fragile, and care providers' feedback was not particularly positive. Care providers felt that engagement from the Council was limited, and they did not feel that Councils were taking their views sufficiently into account. There will be opportunities to deliver more cost-effective services through proactive development of the home care market. The Market Position Statement (MPS) is in the process of being refreshed and there is consideration being given to strategies for developing and shaping the market and the future of care. Recognising that this is something that has begun, the peer team would encourage council to make rapid progress, as these are documents that the CQC will expect to see. It would be good to have strategies that are co-produced with care providers, polished, and approved by the time of a CQC assurance review.*

In March 2023, in recognition of rapid changes in the care market, the Council prioritised publishing its Care Sector Strategy for Commissioned Services. This document was informed by sector-based discussions between commissioners and care providers. It explains how a more resilient care sector delivering an equitable range of services to provide our residents with the right services, in sufficient levels, could help meet current and future needs. At the same time, in consultation with the market, the Council published its Cost of Care and Market Sustainability Plan, which, informed by a deeper understanding of local market pressures and the costs of delivering care. These reports including an updated report in June 2023, influenced how we support the market financially to become more resilient. Consequently, work to co-produce the Market Position Statement was subsequently moved to December 2023. As a result, we would be able to refresh the market priorities to take account of the impacts of the strategies and finances made available by the Council.

2.6.9 Recommendation 9 - The Councils should consider how they might demonstrate greater leadership in offering employment to people with learning disabilities, autism, and mental health needs.

What the peers said - *The Council benchmarks low for employment for people with learning disabilities, autism, and mental health needs. There is an opportunity for the Council to demonstrate some stronger leadership and to set an example on how employment is offered to these groups in their capacity as major employer.*

Cross-departmental workshops took place to identify barriers which obstruct a clear pathway to employment. The outputs led to a design proposal which included the need to developing job coaches, expanding travel training, arranging job application, interview and retention support, segmenting services to separate supported employment from day opportunities, and integrating prospective employers into any new service. This work is currently being benchmarked with similar services across peers, Mental Health pathways, and the Council's corporate employment pathway. Whilst this work has progressed, it is recognised that much more is required to improve our overall performance.

2.6.10 Recommendation 10 - The Councils have made some early progress with initiatives to ensure Equality, Diversity and Inclusion and should consider how these can be extended and fully embedded.

What the peers said - *There are pockets of good practice on Equality Diversity and Inclusion (EDI) that the council can build upon. For example: front line staff valued an EDI tool that helped them to begin conversations with people; there are monthly lunchtime conversations corporately on EDI, with adult social care staff encouraged to attend; there is a dedicated EDI team across Cambridgeshire and Peterborough who are working to raise awareness; consultants have been appointed to develop EDI training; and commissioners have reviewed their Equality Impact Assessment documentation and are providing training on the completion of these. However, during the peer challenge, very few staff were able to articulate the work they were doing on EDI, or how EDI could make a difference to people with protected characteristics. For example, commissioners could not evidence how they met the needs of their culturally diverse communities, and it did not appear to be an area of focus in their activities. This was reflected in the comments of care providers who did not feel that the Councils took account of EDI in strategic commissioning, although social workers often did at an individual level. Care providers would welcome co-producing the*

approach to EDI - for example supporting the Council to understand EDI in their staffing profiles. The voluntary and community sector has EDI very well embedded in their practice and training, and the Councils should consider learning from their approach.

The Council now has an approved EDI strategy in place overing the whole authority. Concurrently, we have started work on a Strategic Workforce Plan for the adult social care workforce employed by Cambridgeshire Council to address various challenges related to the workforce, with the ultimate objective of providing high-quality outcomes for people with care and support needs. This strategy will be cross referenced to the Council's People's Strategy to support consistency.

The Council has recently launched an introduction to EDI which covers topics such as microaggressions, unconscious bias and this has been further developed to include the Four Pillars of Inclusion which explores four building blocks to inclusivity in work and life - Principles, Perspectives, People and Power, which focuses on skills and reflection on behaviours. We have annual equality information reporting. We are currently doing some work on comparing to the census data.

The Council was the first upper tier authority in the East of England to sign up to UNISON's Anti Racism Charter, which we did in May 2022.

The Adults, Health and Commissioning Directorate are implementing a number of actions to strengthen and EDI. This includes running specific training for all practitioners by an external facilitator, cultural competence, and anti-racism training. We have continued to build on this by delivering specific reflective sessions to practitioners on anti-racism within the workplace, hosting a practitioner event in March with the theme of EDI in practice and have added specific questions to our audit tool to understand how we are identifying and supporting people with protected characteristics. The Principal Social Worker (PSW)continues to maintain a focus of EDI in practice this year as a practice priority, with further plans in place to deliver bespoke sessions to the workforce with support from Learning and Development colleagues.

Plans to continue to focus work on EDI, with a specific anti-racism lens include:

- Reflective workshops being delivered by the PSW in conjunction with Learning and Development colleagues
- The Adults PSW and Childrens PSW developing anti-racist practice standards for embedding within the directorate
- The Adults PSW being a key member of the regional EDI network, which is currently being formed and having some specific standards to bring back into the directorate
- FLAIR (external organisation) to review the internal workforce and challenges with EDI in practice, retention and progression and support an improvement plan spanning the next 3 years.
- Reflective session for Adults Leadership Forum being delivered by PSW

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable.

There are no significant implications for this priority.

3.3 Health inequalities are reduced.

There are no significant implications for this priority.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

The report above sets out the implications for this priority throughout as it focusses on the finding of the peer review in relation to the delivery of adult social care services, and the council's work with the wider health system.

3.5 Helping people out of poverty and income inequality.

There are no significant implications for this priority.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

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There are no significant implications for this priority.

3.7 Children and young people have opportunities to thrive.

There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications
There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.

4.4 Equality and Diversity Implications
There are no significant implications within this category.

4.5 Engagement and Communications Implications
There are no significant implications within this category.

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

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

4.8 Climate Change and Environment Implications on Priority Areas.
There are no significant implications within this category.

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Neutral as there are no significant implications within this category.

4.8.2 Implication 2: Low carbon transport.
Neutral as there are no significant implications within this category.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Neutral as there are no significant implications within this category.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Neutral as there are no significant implications within this category.

4.8.5 Implication 5: Water use, availability, and management:
Neutral as there are no significant implications within this category.

4.8.6 Implication 6: Air Pollution.
Neutral as there are no significant implications within this category.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Neutral as there are no significant implications within this category.

Have the resource implications been cleared by Finance? N/A This report is for information only.
Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? N/A This report is for information only.
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? N/A This report is for information only.
Name of Legal Officer:

Have the equality and diversity implications been cleared by your EqIA Super User?
N/A This report is for information only.
Name of Officer:

Have any engagement and communication implications been cleared by Communications?
N/A This report is for information only.
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact?
N/A This report is for information only.
Name of Officer:

Have any Public Health implications been cleared by Public Health?
N/A This report is for information only.
Name of Officer:

If a key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?
N/A This report is for information only.
Name of Officer:

5. Source documents guidance

5.1 All source documents and their locations are outlined below:

Adult Social Care – Self Assessment Committee Report September 2022. Council and committee meetings - Cambridgeshire County Council > Meetings (cmis.uk.com)

Care Sector Strategy for Commissioning Services. Document.ashx (cmis.uk.com)

Cost of Care and Market Sustainability Plan - Document.ashx (cmis.uk.com)

Update on Market Sustainability - Document.ashx (cmis.uk.com)

A review of the Learning Disability Partnership Section 75 pooled budget financial risk share arrangements

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Patrick Warren-Higgs, Executive Director, Adults, Health and Commissioning
Electoral division(s):	All.
Key decision:	Yes
Forward Plan ref:	2023/097
Outcome:	Agreement to a partial or full termination of the Section 75 partnership agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough Integrated Care Board for the Learning Disability Partnership dependent on continuing discussions between the Council and the ICB.
Recommendation:	The Adults and Health Committee are being asked to: a) Delegate all necessary legal steps to facilitate termination of the section 75 Agreement to the Executive Director. b) Note the potential financial impacts as set per para. 2.11 of this report. c) Allow the DASS to proceed and terminate arrangement and put in a new model of working as per section 3 of this report. d) Support the Council in seeking to retain the management of Integrated Health and Social Care Teams for People with Learning Disabilities.

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1. Background

1.1 This report follows the report received by Committee in March 2023 (forward plan 2023/027) where it outlined the full options presented to modify the Section 75 Agreement for the Learning Disability Partnership. This report is to provide an update on progress and a new recommendation for the way forward.

1.2 The Cambridgeshire Learning Disability Partnership (LDP) has been in existence since 2002 and provides an integrated health and social care service to adults over 18 with a learning disability and their families,

1.3 Since inception, Cambridgeshire County Council and Cambridgeshire and Peterborough CCG (now ICB) have had a Section 75 Agreement in place to support development and delivery of this integrated service. There are two aspects to the Section 75 agreement, firstly the delegated authority to run an integrated service and secondly a pooled health and social budget.

1.4 A significant component of the LDP is the pooled budget, which brings together into a single budget health and social care funding, including that for placement and care package costs, day services, inpatient (Assessment & Treatment Unit) beds, operational teams (social workers, nurses and allied health professionals) together with commissioning and management of the service. The pooled budget currently operates on the following split basis:

2022/2023	Annual Budget (£'000)	% Split
Total Budget	**122,050**	
Cambridgeshire County Council's Contribution	93,710	**76.78%**
Cambridgeshire and Peterborough ICB's Contribution	**28,340**	**23.22%**

1.5 In June 2022 we commissioned an independent review, as detailed in the March 2023 Adults and Health Committee report (2023/027), to complete a review of the LDP Section 75 pooled budget arrangement and present options to the Council. These options informed the recommendations presented to Committee in March 2023.

1.6 The report received by Committee in March 2023 outlined the following recommendations:

a) endorse the recommended approach of Option 3 to seek to adjust the risk share to a level between 70:30 and 60:40, depending on the outcome of reassessment activity

b) agree to the associated financial impact outlined within this report

c) delegate the responsibility to reach a negotiated settlement to the section 151 Officer and the Director of Commissioning

The following additional recommendation was discussed within the meeting:

d) in line the report and with the intention to maintain and develop services to

people with Learning Disabilities indicated the County Council's intention to serve notice to the ICB to end the pooled budget arrangements, should the current negotiations about rebalancing finances not be successful and fully in-line with the terms of the agreement.

All of these recommendations were agreed by the Committee.

2. Main Issues

2.1 Since March 2023, both parties (the Council and the ICB) have attempted to resolve the significant funding and service issues but have been unable to reach an amicable conclusion. We stated in our communicated our intention to serve notice unless we could make significant progress.

2.2 The agreement does not appear to be operating in the way it was originally intended. Significantly, the governance arrangements specified in the agreement are not being fulfilled which presents a significant governance risk to the Council and does not accord with the way in which the Agreement is intended to operate. This means that the Council is unable to mitigate financial risk and no appropriate mechanism exists for resolving issues such as the financial contributions which has left the Council at a disadvantage, which is unsustainable.

2.3 There has been no progress in revising the risk share arrangement in a timely manner. This means the Council is carrying significant financial risk and cannot invest its resources fully to support people with social care requirements.

2.4 Given the above, we wrote to the ICB on 24 August 2023 to give advance notice of our intention to partially terminate the agreement for the following:

- the pooled budget arrangement for social care and specialist health care; and
- the responsibility for the Lead Commissioning of specialist community health care for People with Learning Disabilities

The letter highlighted the Councils commitment to retaining the management of Integrated Health and Social Care Teams for People with Learning Disabilities. This would avoid an adverse impact on the outcomes for people who use the service and offer some assurance to them and their families about continuity of a joined-up health and social care offer.

2.5 The Council received a response from the ICB on 31 August 2023, where they accepted the termination of the agreement and stated their commitment to involve people with lived experience and staff as we work through the notice period.

2.6 The ICB have stated that they cannot commit to the Council retaining the management of Integrated Health and Social Care Teams for People with Learning Disabilities, but that they do remain committed to integrated working.

2.7 In response to this, we have offered to enter into a reconciliation process to run concurrently with the notice period, with a view to mitigate the impacts.

2.8 Notice can therefore be considered given and accepted and the Section 75 Agreement will cease on 31 August 2024.

2.9 Committee are therefore asked to review the impacts and agree the scope of the termination and ending of the joint staffing arrangement set out in the next section.

Impact

2.10 As provided in the independent review, of ending pooled budget entirely, including separating commissioning, staffing, day care and other services budgets. The potential would remain for agreements to be made for specific shared arrangements – e.g., shared funding of a joint commissioning team or a jointly funded community learning disabilities team could still be included within a Section 75 agreement.

2.11 In March 2023, the Committee was informed about the potential savings of £7.1m which are already built into the Business Plan. Following the response by the ICB, resulting in the entirety of Section 75 Agreement being terminated, the savings could potentially rise. Work undertaken by an independent review suggested additional saving to CCC of circa £1.55m could be possible. Our next steps are to work through details to update the financial information i.e., to bring it to 23/24 levels, the staff implications, and prepare a new model of working.

2.11 The potential would remain for agreements to be made for specific shared arrangements – e.g., shared funding of a joint commissioning team or a jointly funded community learning disabilities team could still be included within a Section 75 agreement

2.13 Governance pre-requisites:
There would continue to be the need for a Section 75 governance group to oversee any aspect of the Section 75 agreement which continues once the pooled budget is ended. More consistent performance in completing annual case reviews for all individuals would provide confidence in appropriate assessment.

2.14 A complete separation will entail significant levels of change and challenge for both partners with a move towards new commissioning and contracting arrangements being put in place. Whilst there is an existing process in place for the agreement of costs, this won't negate the need to reassess individual packages where shared funding is in place to determine the funding level for each party once the pooled budget is ended. It is likely that the majority of these costs will fall on the County Council as a result of withdrawing from the pooled budget. It is inevitable that there will be a negative financial impact if the shared services agreement is ended; both in terms of one-off costs to manage the process and the on-going loss of economies of scale. These costs are difficult to quantify at this stage, so further work would be required.

2.15 Whilst the Section 75 agreement could continue to secure the principles of the LDP, there are risks of the service becoming aligned rather than integrated, resulting in people with lived experience of our services and their families potentially experiencing more complexities of negotiating across with two systems. Inadvertently, it is likely that there will be greater transparency around cases which are classified as CHC 100% funded, and therefore greater clarity around eligibility for client contributions. In addition, this option may reduce the complexity for service users' understanding since their health needs and funding provision to meet those is processed by a health organisation (the ICB).

Risks and Benefits

Value for money		
Benefits	Detractors	Risks
Responsibility is **more** reflective of health and social care needs as calculated against actual individual needs and outcomes.	There is a need for the reassessment of a large number of funding arrangements for individuals in order to establish an	Duplication of costs for both partners, loss of economies of scale

	accurate risk share. This will require a dedicated staff resource and will take time. The calculation of the health and social care component costs for individuals will need to be revalidated at the conclusion of these reassessments	
Both partners are able to evidence value for money	Financial complexity increases as calculations are made for each placement/care package	One off costs, which are likely to be significant, will have to be incurred to manage the process
More control over ability to achieve planned savings		Reduces cost effective decision making and purchasing power
Increasing budget pressures within CCC are addressed		

System Benefits		
Benefits	Detractors	Risks
The council can focus its resource on meeting statutory social care responsibilities in line with assurance expectations and the views of people with lived experience	Implementation requires changing contractual arrangements for existing placements and care packages	Lack of capacity to manage contractual changes within CCC and ICB
Responsibility for health commissioning will transfer to the ICB who have broader expertise in commissioning health services.	Loss of efficiencies of integrated case management, review and commissioning teams	Duplication of resource required to complete assessments and back-office functions
	Reduces efficiencies achieved through integrated working	Smaller suppliers might exit the market due to increased complexity of commissioning leading to supply pressures
	Annual review of cases and placements needed from both Health and Social Care Cases require both health and social care professionals	Limits opportunities to access external sources of funding previously available only to a partner organisation.
		Providers may be reluctant to agree to contractual changes which separate out health and care needs
		Potential for disagreement between health and social care professions at assessment and review

		Lack of ICB capacity for case management and commissioning of care and support for people who are 100% health funded

Benefits for individuals who have lived experience of accessing services		
Benefits	Detractors	Risks
Responsibility for meeting health and social care needs and achieve individual outcomes is held by the organisation(s) best placed to meet needs and improved outcomes for individuals are achieved.	Delays in reaching agreement between health and social care about where responsibility should be held.	Arrangements for individuals cannot be put in place in a timely way, or the opportunity is lost due to protracted decision making on funding arrangements
	Transitional arrangements may delay agreements about responsibility being made	Moves focus away from the individual as more time will need to be spent on processes

Environmental, Strategic, Political		
Benefits	Detractors	Risks
Accords with local drivers around achieving value for money	Moves learning disabilities provision away from an integrated approach	Potentially undermines commitment to integration
	More difficult to align quality assurance frameworks across the system	
	May have social value impacts since procurement opportunities may become more complex as ICB and CCC will commission separately for provision adding complexity due to two forms of contract monitoring and uplift processes for providers.	

3. New model of working

3.1 We will develop a new model of working over the coming months. This work will be led by the Executive Director of Adult Social Care (DASS). There is a meeting arranged with the ICB on 25 September 2023 to agree the programme for the next 12 months. We will adopt a co-production approach and ensure that people with lived experience are involved in the development of the new model.

3.2 The meeting outcomes will be shared with the Corporate Leadership Team. Consequently, plans will be developed with support from directors from across the organisation to facilitate progression and a positive outcome.

4. Alignment with corporate priorities

4.1 Environment and Sustainability
There are no significant implications for this priority.

4.2 Health and Care
There are significant implications for this priority to ensure support to people still takes place but under a changed governance arrangement.

4.3 Places and Communities
There are no significant implications for this priority.

4.4 Children and Young People
There are no significant implications for this priority.

4.5 Transport
There are no significant implications for this priority.

5. Significant Implications

5.1 Resource Implications
The report above sets out details of significant implications in para 2.11 and para 2.14

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications
The Procurement and Commercial Team will be involved in procurement planning as early as possible and that any procurements will be compliant with the Council's Contract Procedure Rules.

5.3 Statutory, Legal and Risk Implications
The report above sets out details of significant implications in para 2.6 with option details in para 2.4. Should para 2.6 comes into effect work to support people still takes place but under a different governance arrangement

5.4 Equality and Diversity Implications
There are no significant implications for this priority.

5.5 Engagement and Communications Implications
There are no significant implications for this priority.

5.6 Localism and Local Member Involvement
There are no significant implications for this priority.

5.7 Public Health Implications
There are no significant implications for this priority.

5.8 Environment and Climate Change Implications on Priority Areas

5.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation:

5.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation:

5.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation:

5.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation:

5.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation:

5.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation:

5.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Neutral
Explanation:

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes
Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Legal Officer: Emma Duncan

Have the equality and diversity implications been cleared by your EqIA Super User? Yes
Name of Officer: Lisa Sparks

Have any engagement and communication implications been cleared by Communications? Yes
Name of Officer: Matthew Hall

Have any localism and Local Member issues been cleared by your Service

Contact? Yes
Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Emily Smith

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes
Name of Officer: Emily Bolton

6. Source documents guidance

6.1 None

Rough Sleeper Drug and Alcohol National Grant Funding

To:	Adult and Health Committee
Meeting Date:	5 October 2023
From:	Executive Director of Public Health, Jyoti Atri
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2023/082
Outcome:	To provide Committee with information on the additional Rough Sleeper Drug and Alcohol Treatment Grant and the impact on commissioned services
Recommendation:	Adults and Health Committee are being asked to agree: a) The proposal for investing the additional grant funding into continuation of services to support rough sleepers/homeless or at risk of homelessness. b) The commissioning of the current provider of the Drug and Alcohol Services, Change Grow Live (CGL) to provide the rough sleeper treatment provision of the service for an additional year (2024/25). c) Approve a contract variation for the estimated value of £499,190 for the current CGL integrated treatment contract (subject to confirmation of the final value of the Rough Sleeper Drug and Alcohol Grant).

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk
Tel: 07884 183373

1. Background

1.1 Drug and alcohol prevention and treatment services are included in the local authority Public Health Grant. The services are not specifically mandated, but the Public Health Grant conditions include the following statement: A local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"

1.2 The National Drugs Strategy from "Harm to Hope;" published in December 2021 has resulted in additional short-term funding targeted at increasing and improving the capacity and quality of treatment services to reduce harm and improve recovery rates.

1.3 The Department for Levelling Up, Housing and Communities (DLUHC) and the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care (DHSC) are working together to deliver a DLUHC-funded rough sleeping drug and alcohol treatment grant (RSDATG).

1.4 This S31 grant funding is targeted at local authorities identified by DLUHC and OHID as having the highest numbers of people placed into emergency accommodation during the Covid 19 pandemic and/or sleeping rough and/or at risk of sleeping rough and will contribute to the government's ambition to end rough sleeping by the end of this Parliament. Cambridge City was identified as one of 43 priority areas under phase one of the scheme and Cambridgeshire County Council was awarded funding in 2021 under the terms of this grant as the council holds responsibility for commissioning drug and alcohol treatment services. Homelessness is associated with poorer drug and alcohol treatment and overall health outcomes.

1.5 The current RSDATG funding has been allocated to the following:
a) to ensure that the engagement with drug and alcohol treatment services of people in emergency accommodation is maintained as they move into longer term accommodation (continuity of care).
b) to ensure that people rough sleeping, homeless and at risk of homeless can access drug and alcohol services and engage those in treatment who have not yet done so (engagement and access).
c) to build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years (resilient and sustainable models of care).

1.6 To meet these objectives the RSDATG has funded a specialist team in Cambridge City for people 'sleeping rough' or 'at risk of sleeping rough' to access and engage with drug and alcohol treatment and move towards longer-term accommodation. This specialist provision is a part of the commissioned countywide drug and alcohol treatment service provided by Change Grow Live (CGL).

1.7 The dedicated team consists of front-line outreach workers, a dedicated prescribing doctor, nurse, psychologists, and peer support coordination to engage and support rough sleepers with substance related issues into treatment and longer-term accommodation. The team is referred to as the 'HEaRT' team and works closely with local homeless related services including the Cambridge Access Surgery (dedicated GP surgery).

1.8 The grant funding was originally released for a 2-year period for operational use in 21/22 and 22/23. The national team then announced an extension until March 2024 (approval by Adults and Health Committee (14 July 2022). A further 12-month extension has now been confirmed which ensures funding for the dedicated service is secured until 31 March 2025. This brings the RSDATG in line with other short term drug strategy related grant funding which are all due to end on 31 March 2025.

1.9 The table below shows the indicative RSDATG funding expected for 24/25. There are comprehensive national financial and performance monitoring linked to the S31 grant funding.

RSDATG	2024/25
Cambridgeshire (Cambridge City)	£514,561k (Indicative RSDATG figure subject to confirmation) Up to **£499,190k** to fund the treatment provision (CGL) and £15,371 commissioning and data support from Cambridge City Council.

2. Main Issues

2.1 The current Cambridgeshire Adult Integrated Drug and Alcohol Treatment contract is with Change Grow Live (CGL), a large third sector organisation who are one of the market leaders in this sector. It commenced on the 1st of October 2018 and ends 31 March 2026.

2.2 The CGL Adult Drug and Alcohol Treatment Service provides all elements of substance misuse treatment including early intervention advice and support, pharmacological treatment, harm reduction services, pharmacy delivered services (including needle and syringe programmes), psychosocial support, recovery support, community/inpatient detox, and residential rehabilitation.

2.3 The CGL countywide service is performing well compared to national average indicators and has demonstrated strong resilience over the covid pandemic. The service has grown considerably over the term of the contract expanding to meet local and national ambitions. The local work delivered under this grant has received positive interest from the national grants team both for the clinical work under the dedicated prescriber and for the psychology element of the provision which is focused on a trauma informed system approach to improving care for patients. An independent review has been commissioned to identify impact and outcomes to help inform future commissioning decisions.

2.4 The value of the original CGL contract for the initial 5.5-year term was £26.8 million. A number of contract variations have been made to this contract since its inception in October 2018 due to the receipt of additional national short term grant funding associated with the new National Drug Strategy which requires the delivery of national ambitions at a local level. The contract variations to date total £5.7 million and include a contract extension of an additional 2 years on the original term (approved by committee 5th October 2022) to deliver on the terms of the grant funding. If CGL is directly awarded the RSDATG for an additional year, then the contract value over the 7.5-year contract term will total £42.5 million.

2.5 The RSDATG funding available to CCC for 24/25 will be used to procure additional services

from CGL under the contract (contract variation) for the following reasons.

- The grant funded work has been collaboratively developed with CGL (as per requirements of the funding)
- The RSDATG project needs to continue to be delivered locally under the terms of the grant and any new procurement exercise would result in disruption and delay and a real risk to breaching the conditions of the S31 grant agreement.
- The grant is short term and only extended for a 12-month period.
- CGL as a provider is responsive and flexible to continue to deliver on the rough sleeping grant and understands the short-term element of the funding stream. CGL are a good solid provider, performing well and willing to adopt new ways of working to benefit patients and the wider system.

2.6 It is proposed that the RSDATG funding for 24/25 (£499,190.00) is directly awarded to Cambridgeshire Change Grow Live (CGL) to continue to deliver this dedicated rough sleeper support element of the service and ensure continuity of care for service users.

2.7 Advice received from Pathfinder Ltd (Stephen Randall) is that the Cambridgeshire CGL contract can be varied using Regulation 72 (1)(e) of the Public Contract Regulations (2015) which allows for contract modifications where the modifications, irrespective of their value, are not substantial within the meaning of paragraph (8).

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable.

There are no significant implications for this ambition.

3.3 Health inequalities are reduced.

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

- Reducing homelessness will contribute to a reduction in health inequalities and improvements in a wide range of health outcomes.
- Increases access to longer term accommodation to meet individual needs (supported in required)
- Contributes to a reduction in early mortality.
- Addresses co-occurring mental ill health, substance misuse needs, physical health needs, and trauma.
- Increases access to harm reduction advice and interventions to prevent illness/harm e.g., screening, vaccinations, needle, and syringe provision.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

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

- Promotes long term recovery.
- Supports trauma informed care.
- Increases support to access and maintain accommodation.
- Increases access to primary care.
- Provides a personalised care approach.

3.5 Helping people out of poverty and income inequality.

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

- Promotes long term recovery.
- Addresses housing needs, benefit needs, addressing debts.
- Provides access to personalised budgets to support recovery.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

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

- Reduces rough sleeping and any associated anti-social behaviour in communities.
- People receive help and support to access health and social care services.

3.7 Children and young people have opportunities to thrive.

- Substance using parents' engagement in treatment provision is a protective factor for children impacted by parental substance use and improves overall life chances.

4. Significant Implications

4.1 Resource Implications

The report above sets out details of significant implications in 1.9.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out details of significant implications 2.7.

4.3 Statutory, Legal and Risk Implications

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

- Any implications for procurement/contractual/Council contract procedure rules arising from this additional grant funding will be agreed with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

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

- The grant investment addresses the inequalities that this cohort experience by improving access to services.

4.5 Engagement and Communications Implications

The following bullet point sets out details of significant implications identified by officers:

- Any equality and diversity implications arising from these service developments will be identified and addressed before any additional service expansion.

4.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers:

- We will work with local members to ensure they are fully aware of service developments to inform their work with individuals and communities.

4.7 Public Health Implications

The report above sets out details of significant implications in 1.4.

4.8 Climate Change and Environment Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.
Status: Neutral
Explanation: Not influenced by the Service

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Status neutral
Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:
Status: Neutral
Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.
Status: Neutral
Explanation: Not influenced by the Service

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Status: Positive
Explanation: this funding supports those rough sleepers/risk of homelessness who misuse drugs/alcohol to engage in treatment with aim to be accommodated reducing the risks of exposure to extreme temperatures.

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley 31/8/23

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes
Name of Officer: Claire Ellis 30/8/23

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Officer: Stephen Randall

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes
Name of Officer: Jyoti Atri 21/9/23

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: Simon Cobby 31/8/23

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri 21/9/23

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Jyoti Atri 24/8/23

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?
Yes
Name of Officer: Emily Bolton 1/9/23

5. Source documents guidance

https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#chapter-1--overview-and-approach

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102408/20220903_Ending_rough_sleeping_for_good.pdf

Ombudsman Report on Prescribing in Drug and Alcohol Services

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Jyoti Atri, Executive Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A

The Service Director for Legal and Governance is making this report in her capacity as Monitoring Officer under Section 5 of the local Government and Housing Act 1989. The report has been sent to all members of the Council and the Chief Executive and Service Director Finance and Procurement (Head of Paid Service and Deputy s151 Officer) have been consulted. Members are obliged to have regard to this report. The Service Director – Legal and Governance is satisfied with the actions taken and recommended and that they will fully address the issues raised.

Outcome:	A Committee review of the Local Government and Social Care Ombudsman (LGSCO) investigation Report into prescribing practice within the commissioned Drug and Alcohol Services.
Recommendation:	Adults and Health Committee are asked to: a) Consider the findings and requirements of the LGSCO Report. b) Note the actions proposed and already undertaken by Public Health in collaboration with the provider. c) Recommend referral to Full Council to consider the report.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk
Tel: 07884 183374

1. Background

1.1 Drug and alcohol prevention and treatment services are included in the local authority Public Health Grant. The services are not specifically mandated, but the Public Health Grant conditions include the following statement: A local authority must, in using the grant, "…have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services…"

1.2 The current Cambridgeshire Adult Integrated Drug and Alcohol Treatment contract is with Change Grow Live (CGL), a large third sector organisation who are one of the market leaders in this sector with over fifty local authority contracts to provide Drug and Alcohol Treatment services It commenced on the 1st of October 2018 and ends 31 March 2026.

1.3 The CGL Adult Drug and Alcohol Treatment Service provides all elements of substance misuse treatment including early intervention advice and support, pharmacological treatment, harm reduction services, pharmacy delivered services (including needle and syringe programmes), psychosocial support, recovery support, community/inpatient detoxification, and residential rehabilitation.

1.4 As a service CGL is performing well across the county compared to national average indicators and demonstrated strong resilience over the covid pandemic. The service has grown considerably over the term of the contract with additional national investment (short term grants) associated with the National Drug Strategy resulting in the expansion of the service to meet local and national ambitions.

1.5 This paper is to inform the Committee about the Local Government and Social Care Ombudsman (LGSCO) investigation and report into CGL's prescribing practices. The LGSCO investigates complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, it can investigate complaints about the actions of these providers.

1.6 The LGSCO sent a draft copy of its investigation report to the Local Authority with a request for a response which they would consider before the final report was completed. This was undertaken and the Local Authority has now received the final investigation report (Final Report and covering letter attached as Appendix 1and 2) which includes a mandatory request for the Council to:

- consider its findings at its full Council, Cabinet, or other appropriately delegated committee of elected members. (Local Government Act 1974, section 31(2), as amended)
- approve the action already undertaken and proposed in response to the Report. (Detailed in this paper).
- publish its response to the Report in two newspapers within two weeks of publication and make hard copies available free of charge at one of its offices. (Completed on publication of the Report).
- that this report and the minutes of the meeting are sent to the Ombudsman as confirmation of any action taken to address the prescribing issues highlighted in the report.

2. Main Issues

2.1 This paper is a response to the LGSCO investigation Report first sent to the Local Authority in February 2023, but it is linked to an earlier investigation Report from 2022 into prescribing concerns. The first investigation started in February 2022 and was concluded in October 2022. This complaint was raised in relation to an individual client and the Council and CGL were found to be at fault because there was no review of the client's long-term prescription of diazepam, no audit of the file and a failure to deal with a request for records within legal timescales in the Access to Health Records Act 1990. There was also a failure to advise the complainant of his right to complain to the LGSCO. As requested, the Council apologised to the complainant and ensured that CGL took action to minimise the chance of recurrence namely through CGL updating its national guidance for benzodiazepine prescribing, auditing all their clients' prescribed benzodiazepines, and improving their complaints procedures. This was undertaken by CGL and there has been ongoing monitoring by Public Health commissioners.

2.2 In February 2023 the LGSCO informed the Local Authority of another investigation relating to prescribing that had emerged though its request that CGL audits all the prescribing records of clients treated with benzodiazepine. The Local Authority was asked to consider and respond to this draft Report. The Council's response stated that it appreciated the seriousness of the LGSCO's concerns and that it had acted in response to the Report.

2.3 The February draft investigative Report found that CGL acting for Cambridgeshire County Council prescribed long-term medicines in this case, benzodiazepines, against national guidance and not in line with its own prescribing policy. Further to this as the Council commissions CGL to provide drug and alcohol services under its powers in Public Health law any "fault" lies both with CGL and the Council. The LGSCO in this case found "fault" to mean a service maladministration or failure, which has had a harmful effect termed as an injustice.

2.4 Benzodiazepines are a type of sedative medication. They are used in the treatment of drug dependency to alleviate anxiety and stress associated with reducing drug misuse. However, there is a risk of dependency upon benzodiazepines and there are strict National Institute for Health and Care Excellence (NICE) guideline that govern their use in the treatment of drug dependency. Their use should be for a short period and carefully monitored with their reduction and termination agreed between the clinician and client.

2.5 The concerns had emerged when CGL provided the LGSCO with information about the audit they had completed of the small cohort of 9 clients prescribed benzodiazepines, as part of the requirements of the first investigation Report in 2022. It revealed that three of the nine CGL clients had been prescribed benzodiazepine medications over period of eleven years and furthermore there was no evidence of joint client/clinician agreement for their reduction.

2.6 Our immediate response was to ask CGL to further review and update its guidance for benzodiazepine prescribing in line with NICE Guidance and new National Guidance published by NHS England in March 2023, to audit all their clients' prescribed benzodiazepines and to improve their complaints procedures. This has been undertaken by CGL and there is ongoing monitoring by Public Health commissioners.

2.7 Public Health discussed the report with CGL, they provided further information and clinical files that had not been shared with the LGSCO. In addition, we commissioned a pharmacy specialist to review the findings of the LASCO Report.

2.8 Each of three clients had been on benzodiazepine medications for many years and had been receiving treatment for at least 11 years. In all 3 cases, CGL did not instigate the prescription of benzodiazepine. The cases were transferred to CGL for care in response to their long-standing dependency on benzodiazepines.

2.9 The specialist clinical pharmacist concluded that CGL's prescribing policy had always been compliant with NICE Guidance. In relation to the three clients its prescribing rationale was appropriate and in line with its policy. The additional clinical files provide evidence that conversations between the clients and their clinicians (or case worker) about benzodiazepine prescribing, potential reductions, and associated benefits and risks did happen and have continued to take place, in line with the recommended shared decision-making approach required by NICE Guidance and CGL's own policy.

2.10 However a recommendation was made for improvements in CGL's client plan recording that included clear documentation of prescribing decisions and their rationale throughout the clinical record. More specifically the organisation should clearly document the joint discussions held with cases along with clear clinical management plans that include details of risk factors and the implications of long-term prescribing of benzodiazepine medication which would have evidenced a personalised care approach.
Following this review, we concluded that although that CGL's benzodiazepine prescribing for the 3 cases was in line with NICE Guidance and their own policy, the client notes provided to the LGSCO did not contain all the supporting information suggesting that CGL's clinical recording is not consistent.

2.11 The final Report which included the LGSCO's findings was released in August 2023. It included the request described above to ask the appropriate Council Committee to consider its findings at a public meeting. In addition, the Local Authority must publish its response to the Report in two newspapers following its publication by the LGSCO, which has been undertaken. Copies of the Report are also available free of charge on request at New Shire Hall.

2.12 This final Report concluded, based on the investigation, that there was fault because in the clinical client summary information provided to the LGSCO by CGL in September 2022 there was no clear record of the clinical reason for long-term prescribing. The review by our commissioned specialist pharmacist that record keeping was inadequate was acknowledged and noted.

2.13 The LGSCO upheld the finding of maladministration and injustice, as CGL which acted for the Council, caused unavoidable uncertainty about the management of clients prescribed long-term benzodiazepines. The Report made recommendations and noted that these were agreed by the Council and CGL and that an appropriate "remedy" was in place.

LGSCO's Recommendations

1. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council,

Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (Local Government Act 1974, section 31(2), as amended)

2. It stated that when a council commissions another organisation to provide services on its behalf it remains responsible for those services and for the actions of the organisation providing them. So, although fault was found fault with CGL, the LGSCO made recommendations to the Council to ensure that its concerns were addressed.

3. It was recommended that the Council will ensure CGL acts to improve record keeping, reviews its policy to include that latest policy advice (March 2023) from NHS England and completes a yearly audit of clients on long-term benzodiazepines.

2.14 In addition LGSCO welcomed the CGL report of its national clinical audit of benzodiazepine prescribing as it will not only identify cases where injustice may already have been sustained, but it will also ensure any further or continuing injustice is minimised. The LGSCO noted that it has the power to recommend action to prevent injustice which has already happened, but also to minimise the chance of future injustice.

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.

- There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable.

- There are no significant implications for this ambition.

3.3 Health inequalities are reduced.

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

- Drug and Alcohol service users experience health inequalities and have poor health outcomes. This new investment improves access and continuity of to address these outcomes of this population group.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

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

- Drug and Alcohol service users experience health inequalities and have poor health outcomes. This new investment acknowledges their specific needs and aims to improve the access and care that best addresses them.

3.5 Helping people out of poverty and income inequality.

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

- The holistic services will improve treatment outcomes which is associated with increased skills and employment opportunities.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

The holistic drug and alcohol services will improve treatment outcomes and provide opportunities for access to skills development/employment and housing and decreases the risk of entering the criminal justice system.

3.7 Children and young people have opportunities to thrive.

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

- This service will improve the health, income, and social outcomes for service users, and this will benefit their families including children and young people.

4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
See wording under 4.1 and guidance in Appendix 2.

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

- Any contract variations arising from the LGSCO Report will be made with the support and approval of the Procurement team and conform to Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

THIS IS A STATUTORY REPORT UNDER S 5 OF THE LOCAL GOVERNMENT AND HOUSING ACT 1989 CONSEQUENTLY MEMBERS ARE OBLIGED TO HAVE REGARD TO THE CONTENTS.

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

- Any implications for procurement/contractual/Council contract procedure rules arising in the future from the LGSCO Report will be agreed with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

4.4 Equality and Diversity Implications

The report above sets out details of significant implications in 2.12, 2.13.

4.5 Engagement and Communications Implications

The report above sets out details of significant implications in 1.6.

4.6 Localism and Local Member Involvement

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

- We will work with members to ensure that they are fully informed about the actions arising from this report.

4.7 Public Health Implications

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

- The “fault” on behalf of the provider and the responsibilities of the Local Authority detailed in this report puts service users at risk of poor treatment outcomes.

4.8 Climate Change and Environment Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Status: Neutral
Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.
Status: Neutral
Explanation: Not influenced by the Service

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
Status: Neutral
Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Status: Neutral
Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:
Status: Neutral
Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.
Status: Neutral
Explanation: Not influenced by the Service

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Status: Positive
Explanation: Increasing the number of people in services increases the opportunity to enable them to adapt to climate change

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley 31/8/23

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes
Name of Officer: Claire Ellis 30/8/23

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Legal Officer: Emma Duncan 31/8/23

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes
Name of Officer: Jyoti Atri 21/9/23

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: Simon Cobby 31/8/23

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri21/9/23

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Jyoti Atri 24/8/23

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?
Name of Officer: Not applicable

5. Source documents guidance

5.1 Source documents

Overview | Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults | Guidance | NICE

https://www.england.nhs.uk/long-read/optimising-personalised-care-for-adults-prescribed-medicines-associated-with-dependence-or-withdrawal-symptoms/

Local Government & Social Care OMBUDSMAN

Report by the Local Government and Social Care Ombudsman

Investigation into a complaint about Cambridgeshire County Council (reference number: 22 010 218)

28 July 2023

The Ombudsman's role

For almost 50 years we have independently and impartially investigated complaints about councils and other organisations in our jurisdiction. If we decide to investigate, we look at whether organisations have made decisions the right way. Where we find fault has caused injustice, we can recommend actions to put things right, which are proportionate, appropriate and reasonable based on all the facts of the complaint. We can also identify service improvements so similar problems don't happen again. Our service is free.

We cannot force organisations to follow our recommendations, but they almost always do. Some of the things we might ask an organisation to do are:

- apologise
- pay a financial remedy
- improve its procedures so similar problems don't happen again.

We publish public interest reports to raise awareness of significant issues, encourage scrutiny of local services and hold organisations to account.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Report summary

Corporate and other services: public health

Change Grow Live (CGL), acting for Cambridgeshire County Council prescribed long-term medicines (benzodiazepines) against national guidance and not in line with its own prescribing policy.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. **(Local Government Act 1974, section 31(2), as amended)**

We recommend CGL and the Council provide us with a report of the national clinical audit CGL is currently doing. We also recommend the Council ensures CGL improves record keeping, updates its policy to include recent guidance from NHS England and completes yearly audits of Cambridgeshire CGL clients who are on long-term prescriptions of benzodiazepines.

The Council and CGL have accepted our recommendations, which we welcome.

The complaint

1. Cambridgeshire County Council (the Council) commissions Change Grow Live (CGL) to provide drug and alcohol services for people living in Cambridgeshire. 50 other councils in England also commission CGL to provide drug and alcohol services with a prescribing service.

2. The complaint is about CGL prescribing a type of medicine for long-term use in a way that was not in line with guidance or its policy.

The Ombudsman's role and powers

3. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. **(Local Government Act 1974, section 25(7), as amended)**

4. The Health and Social Care Act 2012 amended the NHS Act 2006, placing a duty on local authorities to improve the health of people in their area. Since this change in the law, councils have been responsible for improving public health by providing drug and alcohol treatment services. As the Council commissions CGL to provide drug and alcohol services under its powers in public health law, we can investigate CGL and any fault we find in its services is fault by the Council.

5. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. **(Local Government Act 1974, sections 26(1) and 26A(1), as amended)**

6. We may investigate matters coming to our attention during an investigation, if we consider that a member of the public who has not complained may have suffered an injustice as a result. **(Local Government Act 1974, section 26D and 34E, as amended)**

7. When investigating another complaint (21 011 449) about another client of CGL in Cambridgeshire, we discovered there were others in the service receiving prescriptions for benzodiazepines long-term. Those people had not complained to us. We considered there may be fault by CGL, which acts for the Council, causing injustice to members of the public. We decided to investigate those cases using our powers under section 26D of the Local Government Act 1974 because we had identified a specific group of people beyond the original complaint, who are potentially affected by the same or similar fault and injustice.

8. We normally expect complainants to use a council's complaints procedure before we start an investigation. This is because the law says a council should have a reasonable opportunity to respond to the complaint. However, we may decide not to apply this rule if we do not think it reasonable for a council to respond. **(Local Government Act, section 26(5))**

9. We investigated this complaint even though the Council and CGL have not received or had an opportunity to respond to individual complaints through the local complaint procedure. We do not consider it reasonable for those affected by this issue to have complained to the Council or CGL or for either body to have responded. We have considered that those affected are a vulnerable group, typically not well-versed in NHS guidance or in good practice. The Council and CGL can respond to the issues through this investigation.

10. Where we identify fault in an investigation, we may make recommendations not only to remedy injustice sustained already, but also to prevent injustice in the future in consequence of similar fault. **(Local Government Act 1974, section 31(2B), as amended)**

How we considered this complaint

11. We produced this report after examining relevant documents.

12. We gave the Council and CGL a confidential draft of this report and invited their comments. We took their comments into account before issuing the final report.

Investigation

Background

13. Benzodiazepines are a class of medicines to relieve nervousness, tension and other symptoms of anxiety and are generally prescribed short-term. They include diazepam (Valium). Information in CGL's policy explains people use them for anxiety, insomnia, to enhance opiate effects, to deal with mental health issues, improve confidence and to reduce psychotic symptoms like hearing voices. Benzodiazepine dependence syndrome is a condition associated with long-term use in which someone has developed one or more of the following: tolerance, withdrawal symptoms, drug-seeking behaviour or continued use despite harmful effects.

Relevant law and guidance

14. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) set out the requirements for safety and quality in health and social care services which the Care Quality Commission (CQC) regulates. When investigating complaints about health and social care services, we consider the 2014 Regulations, the CQC's Fundamental Standards and Guidance

15. Regulation 17 of the 2014 Regulations requires a regulated health and social care provider to keep accurate, complete and contemporaneous records of care and treatment provided and of decisions taken about care and treatment. CQC's Guidance on Regulation 17 explains records must refer to discussions with people who use the service.

16. National Institute for Health and Care Excellence (NICE) issued guidance called 'Guidance on Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes' (March 2015). It recommends adults taking multiple medicines and/or adults who have a long-term condition have a structured medication review. This is a

> 'critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the effect of medicines, minimising the number of medication-related problems and reducing waste.'

17. NICE 'Guidance on Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults' (April 2022) recommends the following.

- Offering regular reviews to people taking benzodiazepines and other dependence-forming medicines.

- During reviews, discussing the benefits and risks of continuing with the current dose, adjusting it or stopping it. Taking into account the person's preferences and any signs of problems associated with dependence.
- Agreeing and updating a management plan after each review.
- Shared decision-making about reducing or withdrawing medicine if it is no longer beneficial, if problems have developed, or the condition has resolved or if harm outweighs benefits. Agreeing a schedule of reduction in dose that is acceptable to the person.

18. CGL's 'Management of Benzodiazepines Procedure', which applies across all its services in England, includes guidelines on assessment and treatment of benzodiazepine dependence syndrome. It says:

- benzodiazepines are generally not suitable long-term, but they are for short-term relief in severe anxiety and insomnia and in some neurological conditions. NHS guidelines recommend use for no more than two to four weeks for those with an anxiety disorder;
- for patients who have been using benzodiazepines on a regular prescription and who have been using them consistently over six months, follow national clinical guidelines to reduce the dose by between one tenth and one quarter each week or fortnight. For patients on doses of 30 mg or more, reduce by 5 mg weekly or fortnightly. If severe withdrawal symptoms occur then increase slightly until improvement, but only for two to four weeks with a robust plan to restart reduction. The aim should be to prescribe a reducing regime for a limited period. Maintenance treatment with benzodiazepines will not be offered. There is no evidence to support routine substitute prescribing (prescribing to replace harmful or illicit drug use);
- the clinician should encourage the patient to work with their key workers to develop a specific benzodiazepine relapse prevention plan;
- if the patient receives a long-term methadone prescription for opioid (heroin) dependency as well, benzodiazepine withdrawal should be considered first. The methadone dose should remain stable throughout the benzodiazepine reduction period;
- patients should be informed the rate of dose reduction will be increased if drug screens indicate any other illicit use of Class A drugs (including heroin);
- the clinician should aim for the lowest dose to prevent withdrawal symptoms. The rate of withdrawal is often determined by the patient's ability to tolerate symptoms. Patients should be made aware withdrawal symptoms are usual during the reduction process and encouraged to seek increased psychosocial support (help to address a person's psychological and social needs); and
- CGL's services should strive to do three to six monthly benzodiazepine audits to check everyone is on a reduction regime and if someone is on a static dose this should be documented on the electronic record and should not be more than 14 to 28 days. A robust review plan should be in place to restart reduction after the stabilisation period.

19. CGL amended its 'Management of Benzodiazepines Procedure' in September 2022 as one of the agreed recommendations to our investigation of complaint reference 21 011 449. The amendment deals with exceptional cases where people are kept on long-term prescriptions of benzodiazepines. The amended

procedure says such cases must have a clear rationale for departing from the usual guideline to reduce dosage with the aim of stopping.

What happened

20. In September 2022, as an agreed action for the linked complaint, one of CGL's clinicians audited the records of the nine clients in its Cambridgeshire service who were prescribed long-term benzodiazepines. The result of CGL's audit was six cases had a clear rationale for their long-term prescription. The six cases had received a clinical review and were either on an agreed reduction plan or there was an appropriate reason for the prescription.

21. CGL's clinician noted three cases did not have a recorded rationale for the prescription. We asked the Council and CGL about these three cases as we considered there may be fault and injustice as CGL was not following its revised procedure. CGL carried out clinical reviews and shared a summary of those reviews.

- Case A had recently completed a medical detoxification from alcohol and had agreed to start a reduction programme for diazepam in January 2023.
- Case B's priority was to reduce methadone and was reluctant to reduce diazepam at the same time. The outcome of the review in September 2022 was that reduction of diazepam would eventually need to take place, but the service would seek support from the mental health team first.
- Case C had a review in November 2022 and had been on diazepam for many years. The agreed plan was a gradual reduction starting one month after the review to allow the person to prepare.

22. We asked CGL to provide us with an anonymised breakdown of the number of clients on long-term benzodiazepines for each council area where it ran services. These figures showed 343 clients were on long-term benzodiazepine prescriptions in the services commissioned by 50 other councils in England. CGL told us its Medical Director had started a national clinical audit focussing on benzodiazepine prescribing across the organisation. CGL said it was willing to share the findings of that audit with us.

Action taken by CGL and the Council during this investigation

23. In response to a draft of this report, the Council discussed the three clients with CGL which provided the Council with additional clinical files. We did not ask for individual clinical information for data protection reasons. The Council told us the following.

- It had obtained specialist pharmacist advice to review the cases against policy and guidance. The specialist's view was the prescribing was appropriate and in line with NICE guidance in each case.
- The specialist considered rationale for prescribing decisions was recorded but recommended improvements to record keeping in case plans to evidence a personalised care approach. Specifically, the specialist recommended CGL needed to document joint discussions along with clear management plans which include details of risks and implications of long-term prescribing.
- The three cases all had benzodiazepine dependence syndrome and had been using the medicine for many years. CGL did not originally prescribe it and the cases came to CGL because of their dependency on benzodiazepines.

- The clinical records provided evidence that discussions between the clients and their case worker or clinician did take place about prescribing, potential reductions, associated benefits and risks in line with a shared approach to decision-making.

24. The Council said it would:

- work with CGL to ensure records are comprehensive and contain the evidence and rationale for prescribing decisions;
- ask CGL to review its benzodiazepine policy to ensure it fully reflects NICE guidance and recent NHS England guidance issued in March 2023 ('Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards and primary care'), acknowledging some patients will need maintenance treatment; and
- ensure CGL does yearly audits for those on benzodiazepines.

Conclusions

25. CGL's initial review by one of its own clinicians concluded the three cases did not have recorded cogent rationale for departing from usual practice. Our view is this was fault because as of September 2022 there was no clear record of the clinical reason for long-term prescribing. A second review, commissioned by the Council by a specialist pharmacist concluded prescribing was in line with NICE Guidance, but recommended improvements to CGL's record-keeping.

26. We expect councils and providers they commission to keep accurate, contemporaneous and complete records of care and treatment, in line with Regulation 17 of the 2014 Regulations. The failures, highlighted by the Council and by CGL, are fault. The fault in record-keeping causes uncertainty about what was discussed and agreed with three cases to evidence a personalized care approach. The three cases have now been reviewed and this is an appropriate response.

Recommendations

27. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. **(Local Government Act 1974, section 31(2), as amended)**

28. When a council commissions another organisation to provide services on its behalf it remains responsible for those services and for the actions of the organisation providing them. So, although we have found fault with CGL, we made recommendations to the Council.

29. CGL has offered to share with us the report of its national clinical audit of benzodiazepine prescribing. This is an action we would likely have recommended had CGL not offered it and we welcome it. Where we identify fault in an investigation, we have the power to recommend action to prevent injustice which has already happened, but also to minimise the chance of future injustice. We consider CGL's national audit will not only identify cases where injustice may already have been sustained, but it will also ensure any further or continuing injustice is minimised. This is because individual cases of inappropriate

prescribing will be identified and a plan of action put in place to reduce usage where the risks of continuing with the prescription outweigh the benefits.

30. The Council will also ensure CGL acts to improve record keeping, reviews its policy to include March 2023 advice from NHS England and completes a yearly audit of clients on long-term benzodiazepines. We welcome these actions.

Final decision

31. There was fault by CGL which acted for the Council. This caused avoidable uncertainty about the management of clients prescribed long-term benzodiazepines. The Council and CGL have agreed to our recommendations.

Local Government & Social Care OMBUDSMAN

28 July 2023

Dr Stephen Moir
Chief Executive
Cambridgeshire County Council
Chief Executive's Office, Box ALC2609
New Shire Hall
Emery Crescent, Enterprise Campus
Alconbury Weald, Huntingdon
PE28 4YE

Your ref:
Our ref: 22 010 218
(Please quote our reference when contacting us and, if using email, please put the number in the email subject line)

If telephoning please contact Dionne Grant, Assistant Ombudsman: 0330 403 4669
Email address: D.Grant@coinweb.lgo.org.uk

Dear Dr Moir

Complaint about Change Grow Live

We have now completed the investigation of the complaint and enclose a copy of the final report.

Section 30(3) of the Local Government Act 1974 requires us to report without naming or identifying the complainant or other individuals. The people involved in this complaint are therefore referred to by a letter or job role. You must not disclose any information to third parties that could identify the complainant or other individuals referred to in the report.

We will publish the report on our website on or after 23 August 2023. You should not discuss the report in public or comment on its content in publicly available papers before that date. We may distribute copies of the report and a press release in advance of the publishing date, under an embargo. This means the media could have sight of the report and make enquiries before the publishing date but are expected to withhold publishing anything until after we have published the report.

Section 30 of the 1974 Act requires your Council to place two public notices in local newspapers and/or newspaper websites. To complete your statutory requirements you should place these announcements within two weeks of us publishing the report. We enclose a specimen public notice at the end of this letter which you may find helpful. Please let us know when you have placed these notices. You should also make copies of the report available free of charge at one or more of your offices.

PO Box 4771 www.lgo.org.uk
Coventry
CV4 0EH

Our finding is *Report issued: upheld; maladministration and injustice*. Since we have found the people in the report have suffered injustice as a result of fault, under Section 31(2) of the 1974 Act, your Council must formally consider our report. Please arrange for the report to be considered at a high decision making level such as full Council, Cabinet or another Committee with delegated authority.

Please do not hold this meeting or send out publicly available papers for discussion at it before the date of publication for this report.

You must then tell us, within three months of receiving the report (or a longer period we may agree in writing), the action your Council has taken or proposes to take. We recognise your Council has already agreed an appropriate remedy and this is reflected in the sample public notice. However, we still need confirmation that the requirements of Section 31(2) have been met, so please let us know by 25 August 2023 when your Council will consider the report and when we may expect to receive a response.

Yours sincerely

Paul Najsarek
Interim Local Government and Social Care Ombudsman for England

Enc: Final report
Specimen public notice (below)
General information for organisations – public interest reports (below)

Specimen notice (not for publication before the date we confirm that we will publish the report)

Cambridgeshire County Council

Report of Local Government and Social Care Ombudsman

The Local Government and Social Care Ombudsman has issued a report following its investigation of a complaint about Cambridgeshire County Council. The complaint was about *Corporate & Other Services*. The Ombudsman found that there had been fault on the part of the Council, and this had caused injustice.

Cambridgeshire County Council has agreed to take action which the Ombudsman regards as providing a satisfactory remedy for the complaint.

The Council must now consider the report and tell the Ombudsman within three months (or such longer period as the Ombudsman may agree) what it proposes to do.

Copies of the report will be available for public inspection during normal office hours at [main office address] and at [details of other offices] for three weeks starting on [date]. Anyone is entitled to take copies of the report or extracts from it. Copies will be supplied free of charge.

General information for organisations – public interest reports

Can the report be challenged?

The findings in our report can only be challenged by way of judicial review in the High Court. Judicial review is not an appeal and the most a court can do, if successful, is to quash the Ombudsman's decision. The narrow grounds of challenge include illegality, irrationality or procedural flaws.

How is the report published?

Reports are published on our website. We will tell you when the report will be published. Your organisation should not refer to the report in public before that date.

We will usually send a copy of the report with a press release to the media. We often send out the press release in advance of the publishing date under an embargo. This means the media should withhold writing or broadcasting anything until after we have published the report.

We will share a copy of the press release with you, but for information only, not for commenting on the content.

How does the organisation publicise the report?

The organisation must place two public notices in local newspapers and/or newspaper websites within two weeks of us publishing the report. Copies of the report should be made freely available to the public.

What happens after the final report is published?

The organisation must formally consider our findings and recommendations within three months of the date of the final report. Organisations must discuss our findings and recommendations at a high decision making level, such as full Council or Cabinet, and formally report back to us on the actions it has taken, or proposes to take.

We will send a letter of satisfaction when we are satisfied with the actions the organisation has taken following the report and will update our website to show this.

What happens if an organisation does not comply with the recommendations?

Most organisations agree to our recommendations, often before we publish the report. If an organisation does not comply, we can issue a further report. This explains the latest position and requires the organisation to again discuss it at a high decision making level.

Customer Care Annual Report 01 April 2022 – 31 March 2023

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Patrick Warren-Higgs, Executive Director of Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	No
Outcome:	To present the Adult Social Care Customer Care Annual Report 2022-2023 providing information about the complaints, compliments, representations and MP enquiries received for adult social care and the learning from this feedback and actions taken to improve services.
Recommendation:	Adults and Health Committee are asked to: a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2021-2022. b) Agree to the publication of Annual Adults Social Care Customer Care Report 2021-2022 on the Council's website.

Officer contact
Name: Liz Cook
Post: Customer Care Manager
Email: Liz.Cook@Cambridgeshire.gov.uk
Tel: 01223 703535

1. Background

1.1 The ‘Local Authority Social Services National Health Service Complaints (England) Regulations 2009’ state that each Council has responsibility to publish an Annual Report containing information about the number of complaints received and the number of complaints upheld.

1.2 Cambridgeshire County Council collects and collates information on the compliments, comments, representations, MP enquiries and complaints received for adult social care services annually. This information is provided in the adult social care customer care annual report 2022– 2023, attached as Appendix 1.

1.3 The adult social care customer care annual report 2022 – 2023 identifies themes to inform learning from complaints and sets out the actions taken to address these issues and improve practice.

2. Customer Care Annual Report

2.1 The annual adult social care customer care report 2022 - 2023 (Appendix 1) brings together the information on complaints, representations, MP enquiries and compliments received by the council in respect of adult social care services. This allows learning from complaints across all service areas to be identified and actions agreed to make improvements in services. The report also provides a comparison with previous financial years so that any changes in patterns can be highlighted and any actions to be taken considered.

2.2 The annual report includes an executive summary that provides an overview of the content of the full report. Information on complaints from the summary has been used in the section below.

2.3 366 compliments were received in 2022-2023. For the last five reporting years, adult social care has continued to receive more compliments than complaints.

2.4 Emphasis is placed on learning from complaints. The response to a complaint will identify the actions to be taken to prevent a similar situation occurring again and any areas where the service provided could be improved. The annual report (section 7) details learning from complaints received during the last year.

2.5 The learning from each complaint is collated and where there are similar issues raised in a number of complaints, the common theme identified will lead to specific learning and development.

2.6 The various ways in which learning from complaints and the themes are shared by the Customer Care team includes:

- Attendance at Directorate Management Team meetings
- Attendance at the Practice Governance Board
- Meetings with Heads of Service and the Principal Social Worker
- Sharing feedback about commissioned services with the Commissioning Team

- Email communication for cascading to teams
- The learning gained from specific complaints is shared at complaint training sessions for adult social care managers and staff
- The annual complaints report is also shared with the Adults and Health Committee to ensure there is oversight and assurance.
- Dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for adult social care
- Specific case studies which include learning from complaints investigated by the LGSCO are considered at practice learning sessions run by the Principal Social Worker and the Practice Quality & Standards Team.

2.7 259 formal complaints were received in 2022-2023. This is 15% (33) increase in comparison to 2021-2022 when 226 formal complaints were received. Although there is a year-on-year rise in the number of complaints received, the overall percentage of people receiving services (9858) who complained has decreased from 3.5% last reporting year, to 2.6% this reporting year.

2.8 Formal complaints accounted for 27% (259) of the overall feedback (958) received for adult social care for 2022-2023. This is similar to 2021-2022 when formal complaints accounted for 25% of overall feedback.

2.9 The majority of all formal complaints were made by people, or their representatives, who were receiving services from the Adults Community Teams, 99 (38%). This is to be expected, as they are the service with the highest volume of people in receipt of adult social care. In proportion to their client base, it equates to 3.3%, which is the same as previous years.

2.10 In the year 2022-2023, 110 complaints related primarily to either home care, supported living or residential care. This is an increase of 32 (41%) compared to the year 2021-2022, where 78 complaints were recorded. Complaints about Council commissioned care provision can be raised directly with the care provider or with the Council.

2.11 In 2022-2023, there were 27 Senior Manager Reviews were completed. This equates to 10% of complainants being dissatisfied with the Council's first response to their complaint.

2.12 In light of the learning identified from both individual complaints as well as the themes identified across complaints in general, several actions have been taken to improve the services we provide, examples of which are illustrated in section 7 of the report.

2.13 In 2022-2023, across the Council, 68 complaints were decided by the Local Government and Social Care Ombudsman (LGSCO). 12 of these related to adult social care, 6 (50%) of which were upheld, this is a slight decrease from the previous reporting year where 7 adult social care complaints were upheld. Section 12 of the report provides further details.

2.14 Across the Council 78% (18) of complaints were upheld by the LGSCO. This is a 6% (5) increase from 2021-2022. Similar organisations have an annual uphold average of 80%. The LGSCO noted in their review letter that the annual uphold rates for all investigations has increased this year and to exercise caution when comparing uphold rates with previous years.

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

3.3 Health inequalities are reduced

There are no significant implications for this ambition.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs
The effective management of complaints identifies learning, promotes service improvements which supports people to live healthy, safe and independent lives.

3.5 Helping people out of poverty and income inequality

There are no significant implications for this ambition.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised

The effective management of complaints identifies learning and promotes service improvements which supports people to have access to good quality public services and social justice is prioritised.

3.7 Children and young people have opportunities to thrive

There are no significant implications for this ambition.

4. Significant Implications

4.1 Resource Implications
There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

Complaints that raises concerns about independent providers are shared with the Contracts and Commissioning team.

4.3 Statutory, Legal and Risk Implications
The investigation of complaints can help to recognise areas where there has been poor practice and provides opportunities to improve the services provided by adult social care. There is a statutory obligation for the council to have an adult social care complaints process and to publish an annual customer care report for adult social care.

4.4 Equality and Diversity Implications
There are no significant implications within this category.

4.5 Engagement and Communications Implications
All feedback is welcomed and offers opportunities for learning to be identified and action to be taken that can contribute towards service improvements and is seen as an important part of engagement with the people we support and their families/representatives.

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

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

4.8 Climate Change and Environment Implications on Priority Areas
There are no significant implications within this category.

4.8.1 Implication 1: Energy efficient, low carbon buildings.
There are no significant implications within this category.

4.8.2 Implication 2: Low carbon transport.
There are no significant implications within this category.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
There are no significant implications within this category.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
There are no significant implications within this category.

4.8.5 Implication 5: Water use, availability and management:
There are no significant implications within this category.

4.8.6 Implication 6: Air Pollution.
There are no significant implications within this category.

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
There are no significant implications within this category.

5. Source documents

5.1 LGO Cambridgeshire County Council Annual Review letter 2020-2021
Councils' performance - Local Government and Social Care Ombudsman

5.2 LGO Data Sheet – Councils 2020-2021
Adult social care complaint reviews - Local Government and Social Care Ombudsman

All report authors should use the Accessibility Checker in Word to check and address accessibility issues in reports before sending them to Democratic Services.

Appendix 1 – Annual report

Cambridgeshire County Council

Adult Social Care Customer Care Annual Report

01 April 2022 to 31 March 2023

Report Purpose

To provide information about compliments, comments, representations, MP Enquiries, informal and formal complaints, and to comply with the Department of Health's 'Regulations on Health and Adult Social Care Complaints, 2009'. To identify trends and learning from complaints received during the reporting period.

Content

1.0 Context

1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 01 April 2022 and 31 March 2023 under the Adult Social Care Complaints Policy and 2009 Department of Health Regulations on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.

1.2 The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through our NHS partner organisation, Cambridgeshire and Peterborough Foundation Trust (CPFT).

2.0 Executive Summary

- 336 compliments were received in 2022-2023. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last four reporting years.

- 259 formal complaints were received in 2022-2023. This is 15% (33) increase in comparison to 2021-2022 when 226 formal complaints were received.

- Of the 9858 people receiving services this reporting year, 259 (2.6%) formally complained, which is a 0.9% decrease from 3.5% (226) in 2021-2022.

- There were 7 final decisions issued by the Local Government Social Care Ombudsman (LGSCO) this reporting year. This compares to 5 adult social care final decisions being issued in 2021-2022 and 6 final decisions being issued in 2019-2020.

- The LGSCO uphold rate for Cambridgeshire County Council is 78%, which is 2% lower than their overall average uphold rate of 80% for similar authorities.

- 72 MP enquiries were received in 2022-2023. This is an increase of 15 (26%) from the last reporting year.

- The top three reasons for complaints were: 27% (70) of complaints related to care assessments; 24% (63) related to charging and 10% (27) related to residential care. These complaint themes remain consistent with previous reporting years.

- 54% (142) of formal complaints were partially upheld; 14% (37) were not upheld and 12% (32) were upheld; the remaining 20% (48) were either withdrawn or closed.

- If a complainant is dissatisfied with the initial response to their formal complaint, it can be reviewed by a more senior manager. In 2022-2023, there were 27 Senior Manager Reviews completed, a 2% increase from last reporting year. This equates to 10% of complainants being dissatisfied with the Council's first response to their complaint.

3.0 Definitions

3.1 The terms: compliments, comments, representations, and complaints are defined in appendix 1 and an explanation of acronyms is provided in appendix 2

4.0 The complaints process and feedback

4.1 Information on how to provide feedback is available on the Council's website and in an adult social care feedback leaflet which is provided to all services users. The public can also provide feedback to the Council via an online feedback form, by phone, email or in person to any member of staff and through the Council's social media channels.

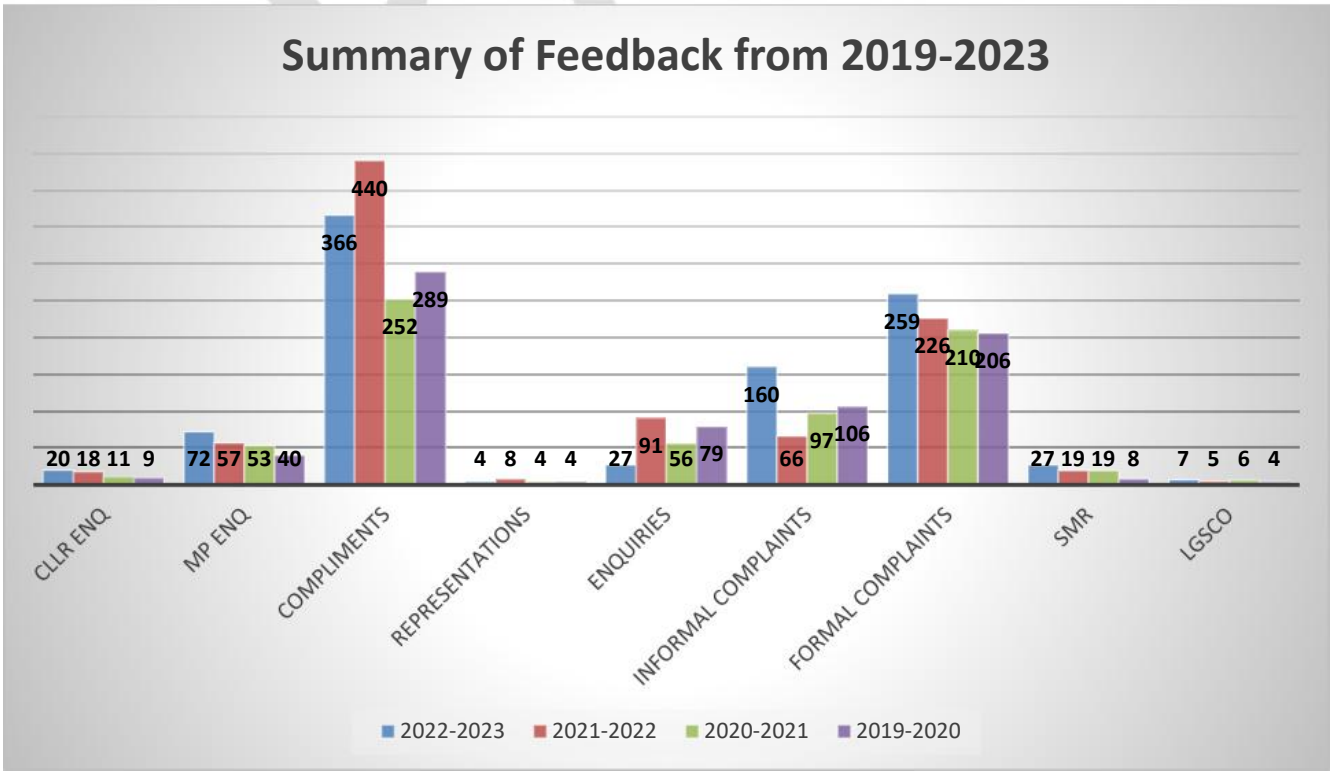
4.2 The complaints process has an emphasis on de-escalation and early resolution of complaints.

4.3 The adults social care complaints policy is accessible on the Council's website or on request from any member of council staff. The policy outlines the complaints process and timescales.

5.0 Summary of overall feedback received

5.1 The total amount of feedback received this reporting year by the adult social care Customer Care Team is 982, in comparison to a total of 906 (8.4% increase) last reporting year. The breakdown is shown in figure 1 below, alongside a comparison to the previous three reporting years. More details for each type of feedback is given within the corresponding sections of this report. 10% of people we support in adult social care provided some form of feedback that was managed via the Customer Care Team.

5.2 Figure 1:



6.0 Compliments

6.1 A compliment is an expression of praise, commendation, thanks, congratulations, or other positive comments provided to a member of staff or to the services provided by adult social care. Compliments provided by members of council staff are excluded from this process.

6.2 366 compliments were received in 2022-2023. For the last five reporting years, adult social care has continued to receive more compliments than complaints.

6.3 Examples of compliments received are below:

Adult Early Help Team: ''I would just like to let you know how wonderful Hayley has been. I contacted her when my mother-in-law became unwell and needed more care. She was absolutely fantastic and came to meet us the next day. She spoke to us in such a kind and caring way and has continued to provide amazing support not only to my mother-in-law, but to me also. She is an absolute credit to your service, and we just felt that in these times where people are very quick to criticise, we wanted to say thank you to Hayley and let you know what a great job she is doing''.

Carer's Services: '' Hydee, our Adult Support Coordinator, has been so kind and thoughtful in assessing what 'care for the carer' was available. She made me feel that I really did count and followed up calls and emails to check how things were. The result has been great as I am now having 'me time' each fortnight which has made a huge difference to my caring role. I am getting my life back again''.

Community Team: ''Please can I write to inform you of the excellent service Vicky has provided for my father, in reviewing his care plan. She has offered us a service that will enable Dad to stay at home longer. She has been easy to contact. Approachable. Nothing too much. It is very important to provide dad support and Vicky has been very client lead. Thank you.''

Community Team: ''The care and compassion she has shown towards your client has been second to none and has not gone unnoticed. I felt it was important to say as X's wellbeing and welfare has always been a priority for Ella and this has really shone through. There should definitely be more Ella's in this world. She is an asset to your team''.

Debt Recovery Team: I just wanted to drop you a message to thank you both for your assistance in dealing with my late Aunt's estate. Rachel, your assistance was absolutely invaluable to start with. As you probably gathered, being remote, I knew very little about my aunt's affairs and hence it was a very daunting proposition for me to wind up her estate as executor. Your assistance with giving me all the details you had for her, and following up further questions I had was very much appreciated. In fact, I really don't know where I would have been without your help! You also allowed me to picture what had happened to my Aunt and her belongings up to her passing, which not only helped with sorting the estate, but also brought reassurance to me and my elderly mum (her sister). Andy, thank you so much for your patience whilst I dealt with the estate. It was a lot of money that was owned, but you respected my efforts to get this paid as soon as possible, rather than pressing for payment which I really appreciated. I'm so glad this has been drawn to a conclusion now. It has been a pleasure dealing with you both, and in general a big thank you to social services for taking great care of my Aunt for the final years of her life whilst she was in your care''. Very helpful, supportive and I was treated with great respect and felt listened to.

Learning Disability Team: "You were a 'breath of fresh air' focusing on the positives and saw X as a whole person. He was very grateful for this and particularly remembered you saying whoever became her support worker would be a 'lucky person' which made him tearful in the retelling. I wanted to make sure you knew what an impact you'd had on the family''.

Living in Care Homes Review Team: '' Teresa's final report on my brother demonstrated not only her professionalism but also her clear and perceptive understanding of him … Teresa was also a support to me during this time, listening to my concerns and making clear X's condition and situation ... I cannot thank Teresa enough and wish to acknowledge formally how hard and successfully she worked''.

Mental Health: "Very impressed with the level of support given. They listen, come up with ideas and encourage me to make real progress. I feel properly supported as they understand me''.

Occupational Therapy: "Pleased to have this opportunity to pay tribute to Beth for the excellent manner in which she helped and advised on a recent visit. Her manner is one of caring and when we had an unrelated problem she was of great assistance. A most pleasant lady who so obviously dedicated to her role as occupational therapist''.

Reablement Services: "Very helpful, supportive and I was treated with great respect and felt listened to.I wish to give feedback on the care and support provided by the Reablement Team. They have provided my recently disabled daughter with vital, high quality care and support in the weeks following her discharge from hospital. Their support and kindness have been a lynchpin in enabling her to make a remarkably smooth transition from total wrap-around hospital care to achieving as much independence as possible in the home given her severe level of injury. We are both very grateful to all those professional, hard-working, kind and cheerful members of the team''.

Sensory Services and Technology Enabled Care: "I would like to acknowledge the excellent customer service I received today from Graham who is a credit to your Technology team he listened with empathy and gave me relevant and up to date advice. I also felt he owned my current situation by arranging appointments and equipment to be installed in our home which will be of great benefit now and in the future with my wife's condition hopefully enabling her to stay independent Longer if anything should happen to me''.

Transfer of Care: "When X was in hospital and he was having a difficult time with everything, you were the only person who he felt took the time and listened to him - he said if it wasn't for you, he did not know what he would have done, it was such a difficult time for him and you were marvellous!".

6.4 Themes in compliments relate to gratitude of staff being empathetic and understanding towards people and their family's situation, the caring, kind manner of staff and the appreciation of the service and support provided by adult social care which has helped improve the lifestyle of people we support. Compliments frequently refer to the professionalism of staff.

6.5 The majority of compliments for the Adult Early Help Team were stating that the team helpful, kind, understanding and provided useful advice.

6.6 Compliments about the Transfer of Care Team relate primarily to the support and information given during the transition from hospital to either going home with a new care package in place, or

alternatively when entering a residential care home setting for the first time, and the support that has been provided during that period of transition. Most of the compliments were praising staff for being patient and taking time to provide and explain information.

6.7 Compliments for the Community Teams relate to the help and support offered at an often very difficult time for people and their families. The compliments recognise the staff's efficient yet kind, caring and empathic manner. Some of this feedback not only includes compliments for council staff but also compliments for the care staff commissioned by the Council.

6.8 Technology Enabled Care and Sensory Services receive the highest proportion of positive feedback. The themes are that people we support or their families thanking staff for the informative information provided on resources that can offer them assistance that they had not previously been aware of, for example a lifeline (personal alarm service in time of need) which offers them peace of mind. Feedback highlights the knowledge of staff and the positive impact the supply of technology enabled care devices have on the lifestyle of and improved independence it provides the people we support. For example, one customer stated 'I do feel more confident in the kitchen and when going out for a walk and going shopping'.

6.9 A clear theme in compliments across all services, identifies that the people we support, and their representatives appreciate time being taken by staff to listen and explain services to them. It is important that staff across adult social care services recognise that the terminology and services are new and their familiarity with their service should not be used to make assumptions, or to forget, that this is not the case for people outside of their area of work. The compliments across all services recognise the professional yet empathic and understanding approach taken by staff.

6.10 In recognition of such feedback, adult social care services continue to improve the accessibility of information about services provided, with the improvement to the information on the Council's website and also in the production and revision of information leaflets available to the public and in the variety of formats that these are accessible in.

6.11 Platforms such as the practice governance board and the adult's leadership forum are used to inform and remind staff about the appreciation from the people we support when time is taken to explain processes fully and the importance of remembering to do so in an understandable and accessible way and seeking clarification from the person that they have understood or to offer them the opportunity to raise queries.

> We continue to receive more compliments than complaints for adult social care services.

6.12 Compliments which show that the work of an individual staff member has been exceptional are personally acknowledged by the Service Director for Adult Social Care and are included in the monthly communications email from the Executive Director, Adults Health and Commissioning to all staff.

6.13 The Customer Care Team remind staff of the importance of sharing positive feedback with the team.

7.0 Learning identified from complaints

7.1 Research shows that a primary driver for making complaints is so lessons can be learned and processes improved. It is also a key part of an effective complaints procedure to demonstrate that organisational learning has occurred to offer the public assurance that complaints do make a difference. Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. It is important to the Council to understand the impact complaints have on people. Repetitive trends are monitored and regularly shared with adult social care to prevent recurrence.

7.2 The Council are receptive and reactive to feedback. Whether a complaint is upheld or not, formal or informal, or whether there is a reason the Council determine not to respond to a complaint, the relevant service will still consider each concern, investigate where appropriate, and learning will be identified wherever possible to ensure the opportunity for service improvement is not missed.

7.3 Following the conclusion of all complaints, the implementation of agreed actions is monitored by both the service area responsible for the action and the Customer Care Team. This is to ensure action is taken in a timely way.

7.4 Some general examples of the outcomes of complaints dealt with this reporting year include apologies; staff training or guidance; re-assessments; a change or review of policies or operational procedure; a change or review of service; discussions at team meetings and management boards; paying/waiving care charges; monitoring actions/service improvement of a commissioned provider; reviewing resources; explanation of events provided to complainants; advocate appointed.

7.5 Complaints this reporting year have identified the need for:

- Clearer information about how funding works for unexpected changes in care
- Improving the people we support and staff understanding of processes and responsibilities when managing Direct Payments
- Hospital teams ensuring that financial information about care home fees is clear and accurate
- The need to manage customer expectations and be upfront about payments they will need to make in the future
- Completing financial assessments in a timely way
- Improved accuracy of invoicing
- Improved communication from debt recovery
- Making safeguarding personal and the importance of having transparent conversations
- Supporting staff in challenging and abusive situations

7.6 Specific case examples relating to learning and actions are provided in section 7 below.

8.0 Case examples and service improvements

8.1 The Ombudsman found fault with the Council and a care home acting on the Councils behalf for some of the care, a lady supported by the Council, received and for failing to record and report safeguarding concerns. The Council and the Integrated Care Service (ICS) worked with the care home and the home received several monitoring visits from both the Council and the ICS considering their overall performance. Poor incident management was one of the areas of focus, and particularly the quality of internal investigations and recording practices. An action plan was in put place and was escalated to

their Senior Leadership. Using the learning from the safeguarding investigation, the care home evidenced improvement in their overall care delivery (thereby reducing incidents) and in the way that they respond when things go wrong. Notifications of Concerns, continue to be received in a timely manner, and evidence that the home is recording and responding to incidents appropriately when they occur. The care home is now under 'routine' monitoring and will receive standard visits in line with all other homes in the County.

Learning also identified an initial social care review was not completed in an appropriate timescale (covid lockdown), which led to a delay in an unsuitable placement being identified. When it was identified, an alternative placement was quickly arranged. The Head of Social Work, Older People and Communities and the Quality and Practice Standards Manager met to discuss the lessons identified and how to take this forward with adult social care staff. Several actions were taken to the next adult social care Practice Governance Board; to include the use of the communications strategy as stated in the Safeguarding Adults Board Large Scale Enquiry procedure; communicating to all adult social care teams the importance of timely initial placement reviews and communicating to all adult social care teams the Council's duty to carry out social care reviews. As a result, practitioner factsheets on reviews were produced to provide guidance around the Council's duty in relation to social care review, timescales, triggers for reviews, as well as risk factors. The learning and actions taken was also disseminated to adult social care staff in the Adults and Safeguarding Newsletter.

8.2 In another Ombudsman case, there was no fault found against the Council about the way they had conducted a safeguarding enquiry. This case was used as an example for learning from best practice when responding to recent concerns while working with a family around care and support planning and risk. The case provided a good example of Multi-Disciplinary Team (MDT) working; risk assessing information gathering and showing clear management oversight throughout the investigation. This learning was shared with practitioners via 'stories from practice' and used as 'bite sized' learning in sessions organised by the Manager of the Practice and Quality Service and the Principal Social Worker for adult social care practitioners.

8.3 A complaint was raised by the husband of a lady we support as he was offended that within his wife's Community Action Plan (CAP), he was referred to as an 'informal carer'. The terminology is a standardised term that is pre-populated on forms produced from the adult social care electronic data base. It is used to differentiate between people who give care as paid carers (i.e. employed by a care agency or similar) and those who provide care, usually to their immediate family members, in a less formalised arrangement. The gentleman's feedback provided the Council with the opportunity to reflect on the terminology used and recognise that it is a very generic term that does not recognise that for the care giver, the varied, and often extensive, nature of the caring relationships people have with one another. The investigating manager subsequently reviewed the terminology that other local authorities and organisations, such as Caring Together (a charity that supports carers of all ages across Cambridgeshire, Peterborough and Norfolk) and the Department of Health and Social care and also consulted with the Carers Partnership Board, which is coordinated and supported by Healthwatch to improve the services for carers in Cambridgeshire and Peterborough, to identify alternative terms for consideration. As part of the review, it was ascertained that the term "informal carer" was not one that was used widely elsewhere or a preferred term. The terms which were most prevalently used in other organisations and suggested by the Carers Partnership Board were "carer" and "unpaid carer." Taking the gentleman's views onboard as well as those of the Carers Partnership Board, it was determined that the term "unpaid carer" is the term which best reflects the wide and varied needs

and circumstances of individuals. As a result, the investigating manager made a request for the wording used on documentation be changed from 'informal carer' to be amended to 'unpaid carer'.

8.4 In certain and exceptional circumstances some complainants have pursued complaints, and other service-related issues, in ways that are considered to be unreasonable. This is unusual, however, when this happens, it is important that the Council are clear about why they consider a customer's actions to be unreasonable and for the Council to be transparent about how we deal with such circumstances. The Council need to ensure our duty of care to our staff alongside our commitment to be responsive to our customers. In these situations, the Customer Handling Policy is applied when absolutely necessary. The policy describes how the Council will deal with customers who are unreasonably persistent or otherwise act unreasonably whilst raising a complaint or issue with staff. This policy covers behaviour which the Council consider is unreasonable, which may include one or two isolated incidents, as well as unreasonably persistent behaviour, which is usually an accumulation of incidents or behaviour over a longer period. In this reporting period, the Customer Handling Policy was implemented on 3 occasions. This is an unusually high number of protocols to be issued within a reporting year and it led to the review of the impact of unacceptable behaviour on staff and the subsequent implementation of a violence and aggression at work policy. A further internal document is currently being drafted to provide guidance for staff and managers to ensure they feel supported and more confident in understanding what is unreasonable behaviour which staff should not tolerate and how to manage these incidents in line with the Council's policies and procedures. This topic has also formed part of the management complaints workshops that are run throughout the year and discussed at the adult social care Practice Government Board.

8.5 As discussed in the examples above, the Council are keen that learning from complaints is shared across services. This is achieved in a variety of ways to include regular complaints meeting with Head of Services' across adult social care, Director level oversight of all Local Government Social Care Ombudsman (LGSCO) complaints and the dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for adult social care. These can be relating to a specific case or regarding wider themes that have been identified. Learning from complaints relating to practice is also overseen by the adult social care Practice Governance Board. The annual complaints report is also shared with the Adults and Health Committee to ensure there is oversight and assurance through that route as well.

8.6 Team managers are reminded to share customer feedback regularly with their team members in team meetings to ensure learning is disseminated across staffing levels and in a timely manner.

8.7 Learning from complaints can be combined with feedback from other sources, such as user surveys and the partnership boards. For example, complaints around accessibility and clarity of information and advice have been linked to issues raised in the national service user survey and resulted in focussed work with the adult social care forum and partnership boards. The corporate communications team have designed a survey to be undertaken with support of partner organisations to ascertain what information people are looking for and where they go to find this. The findings of this are helping to better target our advice and information offer and to ensure we are providing the information that is important to people.

8.8 In light of the learning identified from both individual complaints as well as the themes identified across feedback in general across adult social care, several actions have been taken to improve the services we provide, examples of which are provided below.

8.9 Although not unique to Cambridgeshire County Council, it is recognised that there are a high number of complaints that relate to finances. The Council continue to review their finance functions to ascertain where services can be improved, examples of service improvements this reporting year are:

The Financial Assessment (FA) service has recently implemented an online Financial Assessments portal, whereby customers and their representatives can submit their information online, in an environment whereby the portal provides the client proportionate and relevant information and guidance for the information being requested; this will make it easier for clients to understand what is being requested and why, and should facilitate a faster and smoother completion of their financial assessment.

The Adult Finance Team (AFT) continue to offer staff training drop-in sessions, to discuss complex finance cases for solutions, to ensure decision making is informed and supported by colleagues who are specialists in the area.

Following feedback, the FA service are revising its suite of manual Financial Assessment letters and questionnaires, to make improvements so that clients can better understand what information is being asked for and why.

The FA Service are also undertaking a programme of work to identify areas for improvement, implementing changes such as staff training and process redesign, in order to improve the function's overall performance, responsiveness and customer service.

8.10 The Technology Enabled Care Service has adapted their technology offer, to ensure that technology is no longer analogue and now has a digital offer in line with the Digital Switchover 2025.

8.11 Themes from feedback highlighted that there had been an has been an unusually high number of Providers of Concern's over the past couple of years. During and post Covid, there was limited in-person monitoring of providers by either the usual social worker contact, the Council's Contract Service, the Integrated Care Board (ICB) or the Care Quality Commission (CQC). The Care Home Support Team and the Living in Care Home Support Team alongside Contracts and Commissioning have sought to review, address and monitor poor practice, which has been steadily improving.

8.12 The Reablement (RBT) Service started a policy and training standards group for in-house services as a forum for provider services. RBT and Learning Disability Services are reviewing policies against CQC regulations and standards and to date, the group have reviewed Medication policies and are currently working on a new Moving and Handling policy and guidance around Do Not Attempt Resuscitation (DNAR).

8.13 The Adult Early Help Team and Reablement Hub have joined services to form the Intake Team and Assessment Team, to provide a more streamlined approach to triage cases into the prevention services. Alongside they have combined the carers offer, into the Intake and Assessment Team to provide a more consistent and robust offer to the people we support, as well as enabling improved knowledge sharing between workers and succession planning.

8.14 Following a review of services and feedback from staff and people we support; it was identified response times and communications from RBT services required improvement. As a result of this, the RBT service has implemented a Duty system. This consists of operational business support staff and operates 7 days a week, 6am-10pm. This service provides support to RBT workers, service users as well as internal and external partners.

8.15 It was identified that there were discrepancies between the standards of RBT services. In order to allow the RBT service to monitor the quality, set necessary improvements and maximise service

capacity, the service changed the CQC registration, going from four service locations to one. This way RBT can manage and lead the service ensuring the same approach is applied across the county.

8.16 Complaints are increasingly crossing over with external organisations, to include hospitals and mental health services. Wherever possible, the Customer Care Team will ensure that a co-ordinated response is provided to the complainant, rather than signposting the complainant to each organisation to raise separate complaints. As each organisation will typically have differing complaints policies, processes, timescales and escalation routes, it can often prove difficult to co-ordinate, resulting in delays and further frustration for the complainant.

8.17 As a result of the feedback that has been received about poor communication between services, which is often what led to the complaint being raised in the first instance, the Customer Care Manager meets quarterly with colleagues in both Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the Integrated Care System (ICS). The Customer Care Manager also meets with the Cambridgeshire Regional PALS and Complaints Managers Network to discuss joint complaints and improve communication. This has led to the production of a joint working protocol for all involved organisations to ensure that there is a joined up, systematic and consistent approach when responding to complaints that cross over between services.

8.18 Where the outcome of a complaint identified that a commissioned care provider's service had fallen below expected standards, this was shared with the Council's Contracts and Commissioning Team who carried out monitoring and review work with the respective providers to ensure the failings that had been identified were being addressed by the providers, for example improving record keeping. In addition to this, the Care Home Support Team undertake targeted work with care homes to improve quality of care where issues have been identified through complaints or other sources.

8.19 Training sessions continue to be run over the course of the year to improve adult social care staff knowledge on the adult social care feedback process and expectations. In addition to this, a work step has been introduced to provide senior management with key information relating to progress and performance of complaint investigations, to enable oversight of any issues and for interventions to be introduced where necessary to avoid delays. This new process is being monitored to determine if it has been effective in reducing the number of complaints that are responded to outside of timescale.

8.20 Feedback relating to holds on debt recovery being released prematurely, has led to the service implementing additional manual checks of accounts on hold as well as a reconciliation process to ensure that the appropriate manual actions have been undertaken where reminders are to be held, in respect of both current and future invoicing. These additional checks should now mitigate against the risks of holds being released prematurely. In addition to the above, a feasibility review is being carried out to understand whether the current invoicing system could automatically manage a hold on recovery actions in respect of impacted accounts at the point the system generates new charges (invoices).

9.0 Representations

9.1 A representation is a comment or complaint about council policy or procedure (rather than how we have applied a policy or procedure). A representation can also be made about allocation of resources or the nature or availability of services.

9.2 The Director responsible for the relevant service area will review the representation and if the Director feels that the policy, legislation, or funding decision should be changed, they can take it forward for further consideration. It is the Council's elected members who have the final decision on whether it is changed. If the Director feels that the policy, legislation, or funding decision is appropriate and should not be changed, the customer will be advised of the reason for the decision. If there are a significant number of similar representations, and it is within the Council's power and responsibilities, they will consider re-investigating the concerns again.

9.3 4 representations were responded to in 2022-2023, opposed to 8 in 2021-2022. The number of representations varies year on year; in 2020-2021 there were 4 representations. This reporting year the representations all related to charging:

- Invoicing; information available within the invoices
- Direct Payments; support offered to the employees.
- Client Contributions; annual uplift
- Financial Assessment; difficulties emailing large attachments

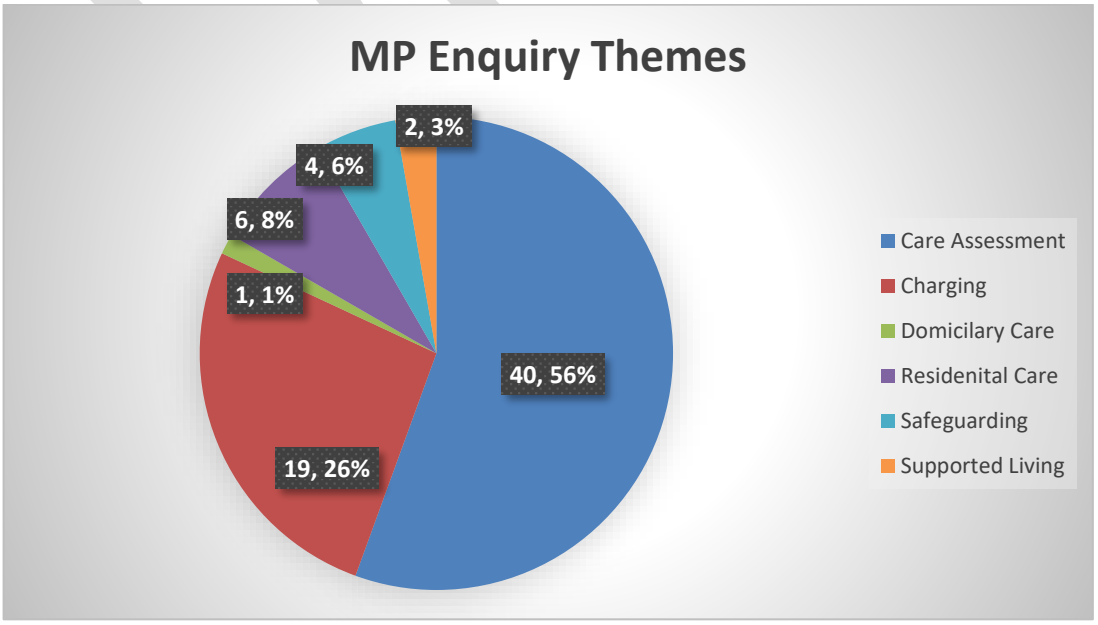
10.0 MP Enquiries

10.1 An MP enquiry can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

10.2 The Customer Care Team facilitates responses to MP enquiries. These are not counted as complaints, however, in some cases, a complaint may already have been received and in some cases, a complaint may subsequently be made. Every care is taken with these responses, which are written in the expectation that they will be shared with the MP's constituent.

10.3 72 MP enquiries were responded to for the year 2022-2023. This is an increase of 15 (26%) compared to last year, 2021-2022 where 57 MP enquiries were responded to.

10.4 The chart below shows the themes of the enquiries raised by MP's on their constituents behalf.



10.5 The Adults Community Service (previously known as Older Peoples Service) responded to the largest volume of MP enquiries 27 (38%), which is expected in respect of the service having the largest proportion of people we support receiving their services.

10.6 Of the 72 MP enquiries responded to, 8 (11%) of the MP enquiries were upheld, 29 (40%) were partially upheld and 26 (36%) were not upheld, 5 (7%) were closed, 2 (3%) were pursued through a different route e.g. safeguarding, and 2 (3%) had no further action as the concerns were already being dealt with via casework with the locality team.

10.7 MP Enquiries should be responded to within 10 working days. 26 of the 72 (36%) MP enquiries received in 2022-2023 were responded to outside of the 10-working day timescale. Delays were due to complexity of the concerns that were being responded and required additional information for the response. This is slightly higher than the proportion of MP enquiries that were responded to outside of timescale last reporting year (30%). As outlined earlier in the report, the Customer Care Team are working with responding managers to try and reduce the number of responses that are issued outside of timescale.

11.0 Councillor Enquiries

11.1 As members of the Council, Councillors can contact adult social care raising enquiries on their constituents behalf. It is not the usual practice for the Customer Care Team to manage and report on all Councillor enquiries as Councillors may have contacted the service manager directly. As such the figures reported on, are not a true reflection of the number of Councillor enquiries that are made across adult social care.

11.2 The Customer Care Team may manage a Councillor enquiry if the service manager feels the case is complex and requires a coordinated investigation. The response time to respond to a Councillor enquiry is 10 working days from the day of receipt, therefore, if the case is complex and requires an in-depth investigation, the concerns raised may then be progressed to a formal complaint to enable sufficient time for the investigation to be completed. If this is the case, then the Councillor will be notified of this information at the earliest opportunity. When the Customer Care Team do receive a Councillor enquiry, then the usual practice is to forward onto the relevant Head of Service and ask for a response to be provided to the Councillor.

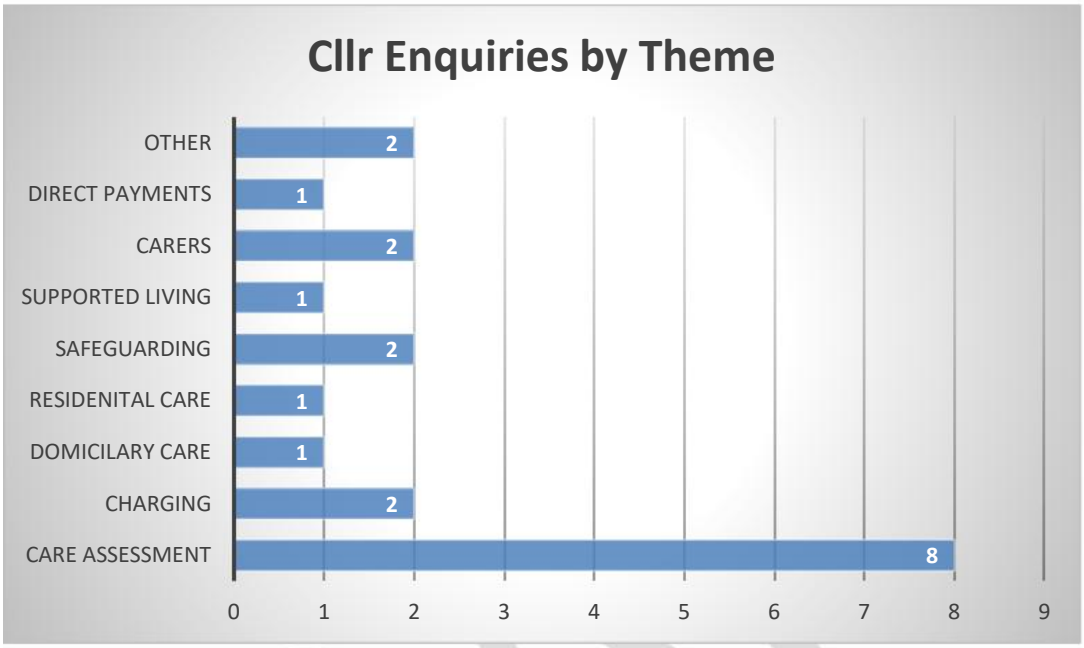
11.3 In this reporting year, the Customer Care Team dealt with 20 Councillor enquiries, in comparison to 18 Councillor enquiries in the last reporting year, this an increase of 2 (10%). As outlined in point 11.1, these figures only account for Councillor enquiries in which the Customer Care Team have co-ordinated a response or enquiries which have been received directly to management, who have then made the Customer Care Team aware of the enquiry.

11.4 In order to capture a more representative number of Councillor enquiries being dealt with by services directly, there has been a modification made to the electronic case recording system for adult social care. This modification enables staff to record the contact under a specific category. Although this modification has been implemented, at the time of writing this report, the Business Intelligence service have been unable to pull the data from the system. We hope to have access to this information for the next annual report.

11.5 In order to be able to report on a more accurate figure of the number of Councillor enquiries that are being dealt with, a modification was introduced to the adult social care electronic case recording

system, during this reporting year. At the time of writing this report, the Business Intelligence service are working on being able to gain the data from the Council's electronic software. We anticipate that once this data is collated, it will show that there has been an increase in the number of Councillor enquiries. We aim to provide this information in the annual report for the year 2023-2024.

11.6 Figure chart below, shows the themes of the 20 Councillor enquiries the Customer Care Team dealt with this reporting year.



12.0 Formal Complaints

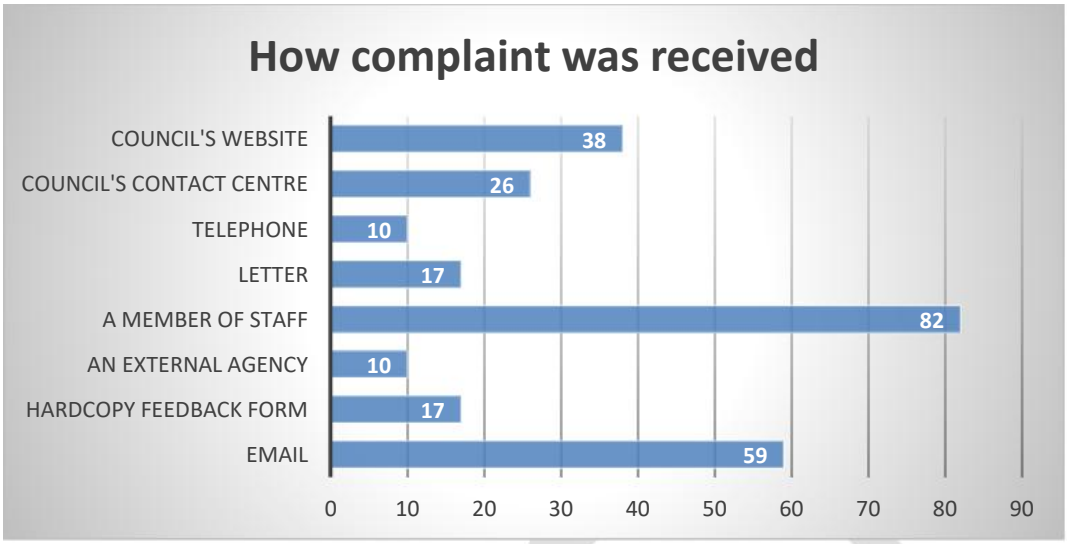
12.1 A complaint is an expression of dissatisfaction, whether justified or not, about the standard or the delivery of a service, the actions or lack of by the Council or its staff which affects an individual person, their representative or a group of users.

12.2 In providing these statistics, it should be noted that the volume of complaints does not in itself indicate the quality of the Council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems enabling the opportunity for preventative measures to be implemented. Conversely, low complaint volumes can be a worrying sign that an organisation is not receptive to feedback from people we support, rather than being an indicator that all is well.

12.3 Therefore, emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on Cambridgeshire County Council's website.

12.4 In addition to the website, information on how to make a complaint or provide feedback, is explained by staff during the assessment process and the people we support are given a factsheet which outlines the process and provides details on how to provide feedback. There are several options available to enable the people we support to be able to provide feedback, for example: by email, in writing, in person, via an online form on the Council's website, by speaking to any member of staff, via an advocate, on a hardcopy freepost return form, handwritten via post, via their local MP or Councillor, or by telephone.

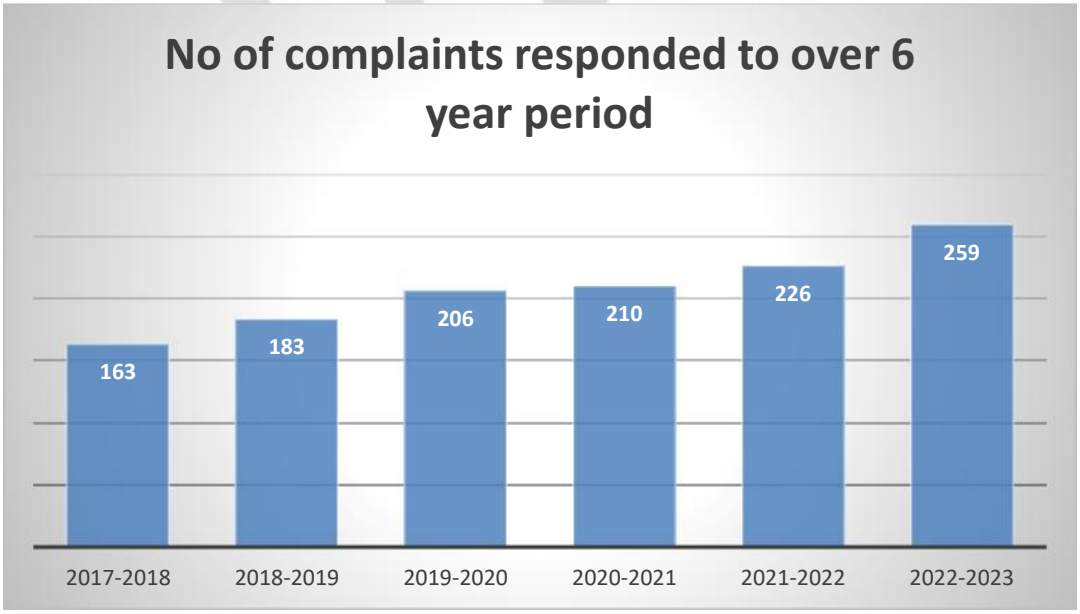
12.5 The chart below shows how the Customer Care Team has received formal complaints over the last reporting year. We are collecting this data to try and ensure our service is accessible and to recognise what methods are utilised the most.



12.6 There were 259 formal complaints received in 2022 to 2023. This is a 15% (33) increase than the previous reporting year, where 226 were received.

12.7 Although there is a year-on-year rise in the number of complaints received, the overall percentage of people receiving services who complained has decreased from 3.5% last reporting year, to 2.6% this reporting year.

12.8 Figure 4 gives details of the number of formal complaints received over the last 6 reporting years:

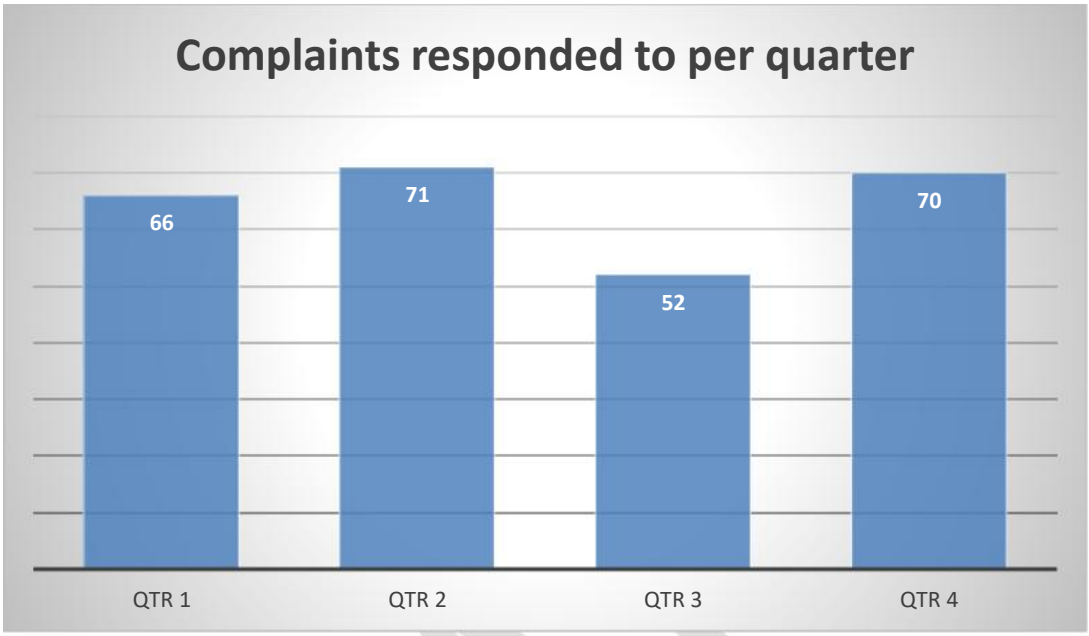


12.9 The chart above shows that there has been a gradual increase in the number of complaints responded to over the last 6 reporting years.

12.10 There has been a 14% (33) increase in the number of formal complaints responded to this reporting year in comparison to 2021 to 2022. This is the largest increase over the last 6 years. However, as cited in point 14.6 above, the overall percentage of complaints to number of service users has decreased

this year, suggesting the rise is likely connected to the increase in the number of people receiving services.

12.11 The number of complaints responded to per quarter fluctuate throughout the year. The chart on the next page shows the number of complaints responded to per quarter during this reporting year.



13.0 Service Area Complaints

13.1 To provide some perspective; the table below shows the number of complaints in relation to the major service areas and the total number of people receiving services. Please note that the table does not account for all complaints, only those which come under the service areas listed.

13.2 For consistency in data capturing, a complaint will be categorised under the service area that the person is currently receiving services from. However, it is important to note that although the person we support may be in receipt of services from one of the services categorised below, the complaint can be about a different service, for example, finance, contracts, commissioning etc. This variance is covered later in the report, where the reason for the complaint and themes are discussed in section 20.

13.3 The table below shows that although Adult Social Care Community Teams, responded to the highest volume of complaints (99), however, there has been a 4% (4) decrease in the number of complaints they dealt with last reporting year.

Service Area	No of people receiving services	No of complaints	% of complaints by population receiving services.
Adult Social Care Community Teams	2963	99	3.3%
Adult and Autism Team	286	12	4.1%
Learning Disability Partnership	2080	39	1.9%
Mental Health	763	27	3.5%

Young Adults Team	447	10	2.2%
Reablement Service	525	7	1.3%
Living in Care Home Review Team	1297	21	1.6%
Adult Early Help	479	5	1.0%
Sensory Services & Technology Enabled Care	184	2	1.0%
Transfer of Care Service	387	8	7.2%
Totals	**9858**	**259**	**2.6%**

*29 complaints related to services such as Continuing Healthcare; Multi Agency Safeguarding Hub, Childrens Services; Contracts and Commissioning; Data Protection; NHS.

13.4 Proportionately, in terms of the number of people we support open to the service areas, the Transfer of Care Team had the highest percentage (7.2%), followed by the Adult and Autism Team (AAT) (4.1%).

13.5 Complaints about Transfer of Care are predominantly linked to discharge arrangements, provider availability and charging.

13.6 The overall increase in the number of complaints for the Transfer of Care service has only increased by 1 in comparison to the last reporting year. The overall increase in complaints for this service over the last couple of years, could be linked to the change in discharge procedures as a result of Covid-19 and the subsequent impact of the National Discharge Fund coming to an end at the start of this reporting year. The Customer Care Manager will continue to monitor this over the next reporting year.

13.7 Many complainants raise more than one complaint. An example of this, is where AAT have responded to 12 complaints, however, they only related to 8 people who raised more than one complaint which remains a theme for this service area. There has been a 25% (3) decrease in the number of formal complaints responded to by the Adult and Autism Team this reporting year.

13.8 For Mental Health service complaints, which covers both Older Peoples Mental Health (OPMH) and Adult Mental Health Services (AMH), there has been a 170% (17) increase in the number of complaints relating to Adult Social Care Mental Health Services over this reporting year. Although the service area has expanded over the reporting year from 540 to 763, as the proportion against service area has also increased (from 2.1% to 3.5%) this causes concerns and senior managers are….. This increase may be down to improved data capturing and complaints management between the Council and CPFT complaints team, which the Customer Care Team are continuing to monitor.

13.9 There has been a 39% (11) increase in the number of complaints for the Learning Disability Partnership this reporting year. However, in relation to 2020-2021 there is a 20% (10) decrease and in 2019-2020, there was only one less (38). There is nothing to suggest a particular reason for this increase and it may be that the drop in the number of complaints for this service last year was unusual, opposed to the rise this year. The Customer Care Manager will continue to monitor this and to try and identify if there are any particular themes that are suggestive of an underlying issue causing an increase in concerns.

13.10 Overall, 2.6% of people allocated to an adult social care service formally complained. This is a 0.8% decrease from the previous reporting year (3.4%) and changes the trend from the last 5 reporting years where there has always been a proportionate increase of approximately 0.3% year on year. The reason for the decrease this reporting year, is due to the improved reporting mechanism which have enabled the Customer Care Team to provide data about more services e.g., reporting on the number of people being supported by Reablement services.

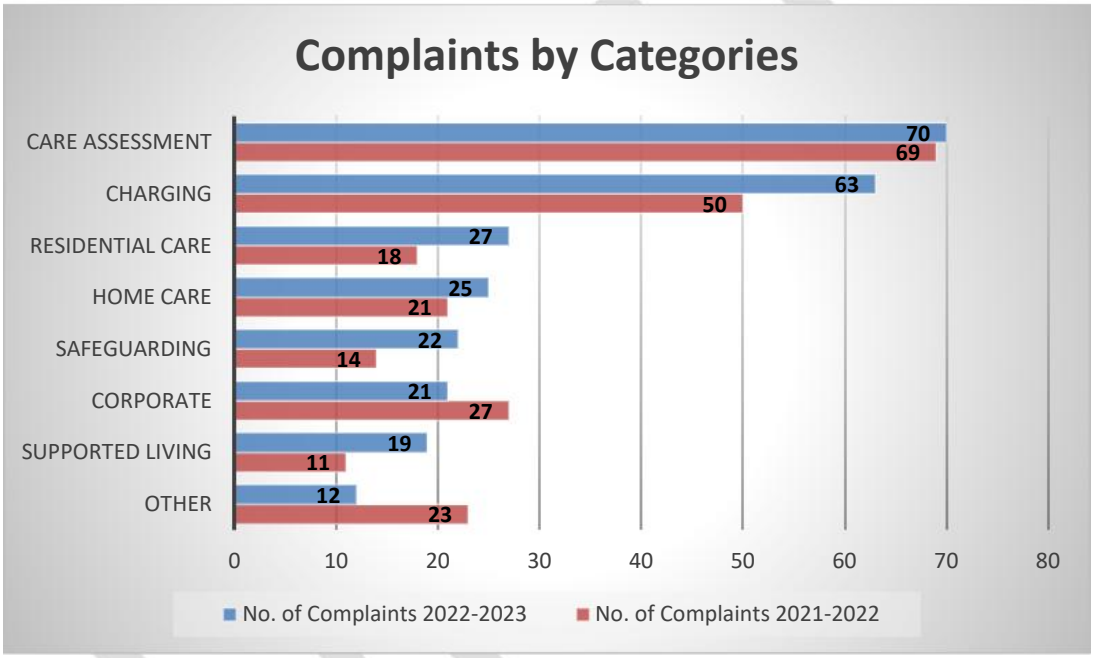
13.11 Formal complaints accounted for 27% (259) of the overall feedback (958) received for adult social care for 2022-2023. This is similar to 2021-2022 when formal complaints accounted for 25% of overall feedback.

14.0 Reasons for Complaints

14.1 The categorisations for the reasons for complaints has changed since the last reporting year, in order to align with the categorisations defined and used by the Local Government Social Care Ombudsman. This is to try and provide more consistency in recording and to increase the ability of using comparator data for analysis

14.2 Complaints are becoming more complex and contain more than one reason of dissatisfaction and for reporting purposes, complaints are categorised using the primary issue in the complaint.

14.3 The chart below, shows the categories of complaints for 2022-2023 in comparison to 2021-2022.



14.4 Complaints relating to care assessments remain the most common reason for a complaint, accounting for 27% (70) of complaints. This is quite a broad category and examples of complaints that fall into this category are complaints about the content of the assessment (inaccuracies); disputing the outcome of the assessment; delays in the assessment being undertaken or completed; disputes about the mental capacity of people and therefore their ability to provide an accurate account of their needs; disputes about who forms part of the assessment gathering process. It is not possible to advise if there has been an increase or decrease in this category since the last reporting year, due to the change in recording the reasons for complaints.

14.5 Charging, which includes the Debt Recovery, Adult Finance, Financial Assessments and Direct Payments services, accounted for the second most common reason for a complaint with 24% (63) falling into this category. This is an 23% (13) increase from 2021-2022, where there were 50 complaints fell into the charging category.

14.6 The number of complaints that fell into the 'corporate' and 'other' categories in the graph above, both decreased over this reporting period. Corporate complaints are dealt with under the Council's

corporate complaints process, primarily due to the different complaint escalation routes once the Council's own process has concluded, for example the Information Commissioners Office (ICO), the Office of the Public Guardian (OPG) or the Court of Protection (CoP).

14.7 The majority of the complaints within the corporate complaints category relate to complaints about members of staff conduct. Examples of these include parking of their vehicles; the manner in which they communicated verbally or in writing with the public and allegations against staff conduct outside of work. Complaints raised by providers also fall within the corporate complaint category. Such complaints are dealt with by the Council's overarching complaints policy and in line with Human Resources (HR) regulations and guidance as appropriate.

14.8 Complaints that have been categorised within the 'other' category, include complaints that relate to data breaches, information governance, children's services, concerns about people who are not open to adult social care, concerns about housing or concerns relating to health services. These complaints are overseen by the Customer Care Team and where appropriate referred on to the appropriate service to respond.

14.9 A process for managing complaints that are commissioned by adult social care and provided by Mental Health or Occupational Therapy (OT) services are managed in line with the Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). The number of complaints recorded by the Customer Care Team can differ slightly from the number reported by Cambridgeshire and Peterborough Foundation Trust (CPFT). These variations are due to the different ways in which complaints are categorised by the respective organisations.

15.0 Complaints about Commissioned Care Providers

15.1 The Council commission services such as home care, supported living and residential care and it is the Council's responsibility to monitor these services. When a complainant has concerns about one of these commissioned services, they can raise their concerns with the Council directly or to the provider. If the complainant has already raised concerns with the provider directly and remains dissatisfied, then the Council will carry out an investigation.

15.2 The majority of concerns regarding commissioned services will be responded to by the Council's Contracts and Monitoring Team as it is this team who will carry out visits to support the provider where appropriate.

15.3 In the year 2022-2023, 110 complaints related primarily to either home care, supported living or residential care. This is an increase of 32 (41%) compared to the year 2021-2022, where 78 complaints were recorded. Complaints about Council commissioned care provision can be raised directly with the care provider or with the Council. Due to concerns about the quality of a sample of responses issued directly by providers without the Council's oversight, the Council has reminded providers that service users have this option to complain to the Council. Staff have also reiterated this message to the people we support when they have raised concerns with providers.

15.4 The majority of complaints about Council commissioned care services, related to the standard of care and support. Standard of care covers themes included care staff not staying for the full commissioned duration of the care calls and care staff not completing the relevant tasks. The next highest volume of complaints related to the choice of residential or home care providers., followed by complaints relating to poor communication, for example, failing to communicate late or cancelled care calls.

15.5 The Council's Contracts and Commissioning Team work closely with providers and social care teams to address concerns that are raised. The Contracts and Commissioning Team and Care Home Support Team will visit providers to support them with improving in areas where there is evidence that expected standards are not being met. This can include monitoring visits and supporting with the training and knowledge of staff. Social Care Teams and the Customer Care Team will record Notifications of Concerns about the standard of care being provided by independent care providers. This enables the Contracts and Commissioning Service to monitor for themes and identify where targeted support is required with providers to ensure improvement in their service provision. The Customer Care Team will also raise themes with the Contracts and Commissioning Team to highlight concerns of a similar nature.

15.6 Should there be ongoing concerns with a care provider, further to visits are carried out by the Council's Contracts and Commissioning Teams, and where appropriate an action plan will be implemented and the provider routinely monitored to ensure standards improve. The Contracts and Commissioning Team also work alongside the Integrated Care Board (ICB) Clinical to review quality and compliance with care providers.

16.0 Comparative Data

16.1 Historically, the Customer Care Team have reported on the complaints data obtained from our comparator authorities, the top ten of which are: Oxfordshire, Gloucestershire, Hampshire, Essex, Buckinghamshire, Hertfordshire, West Sussex, Surrey, Worcestershire and South Gloucestershire. The comparator authorities used are those defined by the Department of Health for comparing statistical data to Cambridgeshire.

16.2 Unfortunately, this data has not been collated and distributed over the last five reporting years. Customer Care Managers across local authorities are working together to try and ensure that this data can be co-ordinated going forward.

16.3 It is worthwhile noting, that even on receipt of the more current data from comparator authorities, it is difficult to consider a valid comparison as there are a range of different arrangements for dealing with and the recording of complaints data. For example, some authorities record and report on adult and children's social care complaints jointly, whilst others include all contact, to include Councillor and MP enquiries, within their complaints data.

16.4 Although we are currently unable to report on our statistical neighbours' complaints data, each year in July, the Local Government and Social Care Ombudsman (LGSCO) issues an annual review to each council. In their review letter the Ombudsman sets out the number of complaints about the Council that the LGSCO have dealt with and offers a summary of statistics to accompany this.

16.5 The annual review statistics are publicly available, allowing councils to compare their performance on complaints against their peers; copies of the annual review letter are issued to the leader of the Council and Democratic Services (the Ombudsman's link person within the council) to encourage more democratic scrutiny of local complaint handling and local accountability of public services. This information is accessible on the LGSCO website here.

16.6 Across the Council 78% (18) of complaints were upheld by the LGSCO. This is a 6% (5) increase from 2021-2022. Similar organisations have an annual uphold average of 80%. The LGSCO noted in their

review letter that the annual uphold rates for all investigations has increased this year and to exercise caution when comparing uphold rates with previous years.

16.7 Across the Council, 68 complaints were decided by the LGSCO this reporting year. 12 of these related to adult social care. 6 (50%) of which were upheld, this is a slight decrease from the previous reporting year where 7 complaints were upheld. The breakdown of the outcomes of the 12 LGSCO adult social care investigations for 2022-2023 is as follows:

- 4 - Alleged faults not warranted / no worthwhile outcome achievable by investigation
- 1 - Withdrawn by complainant
- 6 – Upheld (summary of the outcome of each case is provided on page 4)
- 1 - Not upheld

16.8 The Council continue to strive to increase the number of complaints where the complainants, and the LGSCO, are satisfied that their concerns have been fairly addressed and their desired outcomes met. It will never be possible to achieve this in all scenarios as there will be occasions where the council are unable to provide the complainants desired outcome.

16.9 Of the complaints that the LGSCO took to detailed investigation, they were satisfied that the Council had fully complied with all of their recommendations.

17.0 Complaint responses

17.1 The Council is committed to acknowledging complaints received within 3 working days and to provide the customer with a response within 25 working days. If there are mitigating circumstances for exceeding these time frames, then a written explanation is sent to the complainant to advise them of the delay.

17.2 The Customer Care Team strive to ensure complaints are responded to within timescale and make a concerted effort to support continuous improvement in this area. During 2022-2023, 99 of 259 formal complaints required extensions, this compares 83 in 2021-2022, averaging 37% of complaints over the last two reporting years being responded to outside of timescale. The Council recognise that this is not satisfactory and are working to reduce the number of delays when responding to complaints.

17.3 It is acknowledged that any delay in providing a complaint response will add further frustration and dissatisfaction to a complainant and this is something the Council want to mitigate. At the end of the reporting year, the Care Customer Care Team and Adult Social Care Management Team implemented changes in the administrative processes, to include earlier escalation of delays to senior management, to promote more timelier responses. In addition to this, Senior Management now receive a weekly summary of ongoing complaints which highlights any complaints that have required extensions, in order that these can be discussed with the investigating managers.

17.4 Extensions were agreed for a number of reasons:

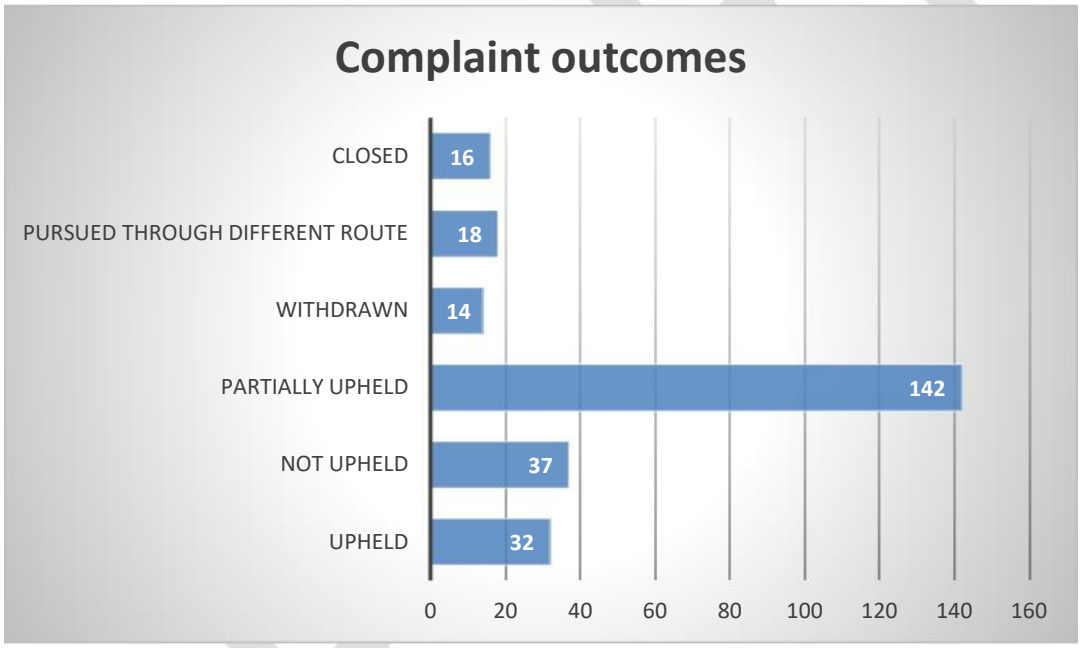
- Complex cases involving multiple complainants
- Related to ongoing legal issues
- Related to active safeguarding investigations
- Complex cases involving other organisations, or multiple teams within the Council

- Awaiting consent from the person we support or for a Mental Capacity Assessment to be completed
- Time needed to include a meeting with the complainant or person we support during the investigation
- Change in investigator during the course of the investigation
- Staffing capacity alongside the impact of the redeployment of staff amidst COVID-19 pandemic
- Awaiting the completion of a workflow before the complaint can be concluded, for example a social care assessment or a financial assessment

17.5 There are several complaint decision categories, the three outcome categories are recorded using the following definitions:

- Upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent similar issues arising in the future
- Partially upheld – at least one issue in the complaint was upheld and required remedial action
- Not upheld – no fault found and the issues raised did not require remedial action

17.6 The chart below shows formal complaint outcomes for 2022-2023.



17.7 Partially upheld complaints continue to account for the highest proportion of outcomes for complaints; 142 (54%).

17.8 37 (14%) of complaints were not upheld, which is 12 less than the 49 (22%) complaints that were not upheld last reporting year. Although this is a considerable difference, it is not possible to identify a trend at this stage, as the not upheld rate fluctuates year on year, with the prior two reporting years being 20% and 19% respectively.

17.9 12% (32) of complaints were fully upheld this reporting year, which is the same percentage as last reporting year when to 27 (12%) of complaints were upheld.

17.10 14 (5%) complaints were withdrawn this reporting year, in comparison to 12 (17%) which were withdrawn in 2021-2022.

17.11 16 (6%) complaints were closed during 2022-2023. Complaints which fall into this category include: complaints that have been raised which are over 12 months old and therefore not formally investigated; complaints raising issues that have previously been responded to; complaints that are picked up prematurely by the LGSCO or Parliamentary Health Services Ombudsman (PHSO); where no consent is received for the representative to raise a complaint on the person we support's behalf.

17.12 18 (7%) of complaints were pursued through a different route during 2022-2023. Examples of complaints that fall into this category are where it is identified during the course of the investigation, that the matter should be pursued as a safeguarding enquiry; it is a matter that should be addressed via legal services or the Court; an insurance claim; a matter for the Integrated Care System e.g. Continuing Healthcare Funding; a police matter; a matter for the Office of Public Guardian to consider.

18.0 Senior Manager Review

18.1 Although not a part of the statutory 2009 Department of Health Regulations, where complainants are not satisfied with the first response to their complaint, the adult social care complaints policy enables a number of options to be considered. For example, the offer of a meeting; providing further information or for a Senior Manager to review the complaint.

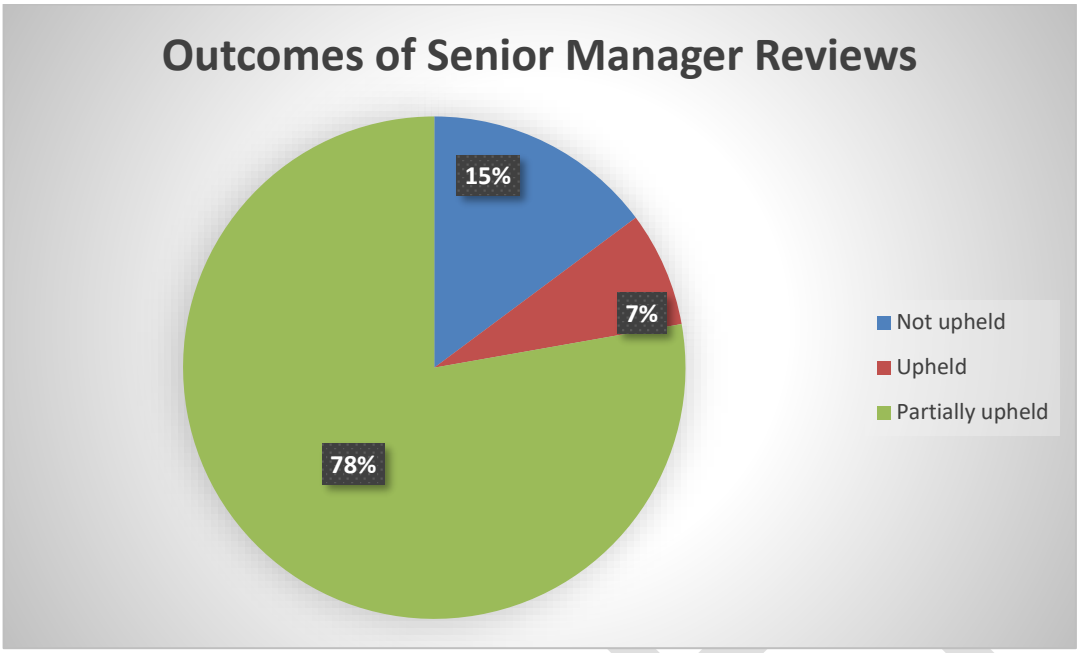
18.2 A Senior Manager Review is the concluding part of the adult social care complaints process. The final response letter will conclude by signposting the complainant to the Local Government Social Care Ombudsman with any further dissatisfactions in relation to their complaint.

18.3 For consistency, the Customer Care Team report on completed Senior Manager Reviews rather than those requested or those that are ongoing within a reporting year.

18.4 The Senior Manager Review process offers the complainant reassurance that the complaint has been scrutinised by another officer with more seniority within the authority. Therefore, any increase in the number of Senior Manager Reviews is not necessarily a cause for concern, what would be more of a concern would be a significant increase in the number of upheld reviews. In addition, this process can prevent the escalation to the LGSCO, or where they have been escalated to the LGSCO, there is a higher proportion of findings where the LGSCO are satisfied that the Council have remedied effectively in the first instance.

18.5 In 2022-2023, there were 27 Senior Manager Reviews were completed. This equates to 10% of complainants being dissatisfied with the Council's first response to their complaint. This compares to 19 Senior Manager Reviews completed in 2021-2022; a 2% rise in the number of Senior Managers Reviews completed over the last two reporting years. The number of Senior Manager Reviews over the last 5 reporting years has fluctuated, therefore, it is too early to establish if there is a consistent pattern in the increase in the number of complainants who are dissatisfied with their first response.

18.6 The pie chart below shows outcomes of Senior Manager Reviews



18.7 Reviewing the number of cases decided by the LGSCO over the last 24 months, it suggests that less than half of complaints that have concluded the Senior Manager Review process go on to be fully investigated by the LGSCO.

18.8 Of the 2 upheld Senior Manager Reviews, one related to financial assessment and Disability Related Expenditure (DRE) where the social care team, determined to include some items that had not been considered under DRE. This resulted in the amount subsequently approved for DRE being backdated to the date initially requested.

18.9 The second upheld Senior Manager Review related to a delay in a referral being made to Occupational Therapy for a service who had recently been discharged from hospital. By way of remedy, the referral was subsequently made and an apology and financial redress for the distress was offered to the person we support.

18.10 Of the 21 partially upheld Senior Manager Reviews: 6 related to Learning Disability Partnership services; 2 to the Community Teams; 5 were related to Transfer of Care; 3 related to charging; 3 involved Commissioning and Contracts; 1 related to Reablement Services and 1 was concerning Mental Health services.

18.11 11 (52%) of 21 Senior Manager Reviews were not completed within the three-month allotted timescale. It is acknowledged that this falls short of the service complainants should expect and is not in line with the adult social care complaints policy. The Customer Care Team keep complainants informed of delays and offer explanations for the reasons causing the delay. However, this does not detract from the awareness that any delay in the complaints process is understandably going to add to a complainants frustration.

18.12 To address this, the Customer Care Manager and Adults Leadership Team have established a process whereby delays are escalated to the respective Service Director to review and source appropriate resource to reduce the risk of breaching the timescales set out in our policy. The Customer Care Team

will continue to support managers with reminders and request updates in a timely manner regarding explanations of the delays.

19.0 Local Government and Social Care Ombudsman complaints and enquiries

19.1 The Local Government and Social Care Ombudsman (LGSCO) looks at complaints about councils and some other authorities and organisations, including education admissions appeal panels and adult social care providers (such as care homes and home care providers). The service is free, independent and impartial. They are the final stage for complaints about councils.

19.2 Although the Council always strive hard to resolve a complaint, there are cases where a customer is unhappy with the responses received about their complaint from the Council and they can exercise their right to involve the LGSCO. The Ombudsman will investigate cases where a customer has (typically) exhausted the Councils own complaints process and feel that their case has not been appropriately heard or resolved.

19.3 Complaints that include health as well as social care issues are investigated by the joint Parliamentary Health Services Ombudsman (PHSO) and the LGSCO investigation team. In this reporting year there were no joint investigations concluded.

19.4 As discussed in section 16 above, each year, in July, the Local Government and Social Care Ombudsman (LGSCO) issue an annual review to each council. In his letter he sets out the number of complaints about the Council that his officers have dealt with and offers a summary of statistics to accompany this. The annual review statistics are publicly available here.

19.5 It may be helpful to explain that when reviewing the performance statistics published by the LGSCO for Cambridgeshire County Council there may appear to be discrepancies between the LGSCO figures, and the figures mentioned in this report. There are several explanations that account for these variances, for example the LGSCO report on the total number of 'upheld' decisions for all of the Council's services, which will include complaints that fall outside adult social care, for example Highway's complaints. The LGSCO also group service areas within their 'Adult Services' categories that this report does not, for example Blue Badge complaints.

19.6 The LGSCO do not proceed to what they refer to as a 'detailed' investigation with all complaints they receive and will occasionally carry out initial assessments with a local authority and complainant in the first instance in order to determine if they will proceed with a full and detailed investigation. This will usually involve the LGSCO's Assessment Team requesting the Council's views, copies of the Council's complaints correspondence and social care records. The LGSCO Assessment Team carry out the initial investigations, which from the Council's perspective, are usually similar in style and process to a full investigation. In this report we will cover both detailed LGSCO investigation decisions as well as initial LGSCO assessment decisions.

19.7 LGSCO complaint investigations can span more than one reporting year. To provide consistency, the Customer Care Team report on completed investigations only and not those that have been referred or are still in progress.

19.8 In 2022-2023, Across the Council, 68 complaints were decided by the LGSCO. 12 of these related to adult social care, 6 (50%) of which were upheld, this is a slight decrease from the previous reporting

year where 7 complaints were upheld. The breakdown of the outcomes of the 12 LGSCO adult social care investigations for 2022-2023 is as follows:

- 4 - Alleged faults not warranted / no worthwhile outcome achievable by investigation
- 1 - Withdrawn by complainant
- 6 – Upheld
- 1 - Not upheld

19.9 The number of adult social care final decisions which fall into the 'upheld' or 'not upheld' categorisations by the LGSCO remain similar over the last five years, ranging between 5 -7.

19.10 5% (12) of complainants approached the LGSCO this reporting year dissatisfied with the Council's response to their complaint. The number of adult social care complaints upheld by the LGSCO this year, is 2% (6) in relation to the number of formal complaints processed by adult social care during 2022-2023.

19.11 Each of the 7 LGSCO complaint outcomes are provided on the LGSCO website. Links to those cases are below:

- 22-007-083
- 21-010-583
- 27-017-132
- 22-000-152
- 22-001-538
- 22-001-707
- 22-008-547

19.12 As outlined in section 18, where fault had been found the LGSCO were satisfied that the Council had fully complied with all their recommendations.

19.13 The LGSCO share the issues and themes from their investigations on their website and with other councils to help all councils learn and to avoid the same mistakes occurring again. They do this through reports and other resources they publish. The Council adopts a positive attitude towards complaints and works constructively with the LGSCO to remedy injustices and implement the learning from other adult social care cases they have investigated. Learning from other local authority cases is also shared at Senior Manager Team meetings and on a wider scale by workshops run by the Principal Social Worker and the Quality and Practice Standards Team in order to improve services.

19.14 The LGSCO practice guidance relating to adult social care is shared with management and disseminated across services throughout the year. For this reporting year, this includes Equal access: Getting it right for people with disabilities; Section 117 Aftercare and Deprivation of Capital guidance.

19.15 LGSCO case examples are shared via a variety of routes, to inform staff and managers of best practice and are considered when investigating complaints of a similar nature.

19.16 Adult services also commissioned bespoke LGSCO training sessions for managers across adult social care.

20.0 Complaint Themes

20.1 This reporting year the key themes gathered from feedback received by the customer care team were:

- The tone and content of debt recovery letters.
- The allocation of payments against invoices
- The timeliness and accuracy of both invoice and debt recovery correspondence
- Delays with the financial assessment process and poor communication
- Dissatisfactions with the outcomes of financial assessments, particularly where financial contributions increased or there is a dispute as to when the financial threshold was met
- Dissatisfactions with social care assessments. The majority of these related to the content within the assessment, which was felt to be insufficient, inaccurate or not completed in a timely manner. Learning has been taken from this as discussed below.
- Dissatisfactions with the outcomes of social care assessments, particularly when the outcome has resulted in a reduction of eligible needs and/or funding.
- Delays with the complaints process and dissatisfactions with decisions not to investigate complaints, for example if consent is not received or if they are outside of complaint timescales.
- Complaints about the conduct of staff, for example the manner in which they spoke or the way in which they delivered a message to a person we support.

20.2 Although not the primary issue for complaining, communication issues continue to be a theme in complaints. These issues include: not returning calls in a timely manner; failing to provide information on progress at regular intervals; not providing sufficient, timely or clear information; and concerns about the lack of communication between services both within the Council and with organisations outside of the Council. The importance of following the Council's communication charter is shared as a reminder to all social care staff.

20.3 Standard of care provision by a commissioned care provider, also remains a theme in complaints. The types of complaints that fall within this category include complaints about the timeliness of care calls, concerns around the way in which tasks in the care plan are, or are not, being carried out for example the type of meal prepared and insufficient time allocated for tasks to be completed within. All complaints about adult social care commissioned services is shared with the Head of Service for Contracts as well as with the care provider directly, in order that they are both aware of the concerns and where appropriate take action to address the concerns in a timely manner.

21.0 Conclusions

21.1 More compliments were received that any other type of feedback this reporting year.

21.2 There has been a 15% (33) increase in complaints this reporting year in comparison to 2021-2022.

21.3 The overall percentage of people receiving services who complained this reporting year, has decreased from 3.5% in 2021-2022, to 2.6% in 2022-2023.

21.4 There has been little variance in the percentages of Senior Manager Reviews and LGSCO investigations that were concluded over the last two reporting years.

21.5 Care assessments, charging and residential care account for the top three reasons for complaints.

21.6 The LGSCO uphold rate for Cambridgeshire County Council is 78%, which is 2% lower than their overall average uphold rate of 80% for similar authorities. Of the 12 complainants that approached the LGSCO in relation to adult social care, 50% (6) were upheld.

22.0 Recommendations

22.1 Adults and Health Committee to approve this report for publication on the external website in line with the 2009 Department of Health (DOH) regulations.

22.2 Customer Care Team to continue to work with colleagues across the organisation to embed learning identified from complaints and compliments thereby improving the experience of people we support and ensuring that the number of upheld or partially upheld LGSCO investigations remains low.

Please contact the Customer Care Team CustomerCare@Cambridgeshire.gov.uk or telephone: 01223 703535 if you require this information in a different format.

Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

Compliment: A formal expression of satisfaction about service delivery by a Service User or their representative.

Enquiry: Any suggestion or remark made formally by a Service User, their representative or a member of the public.

Representation: A comment or complaint about County Council or Government resources or the nature and availability of services.

Complaint: A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal response. It is therefore not always the complexity of severity of a concern/complaint that defines its formality or informality.

Informal Complaint: It is how the person making the complaint/concern would like it addressed that helps to define whether the expression of dissatisfaction requires an ‘informal’ or ‘formal’ response. It is therefore not always the complexity or severity of the complaint/concern that defines its formality or informality.

Formal Complaint: any formal expression of dissatisfaction or disquiet about service delivery by a Service User or their representative.

Corporate Complaints: Corporate complaints are outside the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

Appendix 2 – Acronyms

AAT	Adult and Autism Team
AEH	Adult Early Help
AFT	Adults Finance Team
ASCMT	Adult Social Care Management Team
CCT	Customer Care Team
CCG	Clinical Commissioning Group
CPFT	Cambridgeshire and Peterborough Foundation Trust
DHSC	Department of Health and Social Care
EDT	Emergency Duty Team
FAT	Financial Assessment Team
PHSCO	Parliamentary & Health Services Ombudsman
LDP	Learning Disability Partnership
LGSCO	Local Government Social Care Ombudsman
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Assessment
MP	Member of Parliament
NFA	No Further Action
OP	Older Peoples Services
OT	Occupational Therapy
PD	Physical Disabilities Team
RBT	Reablement Services
SS	Sensory Services
TEC	Technology Enabled Care
ToC	Transfer of Care

Agenda Item No: 10

Adults, Health and Commissioning Risk Register Update

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Executive Director, Adults, Health & Commissioning
Electoral division(s):	Countywide
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Adults and Health Committee are briefed on the risks in relation to Adults, Health and Commissioning
Recommendation:	Adults and Health Committee are recommended to note the updated Adults, Health and Commissioning Risk Register

Officer contact:
Name: Ruth Heard
Post: Acting Strategic Support Manager
Email: Ruth.Heard@cambridgeshire.gov.uk
Tel: 07747 762739

1. Background

1.1 It is a requirement to present Risk to Committee on a recommended quarterly basis and this report focuses on the Adults, Health and Commissioning Risks.

1.2 Following the decoupling with Peterborough City Council the separate Adults and Commissioning Risk Registers have been brought together as one Adults, Health and Commissioning Directorate Risk Register. All risks have been rigorously reviewed to ensure that all risks to the directorate are clearly articulated and appropriate mitigations are in place and reflected in the Risk Register as attached in appendix 1.

2. Main Issues

2.1 Cambridgeshire County Council has a set of Risk Management procedures which sets out the key aspects of identifying, assessing and mitigating risks for the Council which includes:

- Rating of risks are based upon their probability and their impact from a scale of 1-5 (5 being the highest level of concern)
- Impact of risks are scored against five categories:
  - Legal & Regulatory
  - Financial
  - Service Provision
  - People & Safeguarding
  - Reputation
- The agreed tolerable level of risk for the Council is set at 16, where all risks above 16 will be escalated for further action / decision as required. This could be by way of accepting the risk rating at that time, applying additional mitigating actions and/or other actions to lower the risk level as appropriate.

2.2 The Adults, Health and Commissioning risk register contains the main strategic risks across the whole Directorate, which includes all adults operational services and commissioning. The risk register is regularly reviewed and updated by the Adults Leadership Team on a 6-weekly basis.

2.3 All areas of risk for Adults, Health and Commissioning are currently rated green or amber.

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

3.3 Health inequalities are reduced

There are no significant implications for this ambition.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs

There are no significant implications for this ambition.

3.5 Helping people out of poverty and income inequality

There are no significant implications for this ambition.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised

There are no significant implications for this ambition.

3.7 Children and young people have opportunities to thrive

There are no significant implications for this ambition.

4. Significant Implications

4.1 Resource Implications
There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.

4.4 Equality and Diversity Implications
There are no significant implications within this category.

4.5 Engagement and Communications Implications
There are no significant implications within this category.

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

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

4.8 Climate Change and Environment Implications on Priority Areas
There are no significant implications within this category.

4.8.1 Implication 1: Energy efficient, low carbon buildings.
There are no significant implications within this category.

4.8.2 Implication 2: Low carbon transport.

There are no significant implications within this category.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
There are no significant implications within this category.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
There are no significant implications within this category.

4.8.5 Implication 5: Water use, availability and management:
There are no significant implications within this category.

4.8.6 Implication 6: Air Pollution.
There are no significant implications within this category.

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

There are no significant implications within this category.

Have the resource implications been cleared by Finance? N/A Information Item
Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? N/A Information Item
Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? N/A Information Item
Name of Legal Officer:

Have the equality and diversity implications been cleared by your EqIA Super User?
N/A Information Item Name of Officer:

Have any engagement and communication implications been cleared by Communications?
N/A Information Item
Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact? N/A Information Item
Name of Officer:

Have any Public Health implications been cleared by Public Health?
N/A Information Item
Name of Officer:

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?
N/A Information Item
Name of Officer:

5. Source documents guidance

5.1 None

ADULTS, HEALTH & COMMISSIONING RISK LOG

The below table outlines how risks are scored on the likelihood and impact of each risk. Any score of 16 or over is above the Council's tolerable level and will be highlighted as a high Red risk. These will be escalated and discussed for the next appropriate action.

VERY HIGH	5	10	15	20	25
HIGH	4	8	12	16	20
MEDIUM	3	6	9	12	15
LOW	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT / LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

ADULTS, HELATH & COMMISSIONING MATRIX OF RISKS

The below matrix provides an overview of the current risk scores for all risks relating to Adults Services. The letters indicate which risk it relates too.

VERY HIGH					
HIGH	I	A, B, D, K, N	C, E, F, G, M		
MEDIUM			L, H, J		
LOW					
NEGLIABLE					
IMPACT / LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

The Risk	**A: Adults with care and support needs suffer poor, potentially fatal outcomes because of abuse or neglect that the local authority was or should have been aware of.**			
OWNER	**Kirstin Clarke, Service Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇩
Triggers:	• A vulnerable adult experiences harm, abuse or neglect because safeguarding measures in place were not followed. • Poor practice and a lack of robust safeguarding processes and assurance in place. • Adverse publicity associated with safeguarding concerns is shared.			
Mitigations & Controls	1. Multi-agency Safeguarding Boards and Executive Boards	• The SA Board coordinates work between multi-agency partners. Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the Safeguarding Boards		
	2. Comprehensive and robust safeguarding training	• ASC has robust processes and assurance in place that are regularly reviewed. • Safeguarding training opportunities and mandatory requirements are clear and monitored across ASC. • There are informal and formal opportunities for staff, through regular supervisions, CPD sessions, practice workshops, facts sheets, to build knowledge and confidence around safeguarding procedures and practice.		
	3. Practice processes & procedures	• ASC has a continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Safeguarding Adult Reviews • ASC has an Annual Review process in place and where delays are known, waiting list mitigation plans are in place. • Joint protocols, practice standards and Quality Assurance ensure appropriate processes are in place. • Multi-Agency Safeguarding Hub (MASH) is in place and collaborative working with other agencies. • ASC have fortnightly provider Temperate Check meetings where concerns relating to care providers are shared, actions are discussed and agreed to mitigate the identified risks.		
	4. Internal Quality Assurance	• Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.		
	5. People in Position of Trust policy	• Clear 'People in Position of Trust' policy and guidance in relation to adults		
	6. Provider Monitoring	• Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place. • ASC regular meeting to monitor provider progress and risks with CQC regulator.		

Commented [PW1]: Would we not include annual reviews, MASH?

	7. Multi Agency Safeguarding Hub	• The MASH provides a robust front door multiagency single point of access on incoming safeguarding activity across ASC and system partners, providing a consistent response to SA concerns and enquiries. • The MASH is collocated to the Police and IDVA's to reduce the harm to vulnerable adults known by these partners. • The MASH provides a systematic review of safeguarding activity between partners.
Risk review:	SEPTEMEBR 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	
Risk date:	SEPTEMBER 2023	

The Risk	**B: In-House Provider Services do not have or follow safeguarding measures**			
OWNER	**Donna Glover, Service Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• Adults with care and support needs suffer poor, potentially fatal outcomes as a result of abuse or neglect that the local authority was or should have been aware of • Poor practice and a lack of robust safeguarding processes and assurance in place • Poor CQC rating for regulated services • Adverse publicity associated with safeguarding concerns is released			
	1. Comprehensive and robust induction and training	• Robust onboarding processes and induction processes. • Ongoing development opportunities for staff, and regular supervisions • Comprehensive safeguarding training offer beyond essential training		
	2. Registered managers in place	• Responsible for CQC compliance		
	3. Reporting of safeguarding concerns	• Process in place for safeguarding concerns to be reported to MASH and CQC where appropriate • Internal audit process in place to ensure the requirement is being met		
Risk review:	SEPTEMBER 2023 : New risk added.			
Risk date:	SEPTEMBER 2023			

Commented [EM2]: @Donna Glover I've added a separate in-House safeguarding risk for you to populate

The Risk	**C. AHC unable to deliver commissioned services within budget**			
OWNER	**Will Patten, Service Director: Commissioning**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇩
Triggers:	There is a continued risk across the whole of ASC to manage budgets and deliver savings, as a result of: • growing demand on services • significant inflationary and workforce pressures on the provider market, impacting on the cost of care • Some capacity constraints, resulting in higher costs to place care, particularly in relation to specialist care • key partners are also under significant strain, which may impact on AHC directorate if demand management is not managed or increases • Fair cost of care funding cut during the MTFS cycle. • We cannot provide appropriate accommodation, or the right level of care and support be identified in a crisis for the most challenging individuals, this includes a lack of LD hospital beds. • Individuals are placed in settings that are not able to fully meet their needs, including extended use of section 136 suite or other place of safety, including extended use of section 136 suite or other place of safety.			
Mitigations & Controls	1. Managing Demand	• Continued investment in prevention and early intervention services • Early Help services are operating more effectively to meet demand • Care Together programme		
	2. Additional Funding	• Continue to raise with Central Government regarding additional funding required in Adults Services • Work is ongoing on resolving issues with ICP over jointly funded packages of support (Continuing health care (CHC), section 41 and section 117). Further action will be taken if back payments cannot be secured • work is ongoing with the ICP to review the arrangements associated with the Learning Disabilities (Pool) and associated risk share agreements.		
	3. Finance, Activity & Performance Board	• Performance & Activity is under regular review alongside financial data and savings delivery • CCC Commissioning Board in place to review commissioned services and services planned to be re-commissioned. • Uplift Board in place to manage uplift requests from providers		

	4. Robust Business Planning Process	• ALT development of Adults Business and Service Plans • ALT dedicated Business Planning Session to took place on 23 August
Risk review:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	
Risk date:	SEPTEMBER 2023	

The Risk	**D: The internal AHC workforce does not meet the business need**			
Risk Owner	**Donna Glover, Service Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇩
Triggers:	• We do not have and/or are unable to recruit enough staff to fulfil our statutory responsibilities • A lack of qualified workers in the job market • Decrease in employee retention • Low levels of employee engagement • Ineffective workforce planning • Receive a poor rating in CQC enhanced assurance. • Insufficient strategic management control and planning • No capacity or correct skills to manage organisational change • Long standing vacancies in Health roles where LA holds responsibility under Section 75 agreement			
Mitigations & Controls	1. Vacancy Tracker	• Oversight of vacancies via a recruitment tracker and HR data completed monthly with oversight from Adults Leadership Team and FAP.		
	2. Workforce Strategy	• Funding secured to develop an ASC specific workforce strategy, forecasting future need, setting out recommendations and actions to retain, succession plan and ensure pipelines of future workers – due to deliver summer 2024 • Horizon scanning and review of other LA offers as part of recruitment campaigns • Keeping up to date on national/ local trends & through ADASS network for hard to recruit professions		
	3. Retention	• Retention payment scheme in place for hard to recruit teams • ASYE Scheme in place to support newly qualified social workers • Apprenticeship Schemes supported and expanded • Establishment of a staff engagement group in response to staff feedback as part of external assurance activity • Comprehensive wellbeing offer		

Commented [PW3]: Sustainability or workforce; funding, Market development, Provider relationship

		• Use of ringfenced grants to secure the workforce, such as supporting enhancements for 7 day working through the hospital discharge fund • Twice yearly Pay Progression Panel for social workers
	4. Employee Engagement	• Exit interviews to capture information about why people leave • Establishment of a staff engagement group in response to staff feedback as part of external assurance activity • Welcome induction sessions with the Executive Director for all new starters • Communication channels in place – Practice newsletter, Fortnightly update from ED, Regular Teams Live events for all Adults employees
	5. Induction, Training and Development	• Increased number of Apprenticeship supported for OT and SWs • Commitment to 6 protected CPD days for professionally registered staff
	6. Health/LA agreement	• Review of Section 75 arrangements
Risk review:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	
Risk date:	SEPTEMEBER 2023	

Commented [RH4]: Bi-annual Pay Progression progress for Social Workers

The Risk	**E: Increasing demand and waiting list for Adult Social Care Services, which could impact ability to deliver within budget.**			
OWNER	**Patrick Warren-Higgs, Executive Director**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇩
Triggers:	• Demand into ASC overtakes growth assumptions within the budgets allocated. • New customers in without prior ASC support continues to grow. • Complexity of needs places pressure on costs per package and areas such as bed-based care. • ICB changes can adversely impact ASC budgets for example D2A processes into bed-based care or FNC application. • Increasing waiting lists to Adults, LDP & DoLS teams • Lack of data or oversight of waiting lists across all teams			

Commented [PW5]: Is this no a repeat of B above?

	• Increase in average waiting time • Increase in complaints • Poor CQC rating because of backlogs and waiting lists • Statutory duties not fulfilled	
Mitigations & Controls	1. Waiting List data reporting, management & Improvement Plan	• Waiting list data on all areas of operation is now being monitored monthly internally • AAT team additional resourcing and oversight of prioritisation by SD • DoLs additional resource signed off by Committee • Tracking data improved for LDP Health waiting list via Power BI dashboards • Reviews waiting list project and use of an agency has been undertaken to tackle the long waiters • Use of Market Sustainability and Improvement plan to secure resource to address wait lists • Improvement plan also includes: threshold assessments for people in care, OT waiting list, LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment and financial data entry delays • Strengthening of Early Intervention and Prevention offer via initiatives to secure the right staffing resource and review of customer journey to increase our ability to prevent or delay the need for long term services • Continue demand Management at the front door using VS and universal preventive services e.g. Community Navigators to reduce the pressure. •
	2. Finance, Activity & Performance Board and Data Delivery Board	• Oversight via FAP Board, meets monthly to review waiting list performance and agree any actions required • Data Delivery Board meets monthly, to ensure data reporting meets requirements and sets priorities
	3. Utilising available one-off grants to support wait times and waiting list numbers	• ASC and Commissioning have drawn up plans to use one off grant monies such as the MSIF to support the reduction of waiting lists and waiting numbers across the ASC system. • There is a specific improvement plan and funding secured and in place for the DOLs backlogs that has had oversight from CLT.
Risk review:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.	
Risk date:	SEPTEMEBER 2023	

Commented [RH6]: @Kirstin Clarke were there any bullet points to add to this section?

The Risk	**F: We do not have oversight of our activity and cannot see areas that are performing well or require improvement.**			
OWNER	**Appy Reddy, Interim Head of Performance & Strategic Development**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔
Triggers:	• Outcomes for our citizens are compromised and we fail to give an adequate account of our activity, including our narrative for improvement, to the regulator. • There is a lack of resource in the BI team to support the ASC power BI dashboard project, alongside BAU, and new incoming requests across multiple service areas • The lack of clear timescales means that the current longevity of phase 2 delivery remains unknown and an inability to deliver further critical changes due to follow phase 2 such as: Liberty Protection Safeguards and CQC assurance framework • Risk that the BI resources previously allocated to the phase 2 delivery will be diverted onto the work to split shared services and other corporate priorities. • CQC requirements cannot adequately be met within the current BI and report developer capacity • Gaps in structured recording within commissioning and capacity issues in BI limits our understanding of contract monitoring and commissioning activities, insight and intelligence which should help shape our commissioning strategy.			
Mitigations & Controls	1. Power BI Dashboards	• Priority dashboards in place and training of teams has taken place to ensure utilisation		
	2. BI Resource	• Funding secured for additional BI resources in CCC and recruitment activity continues • Additional programme management and project management resource in order to scope clear roadmap and resourcing requirements.		
	3. Data Delivery Board	• Regular Board between operational senior managers and Business Intelligence to agree priorities for dashboard development		
Risk review:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Risk owner. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			
Risk date:	SEPTEMBER 2023			

The Risk	**G: We fail to meet our responsibilities under changing legislation**			
OWNER	**Patrick Warren-Higgs, Executive Director – All to contribute**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔

Triggers:	• Insufficient Programme/project management resource to drive change • lack of resource in leadership and operational teams to develop and implement new ways of working • Lack of BI/Finance/Systems resource to underpin and report activity • Lack of Practitioner processes and guidance Lack staff engagement • Limited staff training or records of training in place • Non-compliance with regulatory expectations and legislative requirements resulting in poor CQC rating and reputational implications			
Mitigations & Controls	1. Oversight	• Oversight from new Performance and Improvement Board, picking up the work of the ASC Reform Board and other improvement activity • Improvement in Power BI Reporting but still some areas for development		
	2. Assurance Preparation	• Mock CQC assurance exercise led by LGA undertaken in September 2022, recommendations have been taken forward into an action plan being overseen by the Joint Ops and Commissioning group (to be picked up by the new Performance and Improvement Board) • Refreshed Self-Assessment completed September 2023 ready for Peer and LGA Challenge • Interim appointment to Head of Performance and Strategic Development role and additional Assurance Preparation role • Ongoing engagement with Partnership Boards and elected Members		
	3. Quality & Practice Team	• Led by PSW to support practice guidance and processes • Provides regular practice updates and engagement • Works with Learning and Development to ensure delivery of appropriate training and training records		
Risk review:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			
Risk date:	November 2023			

The Risk	**H: Council overall financial position is adversely impacted by continued increase in Adult Social Care Debt volume and amounts, placing the Council budget under pressure, requiring corporate support.**			
OWNER	**Kirstin Clarke, Service Director**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: ⇩

Commented [PW7]: Is there a corporate risk here too?

Triggers:	• Majority of debtors are “won’t pay”, with no adverse consequence as Care Act prevents services being withdrawn, therefore Dunning cycle (letter before action) is ineffective. • Invoicing is 4-week in arrears, which can cause confusion for clients/families where debt accrues. • Delays in (residential) Financial Assessments generate arrears invoices reconciled back to start of care, which are then disputed by clients/families. • Delays in Financial re-assessment process lengthen period of dispute, frustrating income recovery. • Limited Self–Serve options available in CCC for financial assessment or welfare checks for residents. • Increased level of debt owed from health impacts ASC debt recovery position. • Delays in Probate causing increase in volume and value of Deceased debt. • Court of Protection delays (client/family does not have access to funds) adversely impacts ASC debt position, causing “Funding Without Prejudice” case as care cannot be withdrawn.			
	1. Debt Recovery Team, Debt Deep Dive.	• Debt recovery “Statement style” letters in place, with historical debt cases starting to receive statement style letters explaining current position. Early indication is that these are supporting Debt resolutions. • A deep debt dive is being conducting alongside CCC key partner Head of Finance Operations Payable & Debt Recovery Team to explore ASC debt reduction, as debt recovery sits outside of ASC control and within this service. Deep dive is exploring: • Debt portfolio management • Probate – strengthen process on Deceased notification process, escalation to Court of Protection/probate, timely billing. • Engage Legal to support production of Standard Operating Procedure for actions available to Operations and Debt Recovery (e.g. court) that comply with the Care Act, and criteria required to invoke them. • Reviewing telephony capability for Debt Recovery Team; current capability impeding effectiveness. • Business case to increase resource in Debt Recovery team.		
	2. Financial Assessment Team	• Due to on-going challenges with recruitment and retention focus continues early ability to digitalise Financial Assessment Activity, which will also improve timescales for customers. • Workforce benchmarking will take place regarding FA Team salaries to determine if salaries are impacting recruitment and retention. Output of Deep Dive activity. • Continuous open recruitment to meet establishment vacancies. • Procure outsourcing of financial assessment backlog cases • Business Process Redesign in Financial Assessment team to improve efficiency and effectiveness of existing resources, with development “sprints” for improvement ideas.		

	3. Digitalisation	• Funding has been secured for phase 1 of on-line financial assessment ability. Further digitalisation is required, such as customer portal and Self-Assessment and these are yet to be secured, posing a medium-term risk. • MSIF has been secured for on-line self-serve benefits check tool (EntitledTo).
	4. ASC Operational & Financial Assessments	• ASC Team Managers monthly meeting with Debt Team to work on un-blocking the top 10 high-cost debt cases within the ASC system. • ASC Operations and Financial Assessments (with Debt team) weekly meetings to address complex cases for the prevention and treatment of debt. • ASC exploring ways to increase capacity on debt focus, through temporary utilisation of resource from the Payable team. • Action Plan from Direct Payment Audit, to prevent creation of debt. • Development of Threshold Policy, for smoother transitions from Self-Funders to LA-funding and invoicing client contributions • Development of Waiver Standard Operating Procedure, for formal decision making of complex cases and financial hardship. • Development of Funding Without Prejudice correspondence and agreements, to improve 'security' od debt recovery when access to funds made available.
Risk review:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director and HoS ASC Financial Operations. Updates have been made to these as required, specifically around additional recruitment activity and development of debt management policy and procedures. Risk rating has also been reviewed and risk has decreased.	
Risk date:	MARCH 2024	

The Risk	**I. Provider's fail and are unable to continue services leading to insufficient availability and capacity**			
OWNER	**Will Patten, Service Director: Commissioning**			
RAG:	Likelihood = 1	Impact = 4	Score = 4	Direction of risk: ⇩
Triggers:	• Continued increase in financial pressures for providers (i.e. Significant inflation (CPI, NLW) and costs of fuel/energy, PPE, Workforce and managing preventative controls) - Providers unable to continue to operate, due to the increased costs • Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers • There is a risk that ASC Reform changes, inflationary rises and the Fair Cost of Care Review, alongside the rates the Local Authority are able to afford will result in providers withdrawing from the market			

Mitigations & Controls	1. Development of Provider action plans	• Continued work with Voluntary & Community Sector (VCS) for preventative actions • Market shaping activity - including maintaining good relationships with providers, so support can be provided where needed • Strong contact management • Uplift strategy
	2. Funding	Use additional national funding to mitigate cost pressures, we do this by: • Take flexible approach to managing costs of care • Risk-based approach to in-contract financial monitoring • Coordinate procurement with the ICS to better control costs and ensure sufficient capacity in market
	3. Appropriate monitoring and plans	• Data regularly updated and monitored to inform service priorities and planning • Working with Providers to develop action plans • Maintain an effective range of preventative services across all age groups and service user groups including adults and older people • Directorate Performance Board monitors performance of service provision • Capacity Overview Dashboard in place to capture market position • Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation work • Programme to increase the number of affordable care homes beds at scale and pace. • Development of a Home Care Strategy • Regular engage with commissioners and providers to put action plans in place to resolve workforce issues • Robust monitoring procedures • Active involvement by commissioners in articulating strategic needs to the market
Risk review:	SEPTEMBER 2023	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.
Risk date:	SEPTEMBER 2023	

Commented [PW8]: POLR; Market Engagement and risk management

The Risk	**J. Relationships and governance across Integrated Care System (ICS) do not support the best outcomes for our population - All to contribute**			
OWNER	**Patrick Warren-Higgs, Executive Director: Adults, Health & Commissioning**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of travel: ⇩

Commented [PW9]: This is broader than ASC, is it not a Corporate risk?

Triggers:	The reorganisation of the health system in ICS, may impact on the way our services work with NHS services and current integrated arrangements. The potential value of the ICS Unit fully realised.	
Mitigations & Controls	1. Attendance at Boards	• Correct ASC representation at ICS Boards and system for sharing information with ALT • Ensure LA priorities are fed into ICS governance/boards at all levels
	2. Working Relationships	• Close working relationships have been established and appropriate representation on key strategic meetings • Joint working strategies are being embedded • Local Authority considerations have been discussed with Members • ICS implemented from 1st July 2022 - LA engaging with key ICS implementation and strategic meetings.
Risk review:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.	
Risk date:	SEPTEMBER 2023	

The Risk	**K: There is no access to CPFT IT systems for LDP Team Managers**			
OWNER	**Donna Glover, Service Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇩

Triggers:	• Team Managers using CCC IT equipment are not able to access the IT systems of CPFT to ensure that they can effectively manage their CPFT staff.
	• The following governance responsibilities under the Formal Management Agreement with CPFT will not be met:
	  • Inability to monitor compliance with Supervision, Appraisal and Mandatory Training in line with NHS requirements
	  • Inability to access / process Datix (Patient Safety incident reporting)
	  • Inability to view / monitor Management Information i.e Absence Management / Performance
	  • Inability to view / monitor financial activity in line with Budget Manager responsibilities
	  • Inability to order goods / process invoices (Oracle)
	  • Inability to view / access CPFT Intranet for access to policies, procedures, newsletters etc
	• The requirements of CQC will not be met and raised as an area of concern at inspection
	• Negative impact on staff retention			

Mitigations & Controls	1. Escalated to the ASDD Board	• IT solution identified and agreed. • Administration for rollout in progress • Training plan for staff agreed • Communication plan being developed • Expected completion October 2023		
Action Plan:	**ACTION**		**BY WHEN**	**BY WHOM**
	latest test environment made available W/C 26/06 with CPFT providing a pool of virtual desktops to allow access to SystemOne. The team are trying this out and the first impression is positive. The team plan to get feedback from the pilot users in July and if successful, the plan is to increase the pool of virtual desktops to 10, to provide support for all the CCC team.		**31/07/2023**	**Tony Drath (IT)** **Jill Johnson (HoLDP)**
Risk review:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required specifically around an IT solution and expected activity to ensure a resolution in October 2023. Risk rating has also been reviewed and has reduced.			
Risk date:	SEPTEMBER 2024			

The Risk	**L: We cannot implement the shared care record**			
OWNER	**Appy Reddy, Interim Head of Performance & Strategic Development**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: ⇩
Triggers:	• Lack of required resources and skills to implement • council processes do not match the NHS clinical safety structures • System partners attribute delays in implementation to lack of timely engagement by the Council and we are not able to realise the full benefits of shared records with health within expected project timelines			
	1. Engagement	• We have engaged with other Council's for whom the shared care record is live via the LGA national Shared Care Record group. From this we have gathered useful intelligence on how the clinical safety functions have been covered within council governance arrangements. • Following this better understanding we have elected to go live with an early adopter group in learning disability which includes health professionals who are aware of clinical safety standards to inform our wider roll out. • Early adopter in LDP to work through clinical safety as part of the initial roll out. • Planned options paper for increased project support capacity.		

Commented [PW10]: Is this risk still present?

Commented [PW11]: Is Jill the correct Owner?

Commented [TH12R11]: @Patrick Warren-Higgs - it was previously me - so maybe Appy? I don't think it would be Jill as it's the wider roll out and phase 2 that is the risk - that said I just took it off the PCC register as I wasn't sure it ranked as a key risk currently.

Commented [EM13R11]: Updated to Head of PSD

Mitigations & Controls		• ICS wide clinical safety advisor resource now available to support the Council in setting up governance. • Links established to LGA national SHCR record group for peer support and advice
	2. Early adopters	• Following gaining a better understanding we have elected to go live with an early adopter group in learning disability which includes health professionals who are aware of clinical safety standards to inform our wider roll out. • Early adopter in LDP to work through clinical safety as part of the initial roll out.
	3. Clinical Safety	• ICS wide clinical safety advisor resource now available to support the Council in setting up governance.
Risk review:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Risk owner. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.	
Risk date:	SEPTEMBER 2023	

The Risk	**M: Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement**			
OWNER	**Patrick Warren Higgs, Executive Director**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇩
Triggers:	• Social care are paying for health services due to the unresolved issue around the ICB's contribution to the pooled budget that funds the Learning Disability Partnership. • We are not achieving best outcomes for people with learning disabilities and autism as governance arrangements between the council and health do not support the right conversations and decision making. • Negotiations with health about the correct level of contributions have stalled and we do not agree that the current split of funding is representative of the needs of the cohort being supported by the LDP • Notice being served on the LDP service			
Mitigations & Controls	1. Action via the s75 agreement	• We have signalled our intention to end the funding aspects of the agreement • Deep dive review presented to CLT August 2023 and work ongoing		
	2. External review	• Review by Red Quadrant complete indicating that the current split needs to be substantially changed in order to accurately reflect our respective responsibilities • We have been working with the ICB to agree wording for a tender for an external provider to provide capacity for us to do this work and further clarify the correct funding split		

Commented [PW14]: POLR; Market Engagement and risk management

	3. Ongoing relationship building with health colleagues	• DASS and service director establishing/re-establishing lines of communication with health counterparts • Clarity around governance being sought • A working group involving adults operations and commissioning reps from the LA's and from the ICB has been set up to draw up a specification for crisis support with a view to procuring the resource needed.
	4. Internal preparation and readiness	• Internal project to identify scope of work and areas of focus. • Project Plan development • HR and financial impact to be defined • Mechanism for monitoring actions and outcomes in place

Action Plan:	**ACTION**	**BY WHEN**	**BY WHOM**
	Notice has been given to end S75 agreement	w/c 4 September	PWH
	Transition meetings are in place	October 2023	WP/DG
	Comms Strategy to be developed	October 2023	WP/DG
	Resources to be identified to manage transition	October 2023	WP/DG
Risk review:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required, an action plan has also been included. Risk rating has also been reviewed and action plan put in place due to notice being served to end the S75 agreement.		
Risk date:	SEPTEMBER 2023		

Commented [EM15]: Action plan required for red risks

The Risk	**N: A serious incident occurs, preventing services from operating and/or requiring a major/ critical incident response**			
OWNER	**Patrick Warren-Higgs, Executive Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇩
Triggers:	• Loss of large quantity of staff or key staff • Loss of premises (including in-house Provider services) • Loss of IT equipment, data or access including cyber threat • Loss of a key Provider or Partner • Loss of utilities or fuel • Major incident e.g. flood, fire, public health pandemic • LA responsibilities for responding to a major incident are unclear			

Mitigations & Controls	1. Business Continuity Plans	• All services and teams have up-to-date BCP's in place which provide a clear plan for how services will respond in the event of a critical incident • BCP's are reviewed and updated annually - to comply with new corporate templates and process • BCP templates for Mosaic are available in the event of system downtime • Adults on-call rota is in place with updated contact details available – under review • All managers to attend BCP training in October 2023 •
	2. Vulnerable People list	• BI report for vulnerable people is available in the event of a critical incident • On-call managers are able to locate and download the Vulnerable People list • Plan to test use of vulnerable people list in simulation exercise
Risk review:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.	
Risk date:	SEPTEMBER 2023	

Finance Monitoring Report – August 2023

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Executive Director: Adults, Health & Commissioning Executive Director: Public Health Executive Director: Finance and Resources
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The committee should have considered the financial position of services within its remit as at the end of August.
Recommendation:	Adults and Health Committee is recommended to note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of August 2023.

Officer contact:
Name: Justine Hartley
Post: Strategic Finance Manager
Email: justine.hartley@cambridgeshire.gov.uk

1. Background

1.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.

1.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.

1.3 The presentation of the FMR enables members to review and comment on the financial position of services within the committee's remit.

1.4 Generally, the FMR forecasts explain the overall financial position of each service and the key drivers of any budget variance, rather than explaining changes in forecast month-by-month.

1.5 The contents page of the FMR shows the key sections of the report. In reviewing the financial position of services, members of this committee may wish to focus on these sections:

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 5 – this sets out the savings for Adults, Health and Commissioning and Public Health in the 2023/24 business plan, and savings not achieved and brought forward from previous years that are still thought to be deliverable.

2. Main Issues

2.1 The FMR provides summaries and detailed explanations of the financial position of Adults, Health and Commissioning and Public Health services. At the end of August, Adults, Health and Commissioning has an underlying forecast of £2.5m overspend mainly driven by adverse movements in the numbers of older adults placed into bed-based care. However, work to review the usage of grants across Adult Social Care has released grant funding to support these emerging pressures, reducing the net forecast position to a balanced budget. Public Health, excluding Children's Public Health, is forecasting an underspend of 1% of budget (£380k).

2.2 Headline figures are set out in the tables below :

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
1,667	Adults, Health and Commissioning	342,894	-129,193	213,701	93,863	2,517	0.7%
1,667	**Total Expenditure**	**342,894**	**-129,193**	**213,701**	**93,863**	**2,517**	0.7%
-1,086	Mitigations	0	0	0	0	-2,517	
581	**Total**	**342,894**	**-129,193**	**213,701**	**93,863**	**0**	0.0%

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Public Health - Children	14,631	-4,150	10,481	2,516	0	0.0%
-85	Public Health	30,183	-37,436	-7,254	-10,153	-380	-1.3%
-85	**Total Expenditure**	**44,814**	**-41,587**	**3,227**	**-7,638**	**-380**	**-1%**
0	Drawdown from reserves	-3,227	0	-3,227	-674	0	0%
-85	**Total**	**41,587**	**-41,587**	**0**	**-8,312**	**-380**	**-1%**

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

3.3 Health inequalities are reduced

The overall financial position of the Public Health directorate underpins this ambition and elements of both Public Health reserve and grant spend have been committed to projects which seek to reduce health inequalities.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs

The overall financial position of the Adults, Health and Commissioning and Public Health directorates underpin this ambition.

3.5 Helping people out of poverty and income inequality

Public Health grant and reserve spend in 2023/24 is helping fund work undertaken to address this ambition.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised

There are no significant implications for this ambition.

3.7 Children and young people have opportunities to thrive

There are no significant implications for this ambition.

4. Significant Implications

4.1 Resource Implications
The attached Finance Monitoring Report sets out the details of the overall financial position for Adults, Health and Commissioning and Public Health.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.

4.4 Equality and Diversity Implications
There are no significant implications within this category.

4.5 Engagement and Communications Implications
There are no significant implications within this category.

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

4.7 Public Health Implications
The report sets out the financial position of the Public Health Directorate.

4.8 Climate Change and Environment Implications on Priority Areas (See further guidance in Appendix 2):
There are no significant implications within this category

5. Source documents guidance

5.1 Source documents

Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. These are uploaded regularly to the website below.

5.2 Location

Finance and performance reports - Cambridgeshire County Council

Appendix 1: Adults, Health and Commissioning and Public Health Finance Monitoring Report August 2023

See separate document

Service: Adults, Health and Commissioning and Public Health

Subject: Finance Monitoring Report – August 2023/24

Date: 14th September 2023

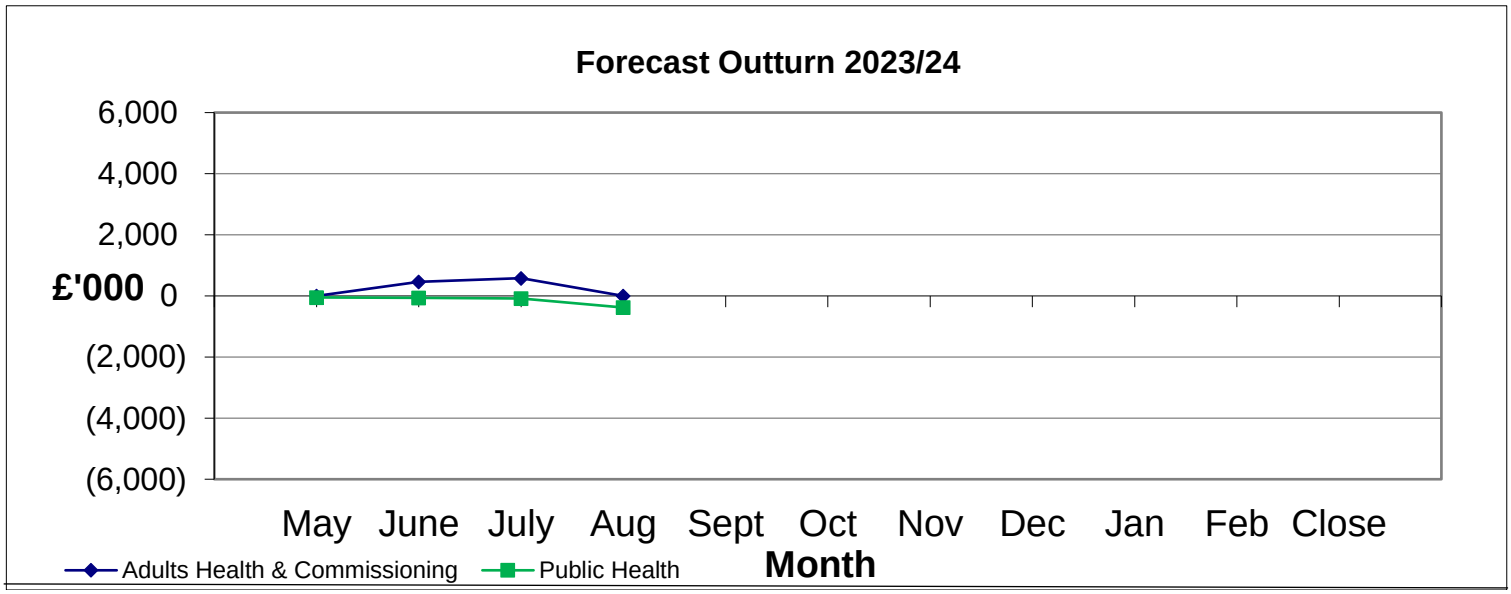
Contents

1. Revenue Executive Summary

1.1 Overall Position

At the end of August 2023, Adults, Health and Commissioning is projected to deliver a balanced budget. However, this masks significant underlying pressures of £2.5m. These are being offset by grant funding in 2023/24, but much of this is one off and so pressures will be carried forward into future years. Public Health is projected to be £380k underspent.

1.2 Summary of Revenue position by Directorate



1.2.1 Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
1,667	Adults, Health and Commissioning	342,894	-129,193	213,701	93,863	2,517	0.7%
1,667	**Total Expenditure**	**342,894**	**-129,193**	**213,701**	**93,863**	**2,517**	**0.7%**
-1,086	Mitigations	0	0	0	0	-2,517	
581	**Total**	**342,894**	**-129,193**	**213,701**	**93,863**	**0**	**0.0%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Public Health - Children	14,631	-4,150	10,481	2,516	0	0.0%
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-85	**Total Expenditure**	**44,814**	**-41,587**	**3,227**	**-7,638**	**-380**	**-1%**
0	Drawdown from reserves	-3,227	0	-3,227	-674	0	0%
-85	**Total**	**41,587**	**-41,587**	**0**	**-8,312**	**-380**	**-1%**

1.3 Significant Issues

1.3.1 Adults, Health and Commissioning

The overall position for Adults, Health and Commissioning at the end of August 2023 is a forecast balanced budget. However, this masks significant underlying pressures of £2.5m on care and support costs. This is a ongoing volatile position with some high-cost packages which can change the forecast quickly. As a result, close attention is paid to changes in demand and costs as the year progresses and forecasts are adjusted accordingly. The current in year pressures are mainly driven by adverse movements in the numbers of older adults supported in bed-based care. In the years immediately following the covid pandemic we had seen reduced numbers of placements into care settings, for Older Adults, compared to pre pandemic levels. As such it has proven more challenging to use historical trends to forecast future demand and activity. These placements are now rising once more and exceeding forecast numbers built into our budget for 2023/24. Mitigations through the application of grants are in place for 2023/24, but much of this funding is one off and will not be available in 2024/25. Therefore, the current increases in care placements will lead to continuing pressures in the years ahead as the full year effect of current year increases is seen.

Management actions continue to be undertaken to reduce the forecast overspend in year. Work has been undertaken to revisit the usage of grants across Adult Social Care services to identify where grants can be used to support care costs in line with the terms of the grants. This has resulted in £2.5m of grant funding being released to support the emerging pressures in care budgets. Whilst there remain funds within the adult's risk reserve, held to cover particular market pressures, any requests to access it are not being sought at this time.

Further actions involve a review of those people in receipt of services in areas where the overspend is reported, to ensure forecasts for the remainder of the year reflect planned activity. There is also a deep dive review of domiciliary care, along with the use of bed-based care against the forecast budget, in particular for discharges from hospital to ensure the correct pathways are being maximised.

The legacy of Covid is still being felt, and impact on Adult Social Care is not fully understood, on demand for our broad range of services, as well as with capacity of providers to deliver our requirements and continue to provide support to markets. Adult Social Care continues to feel the consequences of paused work and backlog on teams, and of reviews and assessments, changing demographics projections and the demand for services. The care market also manages the impact with both resident population and staff recruitment and retention a factor.

Whilst there has been significant investment into the care sector, primarily through Adult Social Care Market Sustainability and Improvement Fund which will help, the whole adult social care market remains extremely fragile to other factors that may impact on it. Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

Hospital Discharge systems continue to be pressured to manage flows and demand on their services, with a subsequent focus on timely, safe and effective discharges into the correct pathways; although additional funding has been provided to both the Council and wider partners to help address these issues. The long-term legacy of the impact of the pandemic remains unclear and the implications this has on future demand for services, greater need for community support due to backlogs in elective surgery, and the availability of a skilled and experienced workforce and the wider health inequalities on our communities.

The budget for 2022/23 assumed an increased contribution from the NHS towards Learning Disability packages reflecting a shift in the percentage of packages that should be funded from Health budgets. For the current financial year we have made provision for this increased contribution, but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the pool did not proceed as expected. The Council has now served notice to end the cost sharing arrangements of the pooled budget. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

The adult social care debt position is continuing to worsen, with over £14.8m of debt over 90 days old at the end of July on the balance sheet (£14.5m at the end of June). However, actions being taken following a recent deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments, are starting to see a positive impact on the current figures. The level of aged debt increasing has a knock-on impact of an increased bad debt provision and likelihood of write offs.

1.3.2 Significant Issues – Public Health

At the end of August 2023, the Public Health Directorate is forecasting an underspend of £380k (1.0%).

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. The Directorate has now returned to business as usual following the pandemic but there are ongoing issues that continue to impact on activity and spend:

i) much of the Directorate's spend is contracts with, or payments to Primary Care (GP practices and community pharmacies) for specific work. Primary Care continues to be under pressure, and it may take some time for activity levels to return to pre pandemic levels; and

ii) the unprecedented demand for Public Health staff across the country meant recruitment became very difficult through the pandemic resulting in underspends on staffing budgets. The position within the Public Health team has improved with recruitment becoming easier, but recruitment challenges continue to be reflected in our provider services which has affected their ability to deliver consistently.

Detailed financial information is contained in Appendix 1, with Appendix 2 providing a narrative from those services with a significant variance against budget.

2. Capital Executive Summary

Scheme category	Scheme budget £000	Scheme forecast variance £000	Budget 2023-24 £000	Actuals 2023-24 £000	Forecast outturn variance 2023/24 £000
Adults, Health and Commissioning capital schemes	73,860	0	5,975	4,777	0

At the end of August 2023, the capital programme forecast underspend is zero. The level of slippage and underspend in 2023/24 is currently anticipated to be £0k and as such has not yet exceeded the Capital Variation Budget. A forecast outturn will not be reported unless this happens.

Further information on capital schemes is provided in Appendix 3 of the FMR.

3. Savings Tracker Summary

The savings trackers are produced quarterly to monitor delivery of savings against agreed plans. The first quarterly savings tracker for 2023/24 is included at Appendix 4.

4. Technical note

On a quarterly basis, a technical financial appendix is included as Appendix 5 of the FMR. This appendix covers:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of the directorate from other services, to show why the budget might be different from that agreed by Full Council
- Service earmarked reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

The first quarterly technical note for 2023/24 is included within this FMR report.

5. Key Activity Data

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

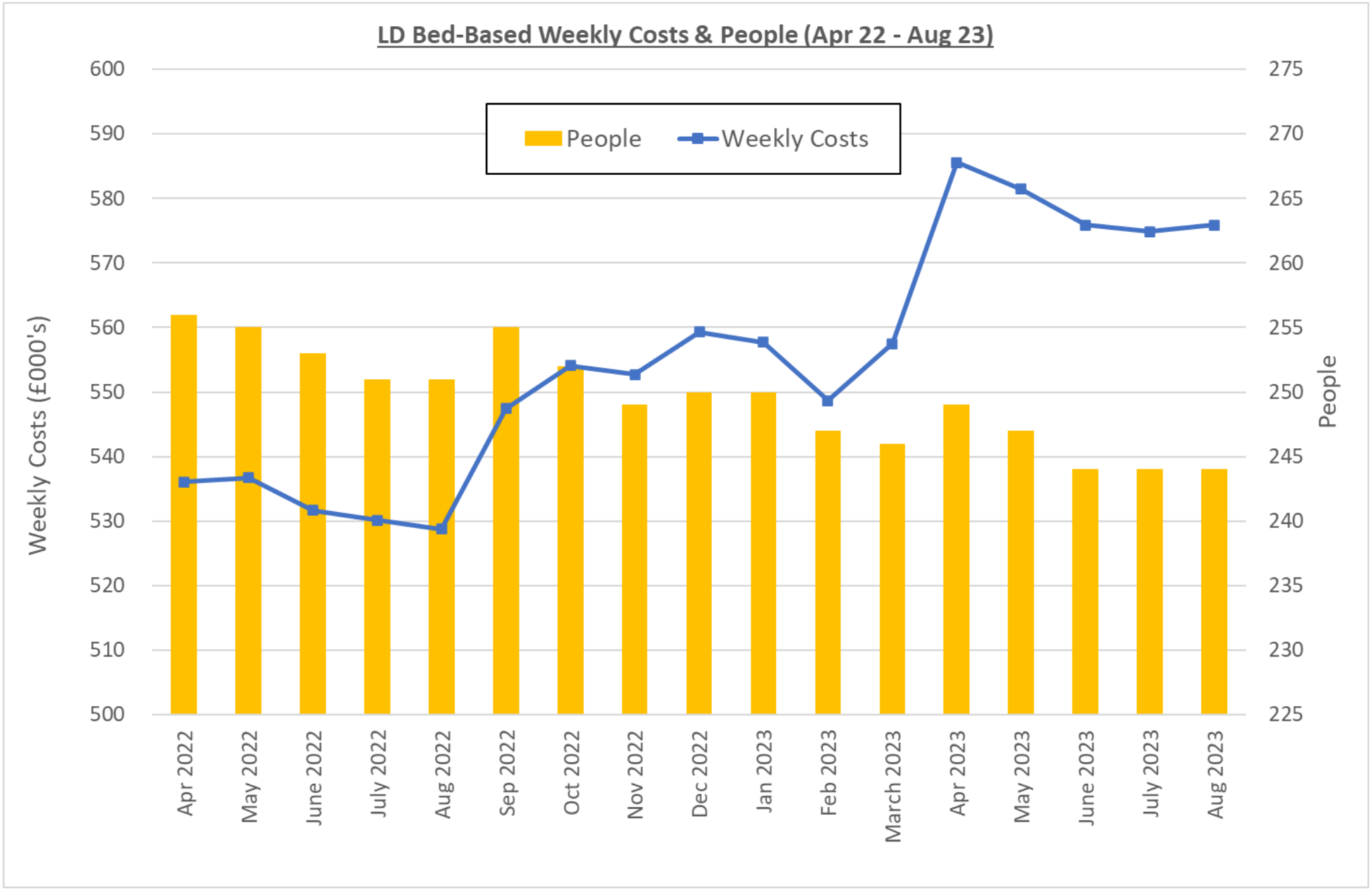
The direction of travel (DoT) compares the current month's figure with the previous month.

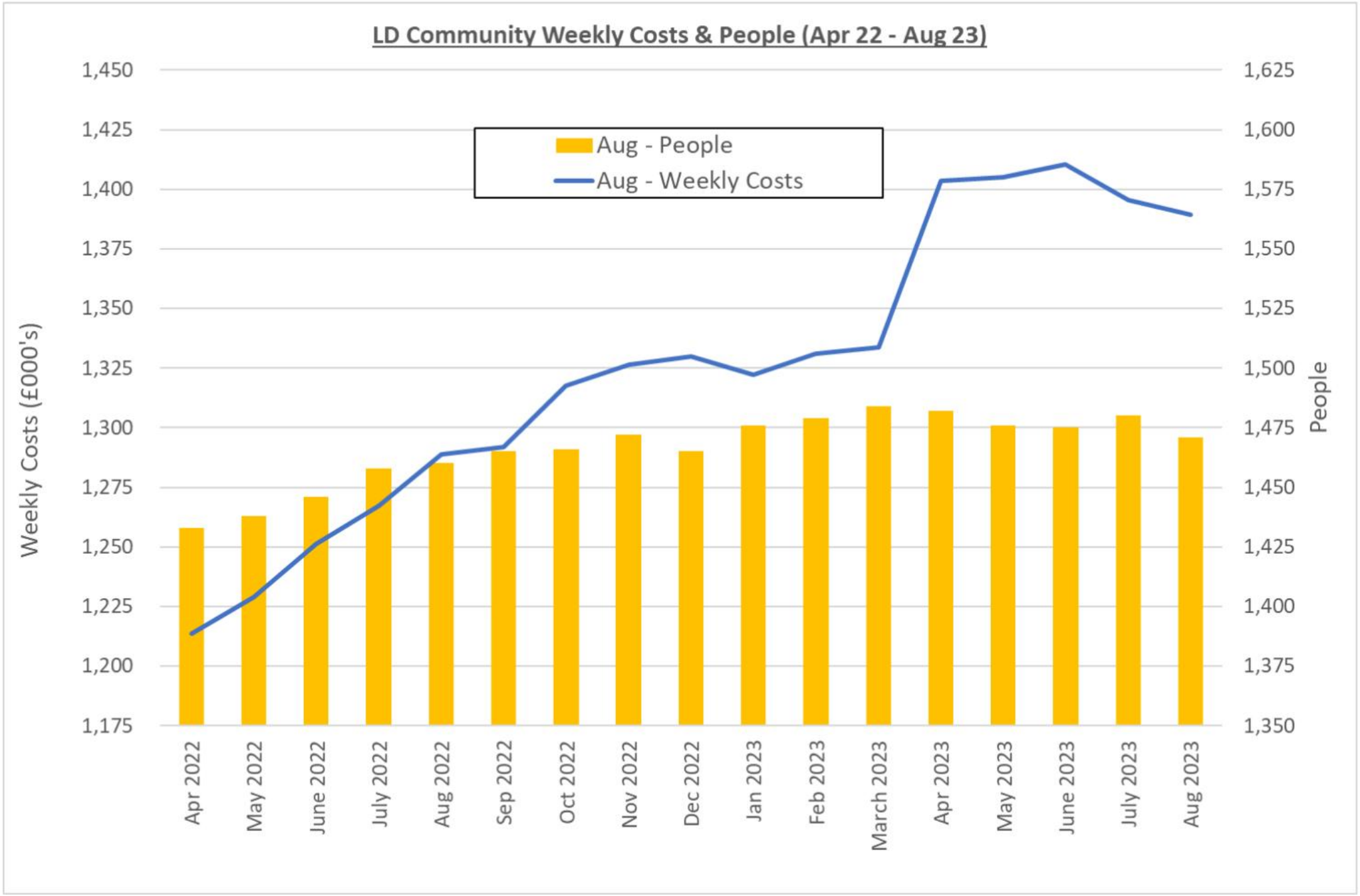
The activity data for a given service will not directly tie back to its outturn reported in Appendix 1. This is because the detailed variance includes other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

5.1 Key activity data at the end of August 2023 for Learning Disability Partnership is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (August 2023)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	245	£2,271	£28,942k	234	↔	£2,289	↑	£28,653k	↓	-£289k
~Nursing	10	£4,568	£2,220k	9	↓	£4,792	↑	£2,271k	↓	£52k
~Respite	15	£840	£656k	18	↔	£637	↔	£585k	↓	-£71k
Accommodation based subtotal	**270**	**£2,230**	**£31,818k**	**261**		**£2,217**		£31,510k		-£308k
Community based										
~Supported Living	605	£1,522	£47,947k	595	↑	£1,507	↑	£46,488k	↓	-£1,459k
~Homecare	350	£502	£9,160k	362	↑	£510	↑	£10,286k	↑	£1,126k
~Direct payments	386	£536	£10,781k	409	↓	£541	↑	£10,561k	↓	-£220k
~Live In Care	3	£2,997	£388k	4	↑	£2,705	↑	£452k	↑	£64k
~Day Care	538	£203	£5,683k	642	↓	£210	↑	£5,435k	↓	-£248k
~Other Care	269	£138	£1,937k	277	↑	£114	↑	£2,062k	↑	£124k
Community based subtotal	**2,151**	**£678**	**£75,896k**	**2,289**		**£646**		£75,283k		-£613k
Total for expenditure	**2,421**	**£851**	**£107,713k**	**2,550**		**£807**		£106,793k	↓	-£920k
Care Contributions			-£5,156k					-£5,210k	↑	-£55k

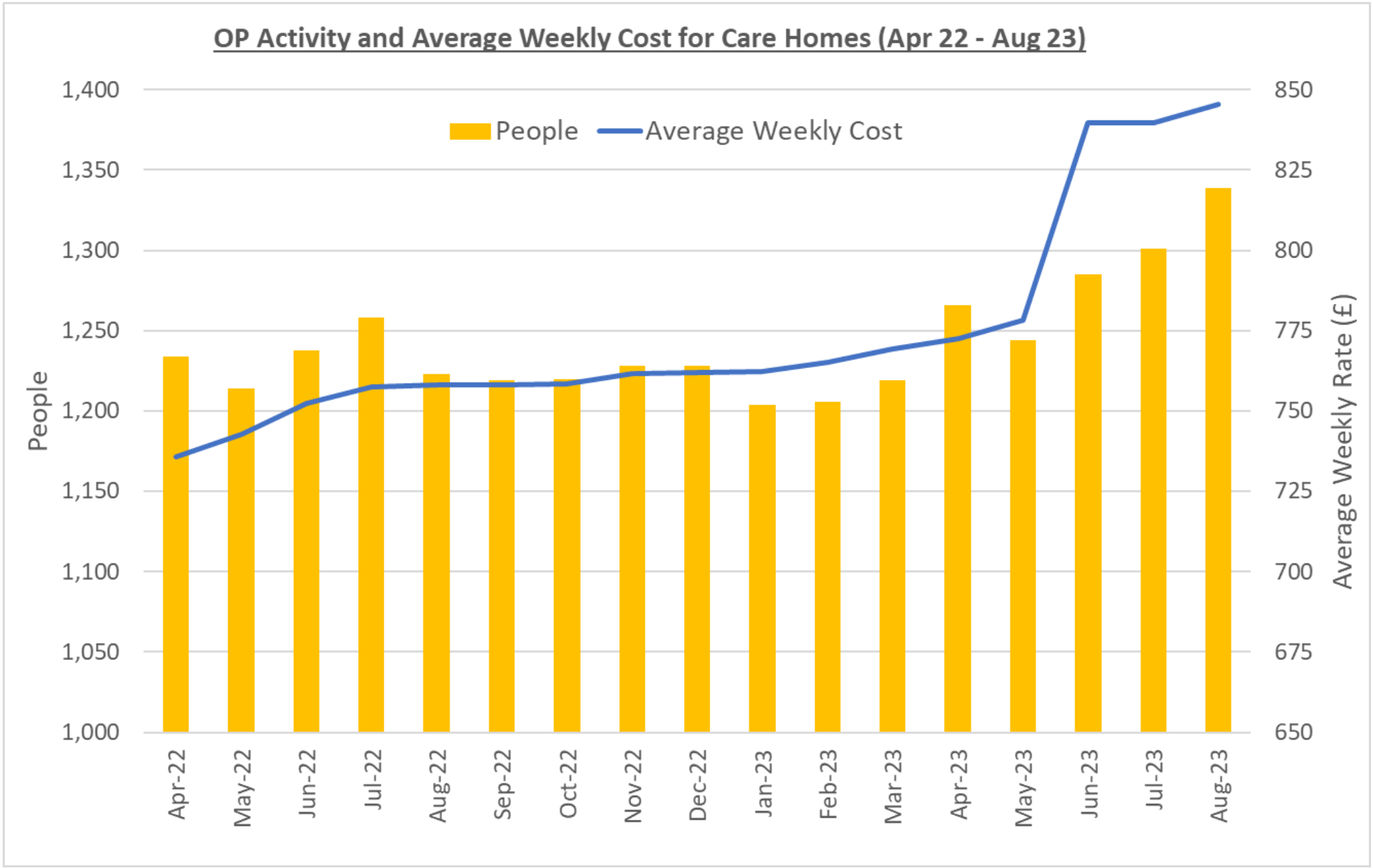
The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages.

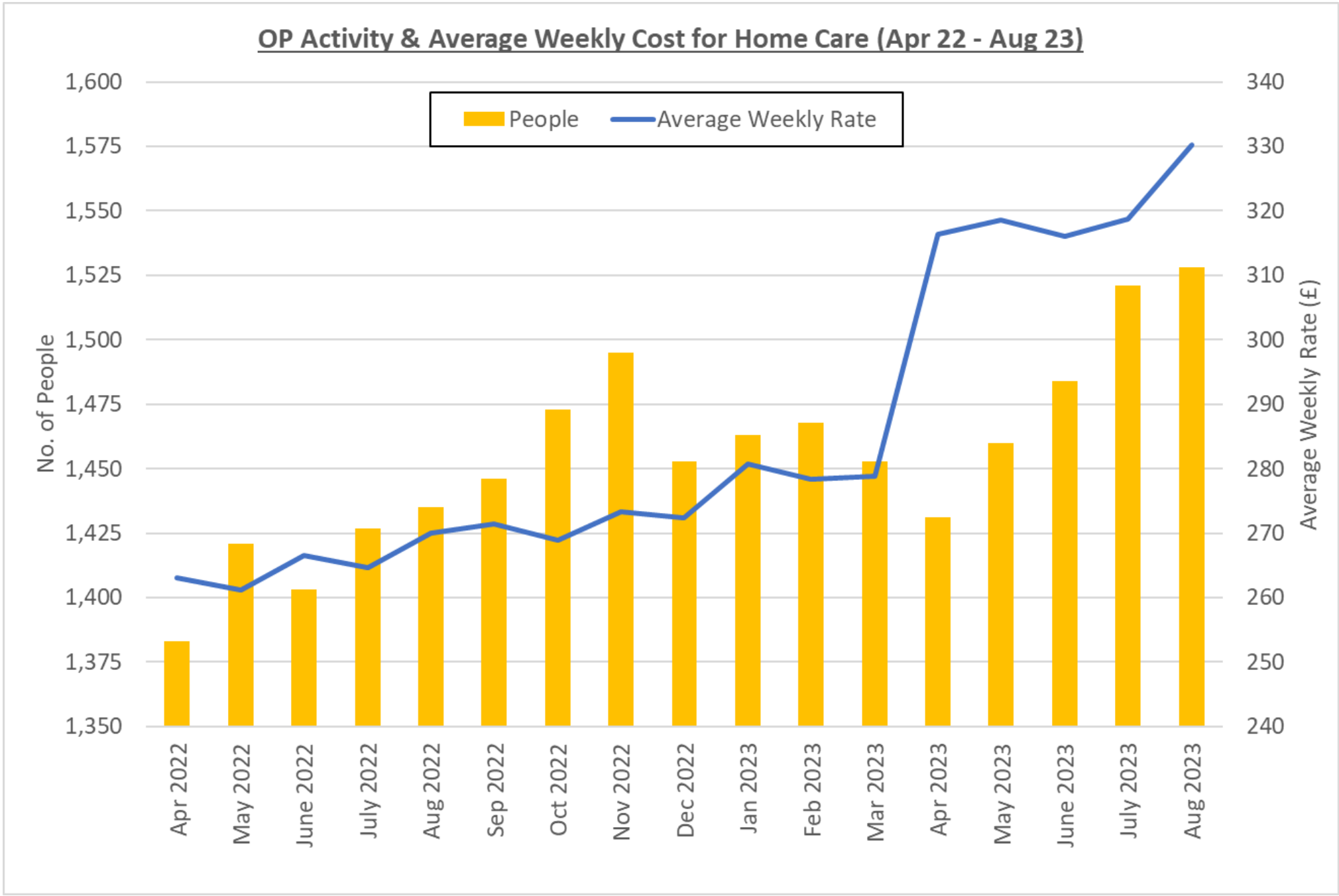

LD Bed-Based Weekly Costs & People (Apr 22 - Aug 23)
People
Weekly Costs
Weekly Costs (£000's)
People
600
590
580
570
560
550
540
530
520
510
500
275
270
265
260
255
250
245
240
235
230
225
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
March 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023


LD Community Weekly Costs & People (Apr 22 - Aug 23)
Aug - People
Aug - Weekly Costs
Weekly Costs (£000's)
People
1,450
1,425
1,400
1,375
1,350
1,325
1,300
1,275
1,250
1,225
1,200
1,175
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
March 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023

5.2 Key activity data at the end of August 2023 for Older People and Physical Disabilities Services for Over 65s is shown below:

Older People and Physical Disability Over 65	BUDGET			ACTUAL (August 2023)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	399	£833	£17,372k	375	↑	£780	↑	£17,465k	↑	£93k
~Residential Dementia	450	£861	£20,258k	482	↑	£788	↑	£22,667k	↑	£2,409k
~Nursing	272	£1,040	£14,784k	274	↑	£913	↑	£15,531k	↑	£747k
~Nursing Dementia	188	£1,184	£11,638k	208	↑	£1,007	↑	£13,006k	↑	£1,368k
~Respite			£762k	70		£143		£798k	↑	£36k
Accommodation based subtotal	**1,309**	**£936**	**£64,815k**	**1,409**		**£803**		**£69,468k**		**£4,653k**
Community based										
~Supported Living	436	£302	£6,876k	430	↓	£126	↑	£6,832k	↓	-£44k
~Homecare	1,547	£312	£25,211k	1,528	↑	£330	↑	£26,251k	↓	£1,039k
~Direct payments	168	£406	£3,570k	161	↑	£467	↑	£3,630k	↑	£61k
~Live In Care	34	£1,024	£1,821k	36	↓	£971	↓	£1,971k	↑	£151k
~Day Care	57	£221	£659k	68	↓	£66	↑	£641k	↑	-£18k
~Other Care			£99k	6	↔	£13		£116k	↑	£16k
Community based subtotal	**2,242**	**£325**	**£38,236k**	**2,229**		**£302**		**£39,441k**		**£1,205k**
Total for expenditure	**3,551**	**£550**	**£103,051k**	**3,638**		**£496**		**£108,908k**	↑	**£5,858k**
Care Contributions			-£28,688k					-£32,413k		-£3,726k


OP Activity and Average Weekly Cost for Care Homes (Apr 22 - Aug 23)
People
Average Weekly Cost
People
Average Weekly Rate (£)
1,400
1,350
1,300
1,250
1,200
1,150
1,100
1,050
1,000
850
825
800
775
750
725
700
675
650
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23


OP Activity & Average Weekly Cost for Home Care (Apr 22 - Aug 23)
People
Average Weekly Rate
No. of People
Average Weekly Rate (£)
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
340
330
320
310
300
290
280
270
260
250
240
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023

5.3 Key activity data at the end of August 2023 for Physical Disabilities Services for Under 65s is shown below:

Physical Disabilities Under 65s	BUDGET			ACTUAL (August 2023)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	24	£1,229	£1,542k	24	↑	£1,161	↑	£1,428k	↑	-£114k
~Residential Dementia	4	£897	£188k	4	↔	£831	↔	£170k	↓	-£17k
~Nursing	20	£1,286	£1,345k	19	↓	£1,261	↑	£1,361k	↓	£16k
~Nursing Dementia	0	£0	£k	0	↔		↔	£k	↔	£k
~Respite			£65k	13	↔	£124	↑	£32k	↓	-£33k
Accommodation based subtotal	**48**	**£1,225**	**£3,140k**	**60**		**£919**		**£2,991k**		**-£148k**
Community based										
~Supported Living	21	£343	£376k	30	↑	£503	↓	£617k	↓	£241k
~Homecare	353	£278	£5,139k	338	↑	£300	↑	£5,244k	↑	£106k
~Direct payments	188	£372	£3,654k	187	↑	£425	↓	£3,579k	↑	-£75k
~Live In Care	27	£994	£1,403k	24	↔	£935	↓	£1,246k	↓	-£157k
~Day Care	20	£89	£93k	19	↓	£108	↑	£99k	↓	£6k
~Other Care			£1k	6	↓	£158	↑	£1k	↓	£k
Community based subtotal	**609**	**£335**	**£10,667k**	**604**		**£367**		**£10,788k**		**£120k**
Total for expenditure	**657**	**£400**	**£13,807k**	**664**		**£417**		**£13,779k**	↑	**-£28k**
Care Contributions			-£1,421k					-£1,032k		£389k

5.4 Key activity data at the end of August 2023 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (August 2023)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	37	£723	£1,122k	41	↑	£730	↓	£1,334k	↑	£212k
~Residential Dementia	48	£815	£1,670k	50	↑	£817	↓	£1,821k	↑	£151k
~Nursing	33	£847	£1,271k	34	↑	£895	↑	£1,440k	↑	£169k
~Nursing Dementia	86	£953	£3,715k	81	↑	£978	↑	£3,751k	↑	£36k
~Respite	3	£602	£124k	3	↑	£440	↑	£124k	↔	£k
Accommodation based subtotal	**207**	**£849**	**£7,903k**	**209**		**£863**		**£8,471k**		**£568k**
Community based										
~Supported Living	11	£213	£45k	8	↓	£316	↑	£87k	↓	£42k
~Homecare	57	£355	£1,182k	73	↑	£419	↑	£1,447k	↑	£265k
~Direct payments	8	£645	£227k	7	↑	£689	↑	£229k	↑	£3k
~Live In Care	10	£1,169	£699k	9	↓	£1,098	↑	£555k	↓	-£144k
~Day Care	5	£55	£1k	9	↑	£64	↑	£4k	↔	£3k
~Other Care	5	£14	£3k	5	↔	£46	↔	£2k	↓	-£1k
Community based subtotal	**96**	**£414**	**£2,156k**	**111**		**£438**		**£2,324k**		**£168k**
Total for expenditure	**303**	**£711**	**£10,059k**	**320**		**£716**		**£10,795k**	↑	**£735k**
Care Contributions			-£1,318k					-£1,793k	↓	-£475k

5.5 Key activity data at the end of August 2023 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (August 2023)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	64	£852	£2,794k	61	↓	£898	↓	£2,870k	↓	£76k
~Residential Dementia	1	£900	£47k	1	↔	£957	↔	£50k	↑	£3k
~Nursing	9	£829	£467k	10	↑	£975	↑	£555k	↑	£88k
~Nursing Dementia	1	£882	£55k	1	↔	£951	↔	£54k	↓	-£1k
~Respite	1	£20	£40k	1	↔	£10	↔	£40k	↔	£k
Accommodation based subtotal	**76**	**£839**	**£3,403k**	**74**		**£898**		**£3,568k**		**£165k**
Community based										
~Supported Living	133	£469	£4,178k	126	↓	£425	↑	£2,845k	↓	-£1,332k
~Homecare	158	£119	£1,465k	164	↑	£130	↑	£805k	↑	-£660k
~Direct payments	14	£240	£181k	17	↓	£254	↑	£217k	↓	£36k
~Live In Care	2	£1,210	£134k	3	↔	£1,318	↔	£214k	↔	£80k
~Day Care	5	£62	£18k	7	↔	£63	↔	£23k	↔	£5k
~Other Care	6	£789	£2k	5	↑	£37	↓	£19k	↓	£18k
Community based subtotal	**318**	**£290**	**£5,977k**	**41**		**£2,044**		**£4,123k**		**-£1,853k**
Total for expenditure	**394**	**£396**	**£9,380k**	**115**		**£1,307**		**£7,691k**	↓	**-£1,688k**
Care Contributions			-£386k					-£480k		-£94k

5.6 Key activity data at the end of August 2023 for Autism is shown below:

Autism	BUDGET			ACTUAL (August 2023)				Outturn		
Service Type	*Expected No. of Care Packages 2023/24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	4	£1,835	£293k	3	↔	£1,777	↔	£249k	↓	-£44k
Accommodation based subtotal	**4**	**£1,835**	**£295k**	**4**		**1,819**		**£251k**		**-£44k**
Community based										
~Supported Living	26	£671	£1,065k	22	↔	£840	↑	£1,141k	↑	£77k
~Homecare	31	£219	£374k	33	↑	£151	↓	£295k	↓	-£80k
~Direct payments	31	£204	£621k	30	↑	£332	↓	£584k	↓	-£37k
~Day Care	26	£92	£125k	25	↔	£77	↓	£111k	↓	-£15k
~Other Care	13	£57	£35k	8	↑	£48	↑	£26k	↓	-£10k
Community based subtotal	**127**	**£265**	**£2,221k**	**118**		**£303**		**£2,157k**		**-£64k**
Total for expenditure	**131**	**£313**	**£2,516k**	**122**		**£353**		**£2,408k**	↓	**-£108k**
Care Contributions			-£123k					**-£139k**		**-£16k**

Appendix 1a – Detailed Financial Information - Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		Executive Director						
-426	A&H	Executive Director - Adults, Health & Commissioning	19,647	-50,135	-30,488	-19,518	-293	-1%
-6	A&H	Performance & Strategic Development	3,057	-16	3,041	923	-2	0%
29	A&H	Principal Social Worker	481	0	481	268	40	8%
		Service Director – LDP and Prevention						
0	A&H	Service Director – LDP and Prevention	399	-28	371	-134	0	0%
0	A&H	Prevention & Early Intervention	11,194	-1,018	10,176	4,225	0	0%
0	A&H	Transfers of Care	2,200	0	2,200	888	0	0%
-0	A&H	Autism and Adult Support	2,989	-118	2,871	1,094	0	0%
		Learning Disabilities						
85	A&H	Head of Service	7,095	0	7,095	733	27	0%
-83	A&H	LD - City, South and East Localities	49,080	-2,584	46,496	21,827	-30	0%
-322	A&H	LD - Hunts and Fenland Localities	46,260	-2,216	44,044	20,075	-26	0%
406	A&H	LD - Young Adults Team	15,487	-392	15,095	6,475	56	0%
-85	A&H	In House Provider Services	9,592	-275	9,316	3,770	-27	0%
-0	A&H	NHS Contribution to Pooled Budget	-636	-28,828	-29,464	-7,121	0	0%
0		**Learning Disabilities Total**	**127,514**	**-34,931**	**92,583**	**45,758**	**0**	**0%**
		Service Director – Adults Community Operations						
2	A&H	Service Director - Care & Assessment	832	0	832	295	0	0%
0	A&H	Assessment & Care Management	4,882	-41	4,841	1,813	0	0%
90	A&H	Safeguarding	1,474	0	1,474	679	0	0%
5	A&H	Adults Finance Operations	1,870	-10	1,860	275	0	0%

Forecast Outturn Variance (Previous) £000	Committee		Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		Older People's and Physical Disabilities Services						
170	A&H	Older Peoples Services - North	46,990	-13,199	33,791	16,059	692	2%
1,115	A&H	Older Peoples Services - South	52,819	-15,658	37,161	18,386	1,206	3%
187	A&H	Physical Disabilities – North	6,367	-700	5,667	2,718	382	7%
-30	A&H	Physical Disabilities - South	7,517	-1,050	6,466	3,263	3	0%
1,442		**Older People's and Physical Disabilities Services Total**	**113,693**	**-30,608**	**83,085**	**40,425**	**2,283**	**3%**
		Service Director - Commissioning						
0	A&H	Service Director - Commissioning	1,068	-20	1,048	207	0	0%
0	A&H	Adults Commissioning - Staffing	2,529	0	2,529	1,199	-9	0%
0	CYP	Children's Commissioning - Staffing	1,293	0	1,293	550	0	0%
-150	A&H	Adults Commissioning - Contracts	10,215	-4,321	5,894	2,152	-188	-3%
1	A&H	Housing Related Support	6,506	-596	5,909	2,302	0	0%
36	A&H	Integrated Community Equipment Service	7,903	-5,802	2,101	1,578	36	2%
		Mental Health						
0	A&H	Mental Health - Staffing	3,561	-54	3,507	893	0	0%
26	A&H	Mental Health Commissioning	2,999	-339	2,660	566	26	1%
368	A&H	Adult Mental Health	7,353	-386	6,967	3,331	240	3%
251	A&H	Older People Mental Health	9,870	-1,406	8,464	4,094	384	5%
644		**Mental Health Total**	**23,783**	**-2,185**	**21,598**	**8,884**	**650**	**3%**
1,667		**Adults, Health & Commissioning Total**	**343,530**	**-129,830**	**213,701**	**93,863**	**2,517**	**1%**
		Mitigations						
-1,086		Grant Funding contributing to cost increases where allowed by grant conditions (part one off)	0	0	0	0	-2,517	
-1,086		**Mitigations Total**	**0**	**0**	**0**	**0**	**-2,517**	
581		**Overall Total**	**343,530**	**-129,193**	**213,701**	**93,863**	**0**	**0%**

Appendix 1b – Detailed Financial Information – Public Health

Forecast Outturn Variance (Previous) £000	Committee		Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		Children Health						
0	CYP	Children 0-5 PH Programme	10,707	-3,315	7,392	1,908	0	0%
0	CYP	Children 5-19 PH Programme - Non Prescribed	2,591	-778	1,814	486	0	0%
0	CYP	Children Mental Health	341	0	341	0	0	0%
0	CYP	Drug & Alcohol Misuse – Young People	415	0	415	99	0	0%
0	CYP	Children's Weight Management	350	0	350	0	0	0%
0	CYP	Childrens Integrated Lifestyles	228	-58	169	23	0	0%
0		**Children Health Total**	**14,631**	**-4,150**	**10,481**	**2,516**	**0**	**0%**
		Drugs & Alcohol						
0	A&H	Drug & Alcohol Misuse	6,110	-1,179	4,931	613	0	0%
0		**Drugs & Alcohol Total**	**6,110**	**-1,179**	**4,931**	**613**	**0**	**0%**
		Sexual Health & Contraception						
0	A&H	SH STI testing & treatment - Prescribed	5,468	-1,816	3,652	1,273	-40	-1%
0	A&H	SH Contraception - Prescribed	1,086	0	1,086	66	-25	-2%
0	A&H	SH Services Advice Prevention/Promotion - Non-Prescribed	542	-31	511	139	-6	-1%
0		**Sexual Health & Contraception Total**	**7,096**	**-1,847**	**5,249**	**1,478**	**-71**	**-1%**
		Behaviour Change / Preventing Long Term Conditions						
-32	A&H	Integrated Lifestyle Services	3,156	-867	2,288	757	-32	-1%
0	A&H	Post Covid weight management services	440	0	440	0	0	0%

Forecast Outturn Variance (Previous) £000	Committee		Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	A&H	Smoking Cessation GP & Pharmacy	765	0	765	61	-105	-14%
0	A&H	NHS Health Checks Programme - Prescribed	913	0	913	195	0	0%
0	A&H	Other Health Improvement	274	-4	270	68	0	0%
-32		**Behaviour Change / Preventing Long Term Conditions Total**	**5,547**	**-871**	**4,676**	**1,081**	**-32**	**-3%**
		General Prevention Activities						
-3	A&H	General Prevention Activities	561	0	561	-46	-3	-1%
0	A&H	Falls Prevention	458	0	458	19	-3	-1%
-3		**General Prevention Activities**	**1,019**	**0**	**1,019**	**-28**	**-7**	**-1%**
		Adult Mental Health & Community Safety						
0	A&H	Adult Mental Health & Community Safety	507	-203	304	-124	0	0%
0		**Adult Mental Health & Community Safety Total**	**507**	**-203**	**304**	**-124**	**0**	**0%**
		Public Health Directorate						
0	A&H	Public Health Directorate Staffing and Running Costs	4,737	-28,577	-23,840	-12,813	-115	0%
-50	A&H	Health in All Policies	247	0	247	0	-50	-20%
0	A&H	Household Health & Wellbeing Survey	160	0	160	0	0	0%
0	A&H	Social Marketing Research and Campaigns	0	0	0	0	0	0%
0	A&H	Enduring Transmission Grant	214	-214	0	-253	0	0%
0	A&H	Contain Outbreak Management Fund	4,546	-4,546	0	-109	0	0%
-50		**Public Health Directorate Total**	**9,904**	**-33,337**	**-23,433**	**-13,174**	**-165**	**-1%**

Forecast Outturn Variance (Previous) £000	Committee		Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-85	**Total Expenditure**		**44,814**	**-41,587**	**3,227**	**-7,638**	**-380**	**-1%**
		Funding						
0	A&H/CYP	Drawdown from reserves	-3,227	0	-3,227	-674	0	0%
0		**Funding Total**	**-3,227**	**0**	**-3,227**	**-674**	**0**	**0%**
-85	**Overall Total**		**41,587**	**-41,587**	**0**	**-8,312**	**-380**	**-1%**

Appendix 2a – Service Commentaries on Forecast Outturn Position - Adults, Health and Commissioning

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) Executive Director – Adults, Health and Commissioning

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
19,647	-50,135	-30,488	-19,518	-293	-1%

Underspends from vacant posts were larger in the first quarter of 2023/24 than assumed in the budget and are forecast to contribute £385k to the Directorate's overall financial position by year end. This forecast underspend is partially offset by a forecast overspend on Adults Social Care transport which has an outstanding savings target of £91k brought forward from 2021/22. The work to deliver this saving has been completed, but unusually high inflationary pressures on transport costs have meant cost reductions could not be delivered as originally planned.

2) Learning Disability Services

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
127,514	-34,931	92,583	45,758	0	0%

The Learning Disability Partnership is a pooled budget between the council and the NHS, with shares of 77% and 23% respectively. The budget covers the care costs of people with very complex needs, which can be very hard for the care market to meet. Therefore, although the budget is currently forecasting a balanced position, there is a lot of uncertainty around this forecast. This is the area of adult social care where we are experiencing the most difficulty in finding placements, particularly at higher levels of need. There is currently a significant number of people waiting for placements or changes to their current placements.

Over the past two years we have seen placement costs rising faster than they had previously. These increased costs were driven partly by increasing complexity of need, but also by cost pressures faced by providers, particularly related to staffing shortages and price inflation. The cost pressures faced by the provider market have also created a risk around the budget for uplifts paid on current placements. This is a significant risk, with some of our providers requesting uplifts far exceeding the budget available. Uplift negotiations are being managed with these providers on an individual basis.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for people with learning disabilities. This should lead to more choice when placing people with complex needs and consequently reduce costs in this area. However, this is a longer-term programme and is unlikely to deliver any improvements in the market this financial year. The LDP social work teams and Adults Commissioning are also working on strategies to increase the uptake of direct payments, to deliver more choice for service users and decrease reliance on the existing care market. And a further strategy is in development to help people with learning disabilities develop their independence so they can remain living in community-based settings for longer.

The budget for 2022-23 assumed an increased contribution from the NHS reflecting a shift in the percentage of packages that should be funded from Health budgets. For the current financial year we have made provision for this increased contribution, but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the cohort has not proceed as expected. The Council has now served notice to end the cost

sharing arrangements of the pooled budget. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

3) Older People's and Physical Disabilities Services

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
113,693	-30,608	83,085	40,425	2,283	2%

Older People's and Physical Disabilities Services demand patterns have changed significantly in recent years, particularly in relation to Older Peoples care home placements which experienced no overall growth, as previously reported. This resulted in a significant underspend in 2022-23, with the change in activity being factored into business planning assumptions for 2023-24 budgets. £750k from this budget for this financial year 2023-2024, has also been redistributed to offset pressures elsewhere in Adults, Health, and Commissioning with a risk of an emerging pressure within this budget area.

Older Peoples care home demand appears to be returning in 2023-24 with increases in placement numbers similar to pre-pandemic levels. At the same time, demand for domiciliary care appears to be on the rise after a period of stability going back to January 2023. Underspends within domiciliary care had been offsetting the increasing demand on bed-based care in the early part of the year but with emerging demand trends expected to continue we are forecasting an overspend of £2.283m. Ongoing analysis will be carried out to review in detail activity information and other cost drivers to validate this forecast position.

4) Adults Commissioning - Contracts

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
10,215	-4,321	5,894	2,152	-188	-2%

Adults Commissioning – Contracts is forecasting an underspend of -£188k at the end of August. This is due to savings made through the decommissioning of a number of local authority funded rapid discharge and transition cars as part of the wider homecare commissioning model. The long-term strategy is to decommission all the local authority funded cars, meeting the need for domiciliary care through other, more cost-effective means, such as:

- A sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas.
- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff.

5) Mental Health

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
23,783	-2,185	21,598	8,884	650	3%

Mental Health Services are forecasting an overspend of £650k. There are significant demand pressures across both community and bed-based care within Adult Mental Health. Within bed-based care for Older People's Mental Health, continued significant activity in August has increased the budget pressure although there has been a corresponding increase in income from people contributing towards the cost of their care.

Due to significant recent increases in demand, an enhanced expectation for incoming demand over previously budgeted expectations has been included in the forecast position. Ongoing analysis will be carried out to review activity information and other cost drivers in detail to continually validate the reported position. This remains subject to variation as circumstances change and more data comes through the system.

6) Mitigations

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
0	0	0	0	-2,517	0%

Given the significant emerging pressures on care budgets for Older People and Mental Health, priorities around the use of grant funding have been revisited. This has identified additional spend that can be funded from external grant, freeing up £2.5m of Improved Better Care Fund, Social Care grant and other grant monies to contribute to the identified pressures.

Appendix 2b – Service Commentaries on Forecast Outturn Position – Public Health

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area

1) Smoking Cessation GP & Pharmacy

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
765	0	765	61	-105	-14%

In the past, activity on smoking services was largely delivered through primary care – GPs and pharmacies. In the aftermath of the pandemic, activity in these services has been slow to recover resulting in a significant in year forecast underspend. Efforts are being made to offer access to stop smoking services through other providers.

2) Public Health Directorate Staffing and Running Costs

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
4,737	-28,577	-23,840	-12,813	-115	-2%

The significant income budget and actuals on the Public Health Directorate Staffing and Running Costs line reflects the fact that the income from the Public Health grant is budgeted and received on this line for the whole Public Health Directorate. There is a forecast underspend of £115k on staffing costs as a result of vacant posts above the level assumed in the budget.

Appendix 3 – Capital Position

4.1 Capital Expenditure

Original 2023/24 Budget as per BP £000	Committee	Scheme	Scheme budget £000	Scheme forecast variance £000	2023-24 budget £000	2023-24 actuals £000	2023-24 forecast variance £000
14,370	Adults & Health	Independent Living Service: East Cambridgeshire	19,035	-	380	0	-
5,070	Adults & Health	Disabled Facilities Grant	50,700	-	5,070	4,776	-
400	Adults & Health	Integrated Community Equipment Service	4,000	-	400	-	-
0	Adults & Health	Capitalisation of interest costs	182	-	182	-	-
0	Adults & Health	Capital variations	-57	-	-57	-	-
19,840		**TOTAL**	**73,860**	**0**	**5,975**	**4,777**	**0**

No schemes have significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs. However, the timing of forecast spend for the Independent Living Service scheme in East Cambridgeshire has been pushed back from assumptions in the Business Plan due to delays in the land acquisition for the scheme.

4.2 Capital Funding

Original 2023/24 Funding Allocation as per BP £000	Source of Funding	Revised Funding for 2023/24 £000	Forecast Spend £000	Variance £000
5,070	Grant Funding	5,070	5,070	-
14,770	Prudential Borrowing	905	905	-
19,840	**TOTAL**	**5,975**	**5,975**	**-**

Appendix 4 – Savings Tracker

4.1 Adults, Health and Commissioning Savings Tracker Quarter 1

RAG	BP Ref	Title	Original Saving £000	Forecast Saving £000	Variance from Plan £000	% Variance	Commentary for publication
Black	C/F 21-22 Saving	Adult Social Care Transport	-91	0	91	100%	All routes retendered in 22/23. Saving achieved is lower than expected due to the inflationary pressures on transport.
Amber	C/F 22-23 Saving	Micro-enterprises Support	-103	-4	99	96%	Not fully delivered due to low number of people with a Direct Payment (DP) and Individual Service Fund (ISF) utilising capacity created in East Cambs. The Self Directed Support programme will increase uptake of DPs and ISFs and improve the pathway to Micro-enterprise provision.
Black	C/F 22-23 Saving	Increased support for carers	-129	0	129	100%	Carers Strategy approved and action plan in development. Reprofiling savings as part of action plan development.
Amber	C/F 22-23 Saving	Learning Disability Partnership Pooled Budget Rebaselining	-1,125	-1,125	0	0%	A one off additional contribution has been received pending detailed work with ICB to review the pool position. However, savings built into the Business Plan for future years remain at risk until the review work is completed.
Green	A/R.6.176	Adults Positive Challenge Programme	-154	-154	0	0%	On track
Green	A/R.6.185	Additional block beds - inflation saving	-263	-263	0	0%	On track

RAG	BP Ref	Title	Original Saving £000	Forecast Saving £000	Variance from Plan £000	% Variance	Commentary for publication
Black	A/R.6.200 plus C/F 22-23	Expansion of Direct Payments	-113	0	113	100%	Delivery of savings has been delayed, as has investment. Self-Directed Support programme currently defining benefits and update on savings achieved will be provided in September.
Green	A/R.6.202	Adults and mental health employment support	-40	-40	0	0%	Complete
Blue	A/R.6.203	Decommissioning of block contracts for Car rounds providing homecare	-1,111	-1,290	-179	-16%	Complete
Amber	A/R.6.204	Post hospital discharge reviews	-310	-155	155	50%	Due to active involvement of prevention services in the discharge process there is less opportunity for savings than originally anticipated
Green	A/R.6.205	Mental Health s75 vacancy factor	-150	-150	0	0%	On track
Amber	A/R.6.206	Learning Disability mid-cost range placement review	-203	-102	101	50%	Project start date delayed but review team now being put in place and project implementation underway. This has led to a 3-6 month delay to benefits realisation.
Green	A/R.6.208	Integration with the Integrated Care System on digital social prescribing	-61	-61	0	0%	On track
			-3,853	**-3,344**	**509**		

4.2 Public Health Savings Tracker Quarter 1

RAG	BP Ref	Title	Original Saving £000	Forecast Saving £000	Variance from Plan £000	% Variance	Commentary for publication
Green	E/R.6.002	Vacancy factor for Public Health staffing	-80	-80	0	0%	On track
Green	E/R.6.003	Public Health savings	-201	-201	0	0%	On track
			-281	**-281**	**0**		

Key to RAG Ratings:

Total saving	Over £500k	100-500k	Below 100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	% variance more than 19%	-	-
Amber	Underachieving by 14% to 19%	% variance more than 19%	% variance more than 19%
Green	% variance less than 14%	% variance less than 19%	% variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

APPENDIX 5 – Technical Note

5.1.1 The table below outlines the additional Adults, Health and Commissioning grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Public Health	Department of Health and Social Care (DHSC)	53
Improved Better Care Fund	Department for Levelling Up, Housing & Communities (DLUHC)	15,170
Disabled Facilities Grant	DLUHC	5,070
Market Sustainability and Improvement Fund	DHSC	5,442
Market Sustainability and Improvement Fund - Workforce	DHSC	3,535
ASC Discharge Fund	DHSC	2,127
Social Care in Prisons Grant	DHSC	330
Community Discharge Grant	DHSC	194
Total Non-Baselined Grants 23/24		**31,920**

5.1.2 The table below outlines the additional Public Health grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Public Health	DHSC	27,890
Rough Sleeping Drug and Alcohol Treatment	DLUHC	460
Contain Outbreak Management Fund	DHSC / UK Health Security Agency (UKHSA)	4,546
Enduring Transmission	UKHSA	255
Supplementary Substance Misuse Treatment Grant	Office for Health Improvement & Disparities (OHID)	592
Substance Misuse for Crime and Disorder Reduction Grant	Office of the Police and Crime Commissioner	94
Total Non-Baselined Grants 23/24		**33,837**

5.2.1 Virements and Budget Reconciliation (Adults, Health and Commissioning)

(Virements between Adults, Health and Commissioning and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**215,038**	
Executive Director People Services	Apr	-300	Transfer to Strategy and Partnerships from Executive Director People Services
Various policy lines	Apr	351	Allocation of centrally held funding for former People Services restructuring
Various policy lines	May	506	Budget resetting movements as outlined in May IFMR
Various policy lines	June	-1,621	23-24 Business Planning virements to replace expenditure budgets with reserve draw down lines
Integrated Community Equipment Service	June	-53	Adjust Public Health income budget to match amounts to be transferred under PH Memorandum of Understanding
Strategic Management - Commissioning	July	-34	Transfer to Strategy and Partnerships from Commissioning for contract administered in S&P
Executive Director – Adults, Health and Commissioning	July	-4	Realignment of transport staffing budgets to match current operating model requiring a small transfer between Adult's and Children's transport staffing budgets.
Executive Director – Adults, Health and Commissioning	August	15	Moving Budget for ADASS Regional costs to Adults from Childrens- Association of Directors of Adult Social Services (ADASS)
Various policy lines	August	-198	Move of Executive Assistant and Personal Assistant budgets to Strategy and Partnerships
Budget 23/24		**213,701**	

5.2.2 Virements and Budget Reconciliation (Public Health)

(Virements between Public Health and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**0**	
Budget 23/24		**0**	

5.3.1 Adults, Health and Commissioning Earmarked Reserve Schedule

Budget Heading	Opening Balance 2023/24 £'000	Net Movements to August 2023/24 £'000	Forecast Year End Balance £'000	Reserve Description
Adult Social Care risk reserve	4,664	0	2,368	Reserve held against risk of demand for social care support exceeding the level of demand assumed in the Business Plan. In year transfers out have been approved as a contribution to 2023/24 inflation and to support work around ASC reform.
Learning Disability pooled budget reserve	1,538	0	413	Reserve to cover costs of review of the appropriate cost splits of spend in the Learning Disability pool, and to cover additional income assumed from the rebaselining of the LDP pool shares until such time as review work is complete and new cost sharing arrangements finalised.
Debt reserve	809	0	500	Reserve held to offset escalating debt position in ASC. This includes reserve for old debt pre the transition of the Cambridgeshire and Peterborough CCG to the ICB which was subject to a debt settlement but the final invoices of which are still being worked through.
Discharge reserve	500	0	0	Funding set aside as part of Discharge spend in 2022/23.
TOTAL EARMARKED RESERVES	**7,511**	**0**	**3,281**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

5.3.2 Public Health Earmarked Reserve Schedule

Budget Heading	Opening Balance 2023/24 £'000	Net Movements to August 2023/24 £'000	Forecast Year End Balance £'000	Reserve Description
Children's Public Health:				
Best Start in Life	191	-35	111	Contribution to Best Start in Life programme
Public Health Children's Manager	54	-10	8	Additional Staffing Capacity £78k total – to be spent over 2 years – commenced in 2022/23
Public Mental Health:				
Public Mental Health Manager	80	-10	37	Additional Staffing Capacity - Anticipated spend over 2 years
Support for families of children who self-harm.	77	-33	26	Rolling out pilot family self-harm support programme across Cambridgeshire
Training Programme Eating Disorders	44		5	Training Programme £78k total – to be spent over 2 years – commenced in 2022/23
Adult Social Care & Learning Disability:				
Falls Prevention Fund	110		32	Partnership joint funded falls prevention project with the NHS, £78k pa committed in Healthy Lifestyle contract
Enhanced Falls Prevention Section 75	669	11	390	Enhanced Falls Prevention Anticipated spend over 3 years to 2024/25
Public Health Manager - Learning Disability	78		40	Additional Staffing Capacity - Anticipated spend over 2 years
Improving residents' health literacy skills to improve health outcomes	400		250	Additional funding to existing Adult Literacy programme
PHI and Emergency Planning:				
Quality of Life Survey	368		208	Annual survey for 3 years to assess long term covid impact
Public Health Emergency Planning	9		0	Additional funds to respond to Health Protection incidents
Prevention and Health Improvement:				
Stop Smoking Service	71	-14	7	Additional Staffing Capacity - Focused on post to reduce smoking during pregnancy
Smoking in pregnancy	220		120	To fund work to decrease smoking in pregnancy
NHS Healthchecks Incentive Funding	407	-96	200	Funding to increase the number of health checks that can be undertaken to catch up with some of the missed checks during the pandemic.
Sexual & Reproductive Health Needs Assessment	50		25	Delivery of Health Needs Assessment
Psychosexual counselling service	69		35	Anticipated spend over 2 years

Budget Heading	Opening Balance 2023/24 £'000	Net Movements to August 2023/24 £'000	Forecast Year End Balance £'000	Reserve Description
Primary Care LARC training programme	60	-60	0	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 2 Adult Weight Management Services	205		137	
Tier 3 Weight Management Services post covid	1,465		1,025	To increase capacity of weight management services over 3 years
Social Marketing Research and Campaigns	500		350	Social marketing research and related campaigns
Support for Primary care prevention	800		400	Anticipated spend over 2 years
Strategic Health Improvement Manager	165	-8	99	Additional Staffing capacity - Anticipated spend over 2 years from 2023/24
Service improvement activity for Stop Smoking Services and NHS Health Checks	0	100	50	Additional service funding for stop smoking and health checks
<u>Traveller Health:</u>				
Gypsy Roma and Travelers Education Liaison officer	25	-6	1	Additional Staffing Capacity - Anticipated spend over 2 years to 2023/24
Traveller Health	30		20	To increase access to services, support and advice through drop-in centre model
<u>Health in All Policies:</u>				
Effects of planning policy on health inequalities	170		70	
Training for Health Impact Assessments	45		23	Training Programme agreed as part of 2022/23 Business Plan
<u>Miscellaneous:</u>				
Healthy Fenland Fund	23		0	Project extended to 2023
Health related spend elsewhere in the Council	600	-400	200	Agreed as part of 2022/23 Business Plan to be spent over 3 years to 2024/25
Voluntary Sector Support for the Health and Well Being Strategy	50		0	
Uncommitted PH reserves	820	-111	709	
TOTAL EARMARKED RESERVES	**7,854**	**-674**	**4,577**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

Public Health Key Performance Indicators

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Committee receives Public Health performance reports at future meetings containing information on agreed indicators
Recommendation:	Adults and Health Committee are asked to: Note and comment on the performance information outlined in this report and recommend any remedial action, as necessary.

Officer contact:
Name: Val Thomas
Post: Deputy Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk
Tel: 07884 183374

1. Background

1.1 The Performance Management Framework sets out that Policy and Service Committees should:

- Set outcomes and strategy in the areas they oversee
- Select and approve addition and removal of Key Performance indicators (KPIs) for the committee performance report
- Track progress quarterly
- Consider whether performance is at an acceptable level
- Seek to understand the reasons behind the level of performance
- Identify remedial action

1.2 This report presents performance against the selected KPIs for Public Health commissioned services at the end of Quarter 1, June 30th 2023.

2. Main Issues

2.1 These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are key performance indicators for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the Children and Young People's Committee (CYP) Committee they are included here as priority indicators. There are 9 priority indicators in this set and performance against targets is also set out in Appendix One.

2.2 Indicators are 'RAG' rated where targets have been set.

- **Red** – current performance is off target by more than 10%
- **Amber** – current performance is off target by 10% or less.
- **Green** – current performance is on target by up to 5% over target.
- **Blue** – current performance exceeds target by more than 5%
- **Baseline** – indicates performance is currently being tracked against the target.

2.3 Performance in a number of areas has been affected by system issues. Performance against health checks and smoking cessation has been affected by post pandemic pressures on primary care. We are working on alternative methods of delivery to bring activity back up to required levels. There have been longstanding national issues with the recruitment of health visitors which is affecting performance against mandatory checks. We are working with our service provider to identify alternative staffing models so that the checks can be completed in a timely manner.

2.3 Drug and Alcohol Treatment Services

Indicator	FY 21/22	National average (latest Q) baseline	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Status
201: Treatment Completion % Achievement against target for drug and alcohol service users who successfully complete treatment. (Benchmarked against national average) **Above target but decreasing**	21.84%	20.32%	21.76%	21.25%	22.23%	21.11%	**Green**
Commentary on performance Q1 23/24 data is not yet available. The Cambridgeshire commissioned Drug and Alcohol Treatment Service provided by Change Grow Live, continues to perform well against national indicators. The 'successful completion' rate above is based on the performance of four 'drug cohorts' within the treatment system. There has been a slight decline in Q4 which primarily is due to a drop in the 'alcohol' cohort completion rate which is being investigated. The national Office for Health Improvement and Disparities (OHID) is currently piloting a new performance measure which is more reflective of 'treatment progress' reflecting the smaller gains made by this patient cohort (who present with complex issues and vulnerabilities) which will be available for 23/24 data							

2.4 Health Behaviour Change Services (lifestyles)

Indicator	FY 22/23	Q1 23/24	FY 23/24	Status
53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks. A local target was set but this is below the national target. The ambition is to work over the next three years to meet the national target of 37,000 p.a. **Target: 20,000** **Below target but improving**	**13,763 (69% of annual target)**	**3738 (75% of annual target)**		**Red**

56: Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. **Target: 2234 quitters.** **Below target**	**31% 683 quitters**	**Data not available at this time**		**Red**
82: Tier 2 Weight Management Services: % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. **Target: 30% of those in treatment** **Above target and improving**	**49%**	**45%**		**Blue**
237: Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service received from deprived areas. **Target: 30%** **Exceeding target and improving.**	**35%**	**30%**		**Green**

Commentary on performance

Indicator 53: NHS Health Checks NHS Health Checks are primarily delivered in GP practices. Delivery was significantly impacted by the pandemic with only 46% of the local target achieved in 21/22, this increased to 69% in 22/23. Delivery continues to improve despite many practices still struggling with backlogs, capacity issues and other pressures. Year to date 3738 NHS Health Checks have been completed, which is 75% of the trajectory target. The commissioning of NHS Health Checks has been diversified with GP Federations* delivering on behalf of some practices and the Behaviour Change Services increasing its opportunistic NHS Health Checks along with supporting practice delivery. Other models are being explored to encourage increased activity.
*A GP Federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy.

Indicator 56: Stop Smoking Services Stop Smoking performance data is two months behind the reporting period. This is due to the intervention taking two months in total to complete. This means the complete 23/24 Q1 data is not available at this time. During Q4 22/23 the Behaviour Change Service/Stop Smoking Service achieved 113% of its trajectory 4-week quitter target which is the first time during 22/23 the service had achieved its trajectory target. However, due to low performance in previous quarters it only achieved 91% of its overall year target. GP practices are still experiencing demand pressures and are finding it challenging to provide stop smoking services. In addition to this two of the main smoking cessation

pharmacotherapies (Champix and Zyban) have been withdrawn due to safety issues plus there have been national shortages of multiple nicotine replacement therapies. These issues combined are impacting the overall 4-week quit numbers.

Indicator 82: Tier 2 Adult Weight Management. Referrals into the Tier 2 services continue to be very high with 1633 referrals received in Q1 of 2023/24 against a target of 586. This is due to the continuation of the enhanced specification whereby GP practices receive a financial incentive for each referral to a weight management service. The target number of referrals commencing on a course has been exceeded in Q1 (574 against a target of 498). The percentage of completers achieving 5% weight loss continues to exceed the target of 30%, with 45% achieving a 5% weight loss in Q1.

Indicator 237: Health Trainer. Referrals into the Health Trainer service are on target for Q1 with 839 referrals received against a target of 820. 30% of these referrals are from the 20% most deprived areas which is in line with the target. This target is being consistently achieved.

2.5 Healthy Child Programme

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Status
57: Breastfeeding % Of infants breastfeeding at 6-8 weeks (need to achieve 95% coverage to pass validation). **Local target: 57% Achieving target and fluctuates**	56%	57%				**Green**
59: Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor. **Local target: 90% Below target but improving**	40% (96% including checks outside of 14 days)	75% (If those completed after 14 days are included, this increases to 96%)				**Red**

60: Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks. **Local target: 95%** **Below target**	38%	39% (If those completed after 8 weeks are included, this increases to 93%)				**Red**
62: Health visiting mandated check - Percentage -of children who received a 2-2.5-year review. **Local target: 90%** **Below target but improving**	54%	72% (If those completed after 2.5yrs are included, this increases to 81%)				**Red**

Commentary on Performance

Indicator 57: The overall breastfeeding prevalence of 57% is higher than the national average of 49% and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do continue to vary greatly across the county. Broken down by districts, breastfeeding for 2023/24 Q1 stand at 78% in Cambridge City, 65% in South Cambridgeshire, 52% in East Cambridgeshire, 52% in Huntingdonshire, and 38% in Fenland. A new process is in place to ensure telephone follow-up and cross referencing against GP records to ensure the service obtains the status of >95% coverage, which is required to meet OHID national reporting data validation criteria and the Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited. This shows quality of care in terms of support, advice and guidance offered to parents/carers.

In October 2022, we also launched a 5-year Infant Feeding strategy which sets out our ambitions to improve the quality of support provided to parents across the continuum of their infant feeding journey and an action plan has been developed against this strategy which aligns to the Family Hubs transformation programme delivery plan across Peterborough and Cambridgeshire, where support for infant feeding is a core priority area.

#FreeToFeed, a campaign to help breastfeeding mothers feel confident and relaxed feeding their baby in public is being expanded and co-production work with local families surrounding the promotion of this is taking place.

Commissioners are also in the process of recommissioning a new joint Infant Feeding and Perinatal Mental Health Peer Support service across the districts of Huntingdon & Fenland to address inequalities and to mirror the NWAFT geographical footprint. The new service, which will encompass infant feeding and emotional wellbeing peer support will launch on 1st October

2023, alongside a breastfeeding equipment hire scheme and workforce infant feeding training for child and family centre staff.

Indicators 59 (new birth visit) & 60 (6-8 week check):
Commissioners work closely with the provider to ensure a high coverage level across all mandated contacts and if contacts completed outside of timescale were also included in this data, coverage would be significantly higher. For new birth visits, if those completed after 14 days are included, the quarterly average increases to **96% for the Q1** period. All new birth visits are now taking place **face to face as part of a home assessment** and reassuringly many families do receive a quality in-person contact for these mandated reviews, as evidenced in the total number of reviews completed for these contacts. For 6-8 week checks if completed after 8 weeks are included, this increases to **93%.**

As part of Covid-19 response measures and as a mitigation measure to address capacity pressures within the service, Commissioners agreed jointly with the provider to allow a delay in the timeframe within which the new birth visit (extended to 21 days) and 6-8 check (extended to 12 weeks) contact can be completed and the provider is still working hard to bring these checks back in to timescale. This is evidenced by the significant improvement in Q1 performance, despite the high level of vacancies being reported and increased targeted and safeguarding workload.

Commissioners are working closely with the Provider to explore innovative ways to bring these back into timescale as a priority area in the service's 2023/24 Annual Development Plan. The provider is currently utilising bank and agency staff, revising non-front-line duties and focusing on front-line clinical duties, actively recruiting to roles and training a 2023 cohort of school nurses and health visitors. We are also using a new demand and workforce modelling tool to understand the capacity needed to maintain a safe and quality service for families, looking at a skill-mix model that will be feasible to recruit to. Commissioners are also reviewing the current service specification, including reviewing all guidance, evidence and other LA services ahead of recommissioning in 2025.

Indicator 62 (2-2.5 year check): Although checks completed within timescales are at 72%, if those completed after 2.5yrs are included, this increases to **81%**. Commissioners agreed with providers to prioritise this contact as part of the 2022/23 Annual Development Plan as it is recognised that this cohort will be the first children born in lockdown to have this development assessment. The Provider has successfully achieved all incentive milestones set for improving performance against this contact as set out in the development plan, which is commendable. Part of the measures to improve coverage also included the launch of an innovative pilot of a multi-agency approach to this deliver this with Child and Family Centres and Early Years to enable a broader number of practitioners undertake this review with supervision and oversight of the Healthy Child Programme - this is completed in a group based setting within a child & family centre and offers a more holistic review of the child and wider support available to the family.

3. Alignment with ambitions

3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes

- There are implications with the introduction of virtual and digital services, but these are not covered in this performance report.

3.2 Travel across the county is safer and more environmentally sustainable

- There are implications with the introduction of virtual and digital services, but these are not covered in this performance report.

3.3 Health inequalities are reduced

- The services do impact health inequalities this is not detailed in the report.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs

- The services do support people to enjoy healthy, safe and independent lives through timely support most suited to their needs, but this is not detailed in the report.

3.5 Helping people out of poverty and income inequality

- The services do impact upon poverty and income inequality, but this is not detailed in the report.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised

- There are implications for places and communities, but these are not covered in this performance report.

3.7 Children and young people have opportunities to thrive

- The services do support children to thrive but this not detailed in this report.

4. Significant Implications

4.1 Resource Implications

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

- This performance report does not include a financial analysis of the services commissioned.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet point sets out details of significant implications identified by officers:

- Any procurement actions arising from this report will be undertaken with the support and approval of the Procurement team and conform to Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

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

- Any implications arising from this report, for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding

4.4 Equality and Diversity Implications

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

- Any equality and diversity implications will be identified before any service developments are implemented.

4.5 Engagement and Communications Implications

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

- Any engagement and communication implications will be identified before any service developments are implemented.

4.6 Localism and Local Member Involvement

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

- Services will require the ongoing support of local communities and members to support and maximise service delivery.

4.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 1.4, 1.5, 1.6.

4.8 Climate Change and Environment Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status: Neutral
Explanation: Not factored into this performance report

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley 31/8/23

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes
Name of Officer: Claire Ellis 30/8/23

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Legal Officer:

Have the equality and diversity implications been cleared by your EqIA Super User? Yes
Name of Officer: Jyoti Atri 29/9/23

Have any engagement and communication implications been cleared by Communications? Yes
Name of Officer: Simon Cobby 31/8/23

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri 29/9/23

Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Jyoti Atri 24/8/23

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

Name of Officer: Not Applicable

5. Source documents guidance

5.1 None

Adults and Health Policy and Service Committee Agenda Plan

Published 1 September 2023
Updated 27 September 2023

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
05/10/23	Rough Sleeper Drug and Alcohol National Grant Funding	V Thomas	2023/082		22/09/23	27/09/23
	Adults Social Care Workforce Plan	D Glover	2023/095			
	Learning Disability Partnership Section 75 Agreement	Gurdev Singh	2023/097			
	Progress Report on LGA Peer Review Recommendations	K Clarke/G Singh	Not applicable			
	Finance Monitoring Report	J Hartley	Not applicable			
	Performance Monitoring Report	V Thomas T Hornsby	Not applicable			
	Risk Register	D Revens	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Ombudsman Report into Drug and Alcohol Services*	V Thomas	Not applicable			
	Customer Care Annual Report 2022 – 2023	L Cooke	Not applicable			
	Scrutiny Items					
	ICB Financial Plans	TBC, ICS	Not applicable			
	Winter planning	Sara Rodriguez-Jiminez, ICS	Not applicable			
	Health scrutiny work plan	R Greenhill	Not applicable			
14/12/23	Re-commissioning Behaviour Change Services	Val Thomas	2023/003		01/12/23	06/12/23
	Block Bed Tender (T3)	L Hall	2023/076			
	All Age Carers Service Tender	A Bourne/ A Betts-Walker	2023/088			
	Future Accommodation Programme	L Sparks	2023/089			
	Commissioning Prevention in Primary Care	V Thomas	2023/058			
	Charges Review in the light of anti-poverty considerations	P Warren Higgs	TBC			
	Transparency and accountability in case reviews	P Warren Higgs	TBC			
	Fall Prevention Strategy	E Smith / H Tunster	Not applicable			
	Business Planning (inc Fees and Charges)	P Warren Higgs/ J Atri	Not applicable			
	Finance Monitoring Report	J Hartley	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Performance Monitoring Report	V Thomas T Hornsby	Not applicable			
	Risk Register	D Revens	Not applicable			
	Scrutiny Items					
	NHS Workforce Development: Primary Care and Nursing Workforce	C Iton, Chief People Officer, ICS	Not applicable			
	Health scrutiny work plan	R Greenhill	Not applicable			
25/01/24 Reserve Date					12/01/24	17/01/24
07/03/24	Re-commissioning Sexual and Reproductive Health Services	Val Thomas	2024/005		23/02/24	28/02/24
	Care Together - Place Based Homecare Phase 1	J Melvin / A Belcheva	2024/006			
	Finance Monitoring Report	J Hartley	Not applicable			
	Performance Monitoring Report	V Thomas T Hornsby	Not applicable			
	Risk Register	D Revens	Not applicable			
	Scrutiny Items					
	Approval process for responses to NHS Quality Accounts 2023/24	R Greenhill	Not applicable			
	Health scrutiny work plan	R Greenhill	Not applicable			
25/04/24					12/04/24	17/04/24

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

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

Adults and Health Committee Training Plan 2022/23

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Date	Timing	Topic	Presenter	Location	Notes	Attendees
On Request **Monday 20th June 2022** Amundsen House 10.00 – 12.00 Scott House 13.00 – 15.00	1 day or 2 half days	**CCC** Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services. At this session you will start the day at Amundsen House and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House and have the opportunity to experience case work.	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	**ASC Session:** Maximum attendance of 4 Members & can be arranged on request	Attended by Cllr Richard Howitt Cllr Susan van de Ven Cllr Claire Daunton (am only) Cllr Graham Wilson

Friday 11th November 2022 10am - 4pm		**PCC** Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long-Term Complex Services.	Operations Manager and Head of Housing & Health Improvement	Sand Martin House		Cllr John Howard
Thursday 21st September 2023 (reserve committee date)	2.00pm to 5.00pm	Health Scrutiny training and development session	David McGrath, Link UK LTD	Red Kite Room, New Shire Hall* *Members are encouraged to attend the session in person if possible, but a Zoom link will be available if needed	Open to all members and substitute members of A&H	**Scrutiny Training** Cllr Howitt Cllr van de Ven Cllr Howell Cllr Costello Cllr Hay Cllr Slatter Cllr Daunton Cllr Black Cllr Seeff Cllr Bulat Cllr Shailer Cllr Dr Nawaz - FDC Cllr Horgan - ECDC Cllr Garvie – SCDC **Social Value Development Session** As above but apologies from Cllr Daunton and Slatter and plus Cllr Goodliffe.

Please note that the training plan will be reviewed in light if the new Executive Director: Adults, Health and Commissioning taking up post in June 2023.

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING
More information on these services can be found on the Cambridgeshire County Council Website: https://www.cambridgeshire.gov.uk/residents/adults/

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere

LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.

Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic

	infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.

Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.

Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk

EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24

To:	Adults and Health Committee
Meeting Date:	5 October 2023
From:	Associate Director of Performance and Operations. Cambridgeshire and Peterborough Integrated Care Board (ICB)
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Outcome/s:	This paper summarises the approach to the development of the Integrated Care System (ICS) winter plan, assurance of delivery of national expectations and local priorities, key risks, and next steps to enhance mitigation prior to winter.
Recommendation/s:	The Committee is recommended to: a) Note the progress in developing the ICS 2023/24 winter plan. b) Note the residual risk areas and proposed next steps for continued development of mitigation.

Officer contact:
Name: Sara Rodriguez-Jimenez
Post: Associate Director of Performance and Operations
Email: Sara.rodriguez-jimenez@nhs.net
Tel:

1. Background

1.1 The Cambridgeshire and Peterborough Integrated Care System (ICS) approach to winter planning has been based on three areas highlighted as making a difference in 2022/23 that resulted in strong operational grip, system responsiveness, and improved performance. These are:

- **Planning and processes:**
  Building ahead of winter clear objectives based on evidence of need and establishing system relationships, values, behaviours, and accountabilities.

- **System coordination and continuous learning:**
  Learning approaches to support decision-making and robust governance processes in place to include monitoring of performance and spend, and clear and transparent decision-making processes.

- **Targeted and collective interventions:**
  Coordinated intervention and investment of Capacity and Demand Funding.

1.2 The 2023/24 winter plan is based on the existing ICS wide unplanned care improvement plan and investment priorities for Urgent and Emergency Care (UEC), agreed at the beginning of this financial year as part of the development of the 2023/24 Operational Plan. This is in recognition that whilst winter may require some additional preparedness for seasonal surges in demand, we remain assured that the existing agreed priorities will deliver expected quality and access improvements for our population. The ICS plan is included in appendix one.

1.3 While the principles, outcomes and framework of the winter plan will remain fixed, there will be ongoing work to refine and adapt specific approaches, actions, and interventions over the coming months to allow flexibility to respond to new risks as they arise.

2. Winter priority areas

2.1 NHSE guidance on winter planning received in late July 2023 sets out the expectation for all ICS winter plans in 2023/24 to contain the following core elements:

- Delivery of high impact priority interventions drawn from the national Urgent and Emergency Care (UEC) recovery plan which include –
  - Provision of same day emergency care (SDEC) 7 days a week.
  - Provision of frailty services that support avoidance of unnecessary hospital admissions.
  - Implementation of in hospital efficiencies to reduce variations in inpatient care and length of stay.
  - Reducing variation in inpatient care and length of stay in community bed capacity including mental health.
  - Supporting ongoing demand and capacity planning through improved use of data to improve access to intermediate care.
  - Standardising and improving care across all virtual ward services.
  - Providing a comprehensive urgent community response service that improves

patient care in community, eases pressure on ambulance services, and avoids admission, and driving standardisation of care coordination in a single point of access for urgent community response services.
    - Implementing a standard operating procedure and minimum standards for care transfer hubs supporting discharges from hospital and maximising access to community rehabilitation.
    - Support roll out of acute respiratory infection hubs to provide same day urgent assessment and support system pressures.
    .
- Ensuring clear roles and responsibilities for each part of the system so that accountability for delivery is clear.

- Ensuring system level resilience to avoid systems becoming overwhelmed at times of peak demand.

2.2 It is anticipated that all interventions over winter should contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.

2.3 Following self-assessment of Cambridgeshire and Peterborough ICS' winter plan versus national requirements there is a high level of assurance that current plans meet these expectations with read across local programmes and national priorities shown in the table below:

Local Plans	Urgent community response	Frailty	Inpatient Flow & Length of stay	Virtual wards	Home first	Access to Primary Care	High Intensity users
NHS Objectives 23/24	• Improve A&E waiting times • Improve C2 ambulance response times • Consistently meet or exceed the 2hr UCR standard • Streamline direct access & direct referrals		• Reduce adult general and acute bed occupancy • Deliver system specific [elective] activity target			• Make it easier for people to access GP practice • Continue on trajectory to deliver 50 million more appointments in general practice	
UEC Recovery Priorities	• Increase workforce size & flexibility • Expanding care outside hospital • Making it easier to access the right care		• Expanding care outside hospital • Increasing discharges • Tackle unwarranted variation		• Increase workforce size & flexibility • Expanding care outside hospital • Increasing discharges		• Increase workforce size & flexibility • Expanding care outside hospital • Making it easier to access the right care
Hight Impact Interventions	• Reducing variation in acute frailty provision & improving recognition of cases and referrals to avoid admission • Reducing variation in patient LoS • Same Day Emergency Care • Urgent Care Response		• Standardising & improving care across VW services • Implementing SOP & minimum standards for care transfer hubs • Increase bed productivity & increase flow			• Urgent Community Response • Driving standardisation of urgent integrated care coordination & whole system management of patients	

2.3 There is one area of exception, where locally we are not expecting to meet the high impact interventions outlined in the national winter plans: Acute Respiratory Hubs (ARIs). Partners across the ICS are still in discussion as to the value of delivering this intervention as per the guidance. From our experience in 22/23, there is not clear evidence that the hubs that were established were well utilised, nor did respiratory illness present as a specific unmitigated

capacity issue in our services. While there may be value in pursuing how ARIs are a vehicle for delivering more integrated respiratory care in future, this requires planning and assessment of needs across our population to determine the right models and locations of care. In the event of significant demand pressure, there is the ability to stand up surge capacity using the processes and pathways established in 22/23.

2.4 In order to effectively oversee and manage daily operational risks, the Integrated Care Board led System Coordination Centre (SCC) will continue to operate 7 days a week during winter. The Cambridgeshire and Peterborough SCC is held as an example of best practice by region, and it has proven to be a successful mechanism to oversee and support patient flow, as well as the wider system escalation frameworks in place.

3. Assurance review and risks

3.1 Not all risks will be fully mitigated as we head into the winter period. The current national context for the NHS is challenged, and when considering ICB responsibilities in preparedness for winter, while there is work underway in all areas, there are four key areas of risk:

- Workforce
- Mental health
- Primary care
- Elective recovery

Industrial action has not been identified as a standalone risk though it is significant in its impact across all areas.

3.2 For workforce, while there is considerable activity underway, there is a residual concern that organisations are not sufficiently able to meet demands during the winter period, not least due to industrial action and the impact of this on staff morale and availability. Sickness absence has been improving across Cambridgeshire and Peterborough, but we continue to see significant vacancy rates in some key services and utilisation of bank and agency.

3.4 While there have been changes in mental health service provision for urgent needs in the last 12 months, there is still a need for additional urgent mental health capacity to ensure that patients requiring this support are able to access the right services, as opposed to an Emergency Department. Working with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), our acute providers, primary care, and voluntary and community sector organisations, we need to consider learning from elsewhere and re-assess the opportunities we have ahead of winter to establish additional capacity to support mental health urgent demand.

3.5 The national primary care recovery plan sets out several expectations for systems to deliver, some ahead of and during winter to meet surge demand. Primary Care Networks (PCNs) have been developing their plans for submission at the end of August so at this present time, plans are being assessed to understand specific pressure points, risks, and potential mitigations available. There will be further development of our approach to primary care, in its broadest sense, through September and October.

3.6 Maintaining elective activity through winter is always challenging with UEC pressures often taking priority on inpatient capacity and increased staff absence resulting in short notice

cancellations. All providers have phased their 23/24 activity plans accordingly and additional capacity is expected to come online by December, such as the opening of the new theatres at Hinchingbrooke Hospital. However, the impact of industrial action (IA) has not been considered in 23/24 plans, as per national guidance, and as experienced year to date, managing ongoing strikes is having a significant impact on overall elective delivery. Work is ongoing to model the impact of continuous periods of IA through to end March 24. Additional mitigations will need to be implemented over the coming months.

3.7 Ongoing discussions and preparedness work on the risk areas outlined above will continue to take place, recognising the extent to which short term interventions can positively impact on access and quality and ensuring appropriate risk oversight and escalation processes are in place to address gaps in our assurance.

3.8 All providers within the ICS are working on their own local surge plans, which will be complimentary to and appended to the system wide winter plan in October, once they have been approved through organisational governance arrangements. Check and challenge of individual plans took place at September's ICS unplanned care board (UCB) to assure ourselves that we collectively have the right actions, processes, and capacity in place to meet population demand.

4. Source documents

3.1 NHS England Winter Plan 2023/24 - Guidance

Cambridgeshire & Peterborough Integrated Care System

Cambridgeshire and Peterborough Winter Plan 2023/24

September 2023

Contents

Introduction

There has been significant investment in Cambridgeshire and Peterborough services over the past year, facilitated in large by the new Capacity and Demand funding introduced in winter 22/23. The additional investment in capacity was accompanied by significant collective efforts from system partner organisations across health and social care, resulting in substantial progress and improvement in performance particularly:

- ✓ Cat 2 ambulance response times
- ✓ Average ambulance handover times
- ✓ Urgent community response
- ✓ A&E attendances
- ✓ A&E 4-hour performance
- ✓ Non-Elective admissions

UEC activity is below plan across all providers with non-elective activity below plan and below the same period in 22/23. Nevertheless, some challenges remain as a result of both historical and newly emerging risks. As of July this year, our G&A average bed occupancy is 0.3% above plan, zero day Length of Stay (LoS) is below plan at 27.6% against a 40% target, non-elective average LoS remains higher than the system ambition at 6.37 days and the number of patients in hospitals not meeting criteria to reside has seen a slight increase from the previous months.

A number of factors will undoubtedly increase the challenge faced by all system providers this winter; these include:

- Reduced staffing levels and ongoing recruitment challenges
- Impact of sustained periods of Industrial Action on activity and staff
- Scheduled care waiting lists and the impact of delayed and postponed care on patients
- Increases in population, particularly the ageing population
- Opportunities yet to fully realise offered by better integration across acute and community services

Looking back: Learning from last winter

What worked well?

Planning and processes

- Building shared vision and objectives
- Evidence base and data driven
- Relationships, values and behaviours

System coordination and continuous learning

- Clear and transparent decision-making processes
- Robust shared governance to engender peer accountability
- Flexibility and learning approaches – PDSA methodology

Targeted and collective interventions

- System first, person centered outcomes
- Coordinated interventions across pathways
- Bold decisions to drive integration

Last winter three areas were highlighted as critical to making a difference on the level of operational "grip" and responsiveness demonstrated during the winter months, even when confronted with new challenges posed by consecutive periods of Industrial Action and their impact on system providers, alongside the anticipated seasonal surges in demand for health and care services.

Of particular importance were our approach to system prioritisation and simplification of key objectives; the establishment of processes that allowed for ongoing coordination of delivery, monitoring of impact and continuous learning; and the commitment from system Executive leaders to adopt open and transparent decision making in agreeing priorities for investment, whilst balancing risk across the system.

Based on the success of this approach, the same processes were applied to the later selection and approval of investment of any additional funding for 23/24 to continue to support successful winter projects from April 23 onwards.

Our winter plan for 23/24 is based on the unplanned care and primary care investment priorities and improvement plans agreed at the beginning of this financial year. This is in recognition that whilst winter may require some additional preparedness to support our collective response to seasonal surges in demand, we must also remain focused in delivering the 23/24 priorities agreed across the system to improve quality of care for our population.

Priority Areas

Our seven priority areas have been selected in order to:

- ❑ Implement bespoke local action plans focused on improving UEC performance (and/or sustaining improvements already achieved), and alleviating seasonal winter pressures
- ❑ Deliver against national and regional expectations including winter guidance as published by NHSE on 4th August 2023
- ❑ Maximise opportunities to enhance admission avoidance, patient flow and discharge from hospital and community interim care settings during the winter period
- ❑ Continue the implementation of initiatives agreed and supported in April as part of our 23/24 planning cycle

As part of the delivery of local action plans in these seven priority areas, the Cambridgeshire and Peterborough Unplanned Care Board (UCB) will:

- ✓ Keep oversight on spend of capacity and demand funding so that local governance structures can develop and agree initiatives to respond rapidly to newly emerging challenges during winter
- ✓ Ensure a discrete number of key metrics are set up for each plan and updates provided to UCB meetings to oversee progress against delivery
- ✓ Ensure winter initiatives are also supporting longer term objectives as set out in the C&P Operational Plan and Joint Forward Plan respectively
- ✓ Ensure inclusive governance structures and implementation teams are in place to drive implementation, performance and responses to new operational challenges as they emerge over the winter period

Local Priority Areas for Winter

Alignment of local priorities and national objectives

Local Plans	Urgent Community Response	Frailty	Inpatient Flow & Length of Stay	Virtual Wards	Home First	Access to Primary Care	High Intensity Users
NHS Objectives 23/24	• Improve A&E waiting times • Improve Cat 2 ambulance response times • Consistently meet or exceed the 2hr UCR standard • Streamline direct access & direct referrals		• Reduce adult general and acute bed occupancy • Deliver system specific (elective) activity target		• Make it easier for people to access GP practice • Continue on trajectory to deliver 50 million more appointments in general practice		
UEC Recovery Priorities	• Increase workforce size & flexibility • Expanding care outside hospital • Making it easier to access the right care		• Expanding care outside hospital • Increasing discharges • Tackle unwarranted variation		• Increase workforce size & flexibility • Expanding care outside hospital • Increasing discharges		• Increase workforce size & flexibility • Expanding care outside hospital • Making it easier to access the right care
Hight Impact Interventions	• Reducing variation in acute frailty provision & improving recognition of cases and referrals to avoid admission • Reducing variation in patient LoS • Same Day Emergency Care • Urgent Care Response		• Standardising & improving care across VW services • Implementing SOP & minimum standards for care transfer hubs • Increase bed productivity & increase flow				• Urgent Community Response • Driving standardisation of urgent integrated care coordination & whole system management of patients

Cambridgeshire & Peterborough
Integrated Care System

Action Plans

Urgent Community Response

Exec Sponsor / SRO	Stacie Coburn/Kate Hopcraft	Programme Lead	Paula Merrell	ICS

Winter 23/24 Deliverables

	Completed By	Lead
Direct access to ambulance stack by UCR services (pilot & embed)	August 23	EEAST
Improve integration of services across UCR operating a trusted assessor model and reducing hand offs between teams	October 23	ICB
Open pathway direct referrals from 111 & care homes to CB4C service	November 23	ICB
Review of current offer against 9 UCR pathways, identify gaps and solutions for winter	November 23	ICB
Ensure direct Cb4C / SDEC pathways in advance of winter	October 23	Acutes / GPN
Evolution of current UCR offer into a clinically led Integrated Community Hub	December 23	PCNs /EEAST

Risks

1. Buy in from system partners to implement trusted assessor model
2. Activity through UCR services is not true admission avoidance
3. New referral pathways overwhelm service with non-urgent requests

Mititgations

1. Develop MOU for each organisation to sign / commit to before go live
2. Regular audits of activity and weekly monitoring of operational metrics
3. Wide communication to ensure services understand nature of UCR versus scheduled care and regular reviews of appropriateness of referrals

Ambition

To develop a comprehensive urgent community response across C&P seven days a week that enables the system to respond within the national 2hr standard

Programme Metrics

Average utilisation (as % of total capacity)	85%
2hr UCR response time	70%
Patients resulting in non-conveyance (%)	TBC

UEC metrics supported

- Delivery of 76% target A&E waiting times 4hr standard
- 2hr UCR response time (70% national target)
- Cat 2 Ambulance response time (30 min target)

Frailty

Exec Sponsor / SRO	Harvey McEnroe / Kate Hopcraft	Programme Lead	Sara Rodriguez-Jimenez	ICS

Winter 23/24 Deliverables

	Completed By	Lead
Develop whole system falls prevention and falls response pathway	Nov 23	ICB / North / South
Develop comprehensive directorate of services for frailty (including DoS profiling)	October 23	ICB
Deliver equipment and training (raiser chairs) to all care homes across C&P	Dec 23	ICB
RESPEct forms for all frail residents in care homes with care staff upskilled to support completion of these	Nov 23	ICB
Improve acute frailty pathway as part of relaunch of the Medical Assessment Unit	Nov 23	CUHFT
Implementation plans for the use of virtual wards in frailty North and South maximising occupancy	Dec 23	CUHF /NWAFT

Risks

1. Scope “creep” due to wide reach of frailty into a large number of pathways and services across providers
2. Lack of visibility/coordination of commissioned service capacity supporting frailty resulting in patients not accessing the right services

Mititgations

1. Focus on a small number of deliverables over winter in areas of greater need/poorer performance, i.e. falls
2. Ensure directorate of frailty services is widely shared with C&P stakeholders increasing visibility of services and referral routes

Ambition

Develop and implement integrated care pathways that deliver safe, effective, patient centred care and reduces variation in healthcare.

Programme Metrics

Emergency admission rate >65 falls	reduction
Permanent admission rate to care homes	reduction
Patient and carer experience of services	improve

UEC metrics supported

- Delivery of 76% target A&E waiting times 4 hr standard
- Reduction in G&A bed occupancy to 92%
- Delivery of 70% target 2hr UCR response time

Inpatient Flow & Length of Stay (LoS)

Exec Sponsor / SRO	Harvey McEnroe / Stacie Coburn	Programme Lead	Paula Merrell	Acutes

Winter 23/24 Deliverables

	Completed By	Lead
Process audits at CUH, NWAFT, CPFT inpatient beds against best practice (IPS, full capacity protocols, CTA principles, SAFER / Red to Green, criteria led discharge)	Oct 23	ICB / Acutes/ CPFT
Recommendations from audits drafted into improvement plan per site	Nov 23	ICB / Acutes / CPFT
Review cardiology pathway (CUH / RPH) to identify gaps and opportunities to improve flow and LoS across C&P	Nov / Dec 23	ICB/CUH / RPH
Review dementia / delirium pathway to identify gaps and opportunities to improve flow and LoS across C&P	Nov/ Dec 23	ICB / NWAFT

Risks

1. Workforce capacity / skill in discharge planning
2. Clinical buy in into process changes
3. Assumptions on benefits realisation do not materialise as expected

Mititgations

1. Revisit “basics” of discharge planning across wards / disciplines
2. Engagement with Medical / Nursing Directors in each organisation
3. Establish steering group to oversee progress against delivery monthly

Ambition

Reduce overall length of stay (LoS) within inpatient settings focusing primarily on non elective LoS (medicine) in acutes, LoS in community non mental health inpatient beds (IPR), and LoS in pathways with variations in performance (i.e. cardiology)

Programme Metrics

Reduction in LoS	0.5 day
Daily total discharges (P0)	TBC
Discharges before midday (%)	TBC

UEC metrics supported

- Delivery of 76% target A&E waiting times 4 hr standard
- Reduction in G&A bed occupancy to 92%
- Reduction in LoS

Virtual Wards

Exec Sponsor / SRO	John Rooke	Programme Lead	Rob Murphy	ICS

Winter 23/24 Deliverables

	Completed By	Lead
Recruit further capacity at CUH, NWAFT, RPH	Dec 23	North ICP
Both hubs have a VW for frailty, heart failure and respiratory and whilst CUH can offer technology to support 24hr monitoring, that needs to be in place in the north too	Nov 23	North ICP
Rationalise IV antibiotic provision and technology solutions across provision.	March 24	North ICP
Maximum capacity (164 beds) achieved across C&P	Nov 23	North ICP
Achieve 80% occupancy of 164 beds.	Nov 23	North ICP
Working across the system, review the implementation of paediatric and MSK pathways	Mar 24	North ICP

Risks

1. Ability to recruit staff into proposed bed capacity
2. Clinical buy-in into model and confidence in the service
3. Assumptions on benefits realisation do not materialise as expected

Mitigations

1. Working with ICB workforce lead. Filling shifts from bank if necessary
2. Robust and regular communication with all clinicians regarding VW
3. Monthly reporting being led by ICB including support with evaluation

Ambition

Deliver an alternative home based care option for those who are frail, elderly or with specific conditions who become unwell and would normally be spending [longer] time in hospital.

Programme Metrics

Total VW capacity achieved	164 beds
Occupancy rate in VWs	80%
Average LoS in VWs	<7 days not including IV's

UEC metrics supported

- Delivery of 76% target A&E waiting times 4hr standard
- Reduction in G&A bed occupancy to 92%
- Reduction in LoS

Home First

Exec Sponsor / SRO	Heather Noble	Programme Lead	Sabina Fitton	ICS

Winter 23/24 Deliverables	Completed By	Lead
Implement and embed Online PTL supported by all system partners (pre-Digital solution)	October '23	LA/CPFT
Implement Trusted Referrer model at CUH Trust wide	October '23	CUHFT
Commence Trusted Referrer Pilot at NWAFT & agree roll out plan	November '23	NWAFT
Development and implementation of C&P & Out of Area Escalation Processes	October '23	North ICP
Evaluate Triage and Assessment provisions and agree a plan to mitigate any identified gaps	October '23	LA/CPFT
Existing private cars held under ICB to transfer to CPFT (PW1)	October '23	CPFT
Development of the new Discharge Notification form / CPFT trial	December '23	CPFT
Development of new process for Restart and Returns	December '23	CUHFT
Analyse PW2 Capacity and Demand (HI beds, Spot Purchase & IPR) and agree mitigations	October '23	ICB
Delivery of a Single Point of Access supported by VCS network	October '23	ICB

Risks

1. Staff shortages - Workforce levels required to deliver timely and safe PW1-3 transfers of care
2. Commissioned service capacity – in particular PW2 and lack of D2A

Mitigations

1. Daily reviews of workforce gaps to maintain service delivery with TOCH oversight and escalations
2. Review of commissioned and available capacity (PW2 being the priority) and development of D2A model

Ambition

Helping people to receive the right care, in the right place, at the right time, returning home whenever possible.

Programme Metrics

Number of Discharge Ready pts on Complex PTL	No's to be agreed at Trust level
Number of Discharge Ready pts on Complex PTL (RAG rated as Red & Amber)	

UEC metrics supported

- Delivery of 76% target A&E waiting times 4hr standard
- Reduction in G&A bed occupancy to 92%
- Reduction in LoS

Access to Primary Care (General Practice and Community Pharmacy)

Exec Sponsor / SRO	Nicci Briggs	Programme Lead	Dawn Jones	Primary Care

Winter 23/24 Deliverables	Completed By	Lead
Deliver high impact interventions: • Delivery of Primary Care Recovery plan – *CAIP, digital, transformation system level PC Recovery Plan, Workforce* • identification and management of people with complex needs. – *Population health management LCA requirement*	31/03/2024	ICB (Primary Care Contracting and Enabling, Digital, and Workforce Teams)
Surge Planning • Maintain access throughout winter incl Bank Holiday's – *Consider additional investment/ extended hours delivery* • Additional capacity to support demand surges – *consider additional surge capacity through Feds*	31/03/2024	
System Working: • Improve Primary and Secondary Care Interface – *medical directorate leading* • Maximise role of General Practice and Community Pharmacy – *Comms, Empowering patients, integration*	31/03/2024	
Workforce: • Increase capacity with larger MD teams including over Christmas period – *Use of ARRS funding to create additional workforce*	31/03/2024	

Risks

1. There is a risk that commissioned bank holiday hours may not meet demand or there is limited appetite to work outside of contractual hours
2. There is a risk that the digital framework will not be published by the required date to enable the ICB to select the tools to support general practice
3. Risk that services will be disrupted as a result of industrial action

Mititgations

1. Providers will reopen during core hours and are asked to prioritise patients where appropriate to manage capacity during these hours.
2. The ICB are exploring digital tools and solutions for implementation in the absence of the framework
3. Continue to work with EPPR and develop plans to mitigate impact of IA

Ambition

To deliver recovery of access to general practice tackling the 8am rush for appointments, reduce the number of people struggling to contact their practice, and improve management of on the day requests from patients.

Programme Metrics

All PCNs to have robust Capacity and Access Improvement plans in place ahead of Winter to include digital interventions.	31/08/2023
Consider investment to create surge and BH Capacity at practice, Community Pharmacy and Federation level	30/09/2023
Implement system concordat to tackle bureaucracy between primary and secondary care	31/03/2024
Implement Pharmacy First	31/03/2024
Work with PCNs to review workforce plans for 23/24 to ensure that forecasted ARRS underspend is fully utilised.	30/09/2023

UEC metrics supported

- Delivery of 76% target A&E waiting times 4 hr standard

Hight Intensity Use of Services

Exec Sponsor / SRO	Louis Kamfer	Programme Lead	Jonathan Bartram	Place

Winter 23/24 Deliverables

	Completed By	Lead
Recruitment HIUs leads (and other staff)	Sept 23	Place
Finalise operating model	Sept 23	Place
Stakeholder engagement and identification of patient cohort	Sept 23	Place
Independent evaluation methodology sourced	October 23	ICB
Tier 1 go live	October 23	Place
Tier 2 go live	September 23	Place
Initial evaluation	March 24	ICB

Risks

1. Duplication with existing services & programmes that are also working with HIU and targeting same patient cohort
2. Inconsistent approach across North & South in delivery impacting on the way in which effective evaluation can be carried out
3. Go live date for Tier 1 delayed beyond October due to delays in recruitment of HIU staff

Mitigations

1. Maintain ongoing dialogue with operational colleagues, ensure wide system representation at Steering Group & review operation of the delivery model on a regular basis
2. Steering Group established with monthly meetings. Delivery groups also being set up as well as approach for data collection and evaluation to shape approach across C&P
3. North and South Place to agree process for hosting staff and confirm recruitment timelines

Ambition

Deliver a proactive and personalised approach to addressing high or increasing use of services by exploring opportunities for care and support through pathway transformation and personalised care approaches.

Programme Metrics

No's identified (T1 & T2)& offered & accepted a personalised care plan	TBC
Decrease in AE attends and NEL admissions in the selected cohorts	40% reduction
Increase QoL measured by EQ5D tool (or similar) in the selected cohort	TBC

UEC metrics supported

- Delivery of 76% target A&E waiting times 4 hr standard
- Reduction in G&A bed occupancy to 92%

Cambridgeshire & Peterborough
Integrated Care System

Surge & Escalation

Overview

The ICS completed last winter a full review of the system escalation framework resulting in a new protocol that focuses on the proactive management of daily operational risks. This framework has underpinned the operations of the SCC to date and will continue to operate during this winter.

Demand and capacity modelling has also been completed with ECIST support to understand the bed / bed equivalent capacity the system is likely to require during winter taking into account possible reductions in LoS and other productivity gains.

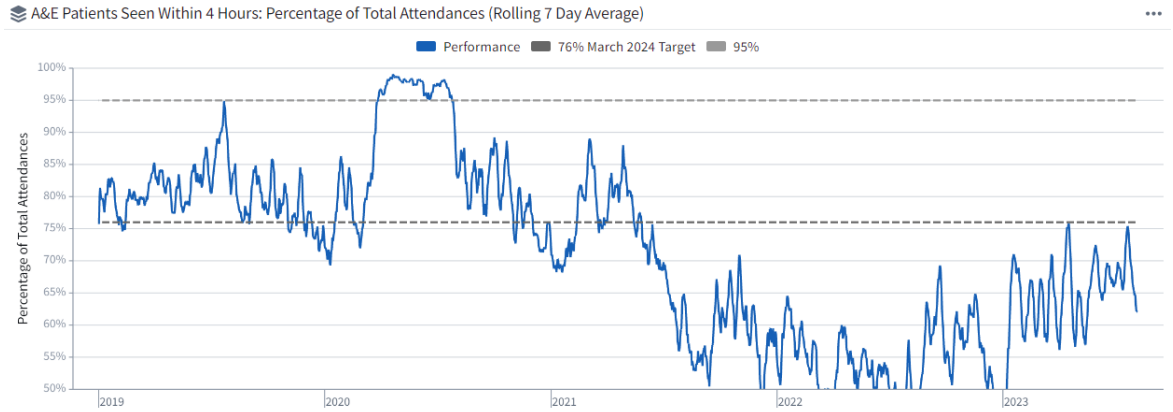
Our approach to managing seasonal demand surges continues to centre around three key areas:

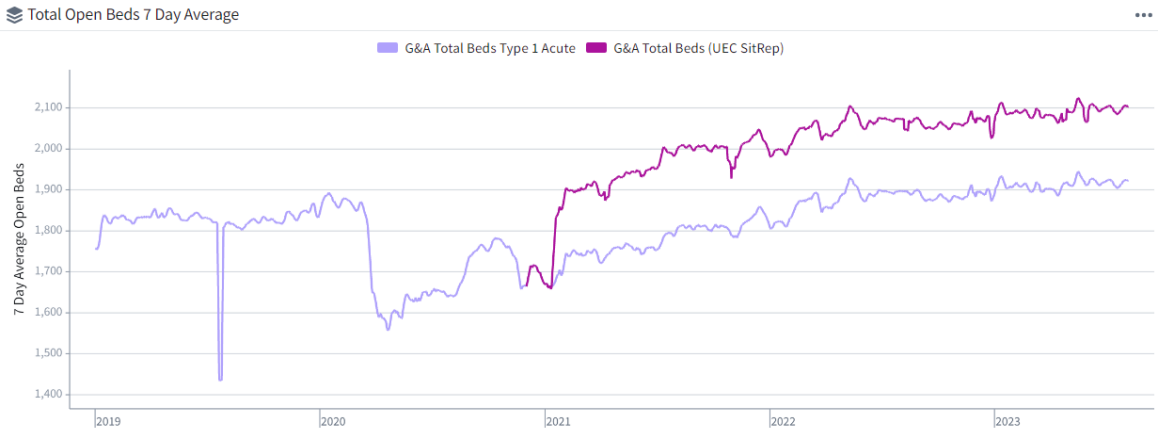
- **Surge Planning:**
  - Demand and capacity modelling carried out to ensure agreed capacity increases (beds and bed equivalents in acutes and community) meet anticipated winter pressure
  - Workforce planning for peaks in demand during winter

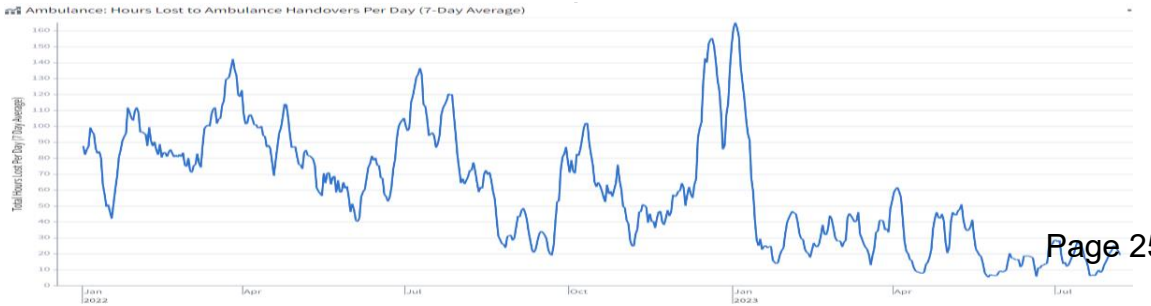
- **System Coordination and Escalation**:
  - Clear systemwide pathways and approach for the escalation of issues daily and development of robust contingency plans
  - A System Coordination Centre that meets the new national Minimal Viable Product standards

- **Seasonal Planning:**
  - Targeted plans for holiday periods such as Christmas and New Year to ensure continuity of key services

Anticipating Seasonal Demand Surges: Baseline Capacity







We have secured significant investment in extended capacity – **2100 beds vs 2030 average in 22/23** (+20 more to come online)

We have also invested in primary and community services to keep people well in their own homes and manage demand for unplanned care services outside the hospital setting whenever clinically appropriate to do so:

- UCR
- Falls vehicle
- Wrap around care

We have invested in other alternatives to ED such as:

- Joint MH / police cars
- Same day emergency care
- Frailty unit

And additional investment has also been applied to discharge capacity and coordination:

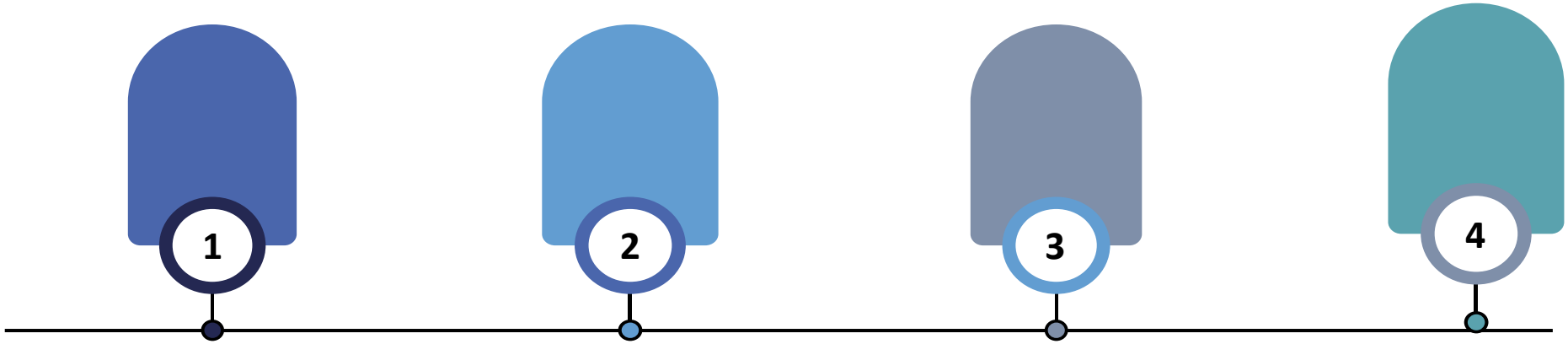
- Virtual wards
- Pathway 1 capacity
- Voluntary and community sector single point of access

Anticipating Seasonal Demand Surges: NHS Reservists

The Reservist Programme is becoming an integral part of the temporary workforce support for C&P ICS. As part of our One Workforce and working in different ways ethos, providers will be supported to think creatively with managing surge in demand during winter and beyond. Whilst Reservists are an option within the temporary workforce arena, Reservists are not bank workers and cannot be utilised in the same manner. The key to the success of this programme is how organisations utilise Reservists in synergy with permanent and bank staff.

Our C&P target is to have 180 NHS Reservists actively engaged in deployments by March 2024 across providers.

Next phase Reservists deployment areas are:



Secondary Care

CUHFT ward helper roles, A&E, student paramedics, OH roles, phlebotomy, c19 and flu vaccinations
RPH vaccination support

ICB

RN within safeguarding team
Nurses working in PC in 2 pharmaceutical projects

Community

CPFT enhanced observations observer (MH), ward running, specialist womens health physio, psychotherapy, psychologies, MH nurses, OT roles
Caring together care support workers

Primary Care

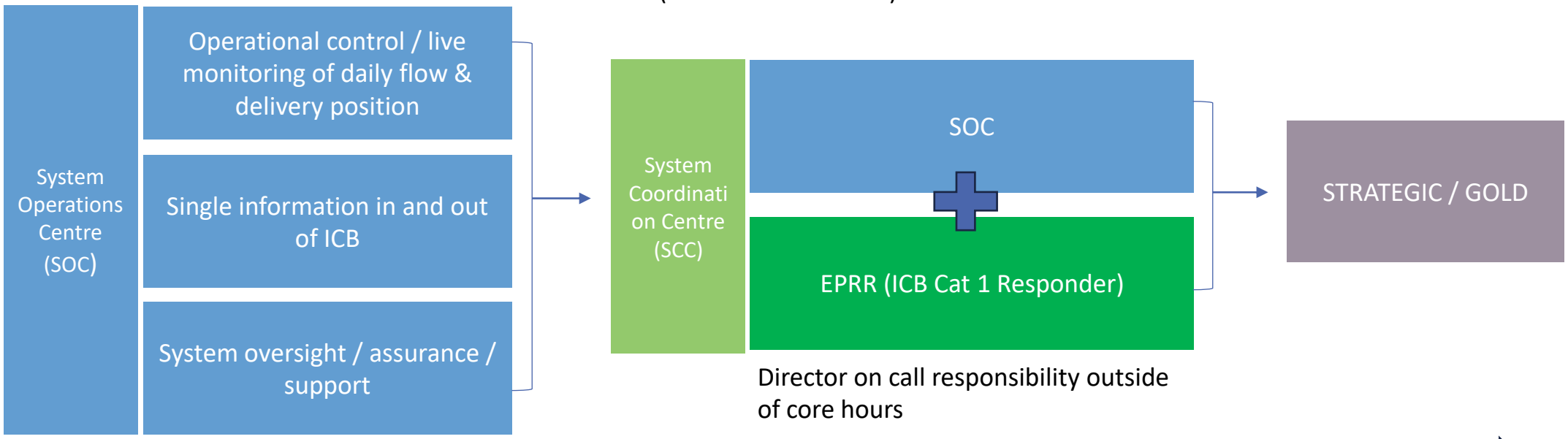
Granta Medical Practice, Boune Surgey, and Spinning Surgery

System Coordination and Escalation

Management of day to day business / grip and oversight of system

Integration of operational and EPRR escalations – including incident management (i.e. Industrial Action)

Escalation to Senior champion / GOLD if/as required



Director on call responsibility outside of core hours

Clinical leadership and support across ICB and system providers to effectively manage risk across the ICS

Consistent use of OPEL Framework AND local escalation protocol/ triggers to identify system risks and system response

Meeting the National SCC Minimum Viable Product (MVP)

	Purpose	People	Process	Place
Already in place	• Continually assess clinical risk through the Operating Pressure Escalation Level (OPEL) framework whilst co-ordinating an integrated system response • Devolved accountability as an Incident Command Centre (ICC) • Tactical coordination of unplanned interventions including ambulance response times & safety of emergency departments • Tactical coordination of planned interventions • Tactical coordination of flow (via ToCH)	• Staff to cover operations 24/7 (linked to on call) including daily senior SCC manager during operating hours (8am to 6pm) • ICB Director on call / SRO support in hours and out of hours for appropriate escalations • Accountable Emergency Officer representing ICC at ICB Board supported by SRO for SCC • SCC Operators • Dedicated clinical leadership in hours and out of hours across system (ICB and providers)	• Single Point of Access mailbox to streamline communication within ICS and with NHSE • Real time visibility of key data and information (Shrewd) and access to other relevant dashboards (ie EEAST and EMAS dashboards) • Integration with EPRR • Risk register in place and SOP for SCC • SCC role and responsibilities embedded in local escalation framework	• Able to run a hybrid model with dedicated physical locations and ability to operate effectively remotely if/as required
In placy by October 23	NA	NA	• ICS “huddles” – fortnightly operational system meetings (led by SCC) to review emerging themes behind operational pressures and actions to mitigate them • SCC mandate in enacting escalation of Acute provider full capacity protocols	NA

Cambridgeshire & Peterborough
Integrated Care System

Workforce

The Challenge

At a time of increased demand for services, our health and social care workforce has been put under considerable strain and as a result we continue to experience challenges with recruiting and retaining to key roles across the system. This places further strain on services. The impact has also been felt on the independent sector, both care home and domiciliary care provider markets, adding further pressure and limiting our collective ability to provide care packages for people with complex care needs to leave hospital. Pressure has been rising during recent months and the priorities for this winter are a mixture of those intended to mitigate against the current and forecast pressures felt across health and social care systems over winter and others that will have medium or longer-term value, achieving more sustainable services for the future. This will provide a foundation on which to further develop recovery plans into the coming year and beyond.

NHSE feedback from the last Operational Workforce return for Cambridge & Peterborough (CP) indicates that productivity remains a system challenge, the Office for National Statistics sub divides this into three 3 areas:

1. Lack of capacity in our system
2. Composition of staff – more staff new into roles and more experienced workforce leaving/retiring
3. Lack of leaders/managers in our system combined with ineffective work cultures

Key actions in response to workforce challenges

Leadership

- Ensure visible senior champion for health and well being working with system leadership to encourage and support employee led improvements, local initiatives on workforce, and integrate collaborative system culture
- Roll out Leadership Compact across system
- Maintain clear focus on talent management and create internal opportunities (e.g. Leading Beyond Boundaries)
- Embed continuous improvement approaches into ICS workforce strategies to keep priorities and actions under constant review

Recruitment

- Implement “Just R” passive recruitment targeted campaigns
- ARU project dedicated to recruitment, retention and education, learning and development as a multidisciplinary approach to address supply
- Pilot project with Breaking Barriers Innovation to address inequality and the NHS as an anchor organisation to draw talent from local communities
- Continue to support international recruitment providing strong onboarding and pastoral support
- Apprenticeship strategy with focus on new roles & collaborative work with Anglian Ruskin University
- Collaborative recruitment events for Health Care Support Worker roles across care, voluntary and health sectors

Retention

- Nursing workforce programme managers in place supporting the sustained investment and development of pastoral roles, promoting areas of best practice for retention of Health Care Support Workers and Newly Qualified Nurses
- Short term accommodation initiative, Homestay, rolled out following pilots including C&P
- Ensure best practice principles apply when managing clinical risk and utilising staff sharing arrangements and maximise collaborative banks
- Building of a critical mass of NHS Reservists to help demand surges
- Ensure shift rostering patterns take account of best practice on safe working and caring and provide flexibility to take account of constraints and other responsibilities staff may have
- Continue to work with HEI’s on retention plans of students within the ICS using a one system approach
- Utilise Careers Coach role and digital app to support existing international nursing workforce
- Continue implementation of Legacy Practitioner Model which includes:
    - Childrens Nursing – shared resource secondary care and VCS
    - Primary Care & Mental Health
    - AHP support combined with EEAST

Health and Well Being

- Supporting staff to stay safe from flu, covid 19, and respiratory illness through vaccination take up
- Ensuring staff have access to appropriate PPE
- Development and further expansion of Mental Health hubs in line with national guidance
- Ensure all staff have access to health and well being conversations and encourage them to access support
- Work on staff accommodation solutions

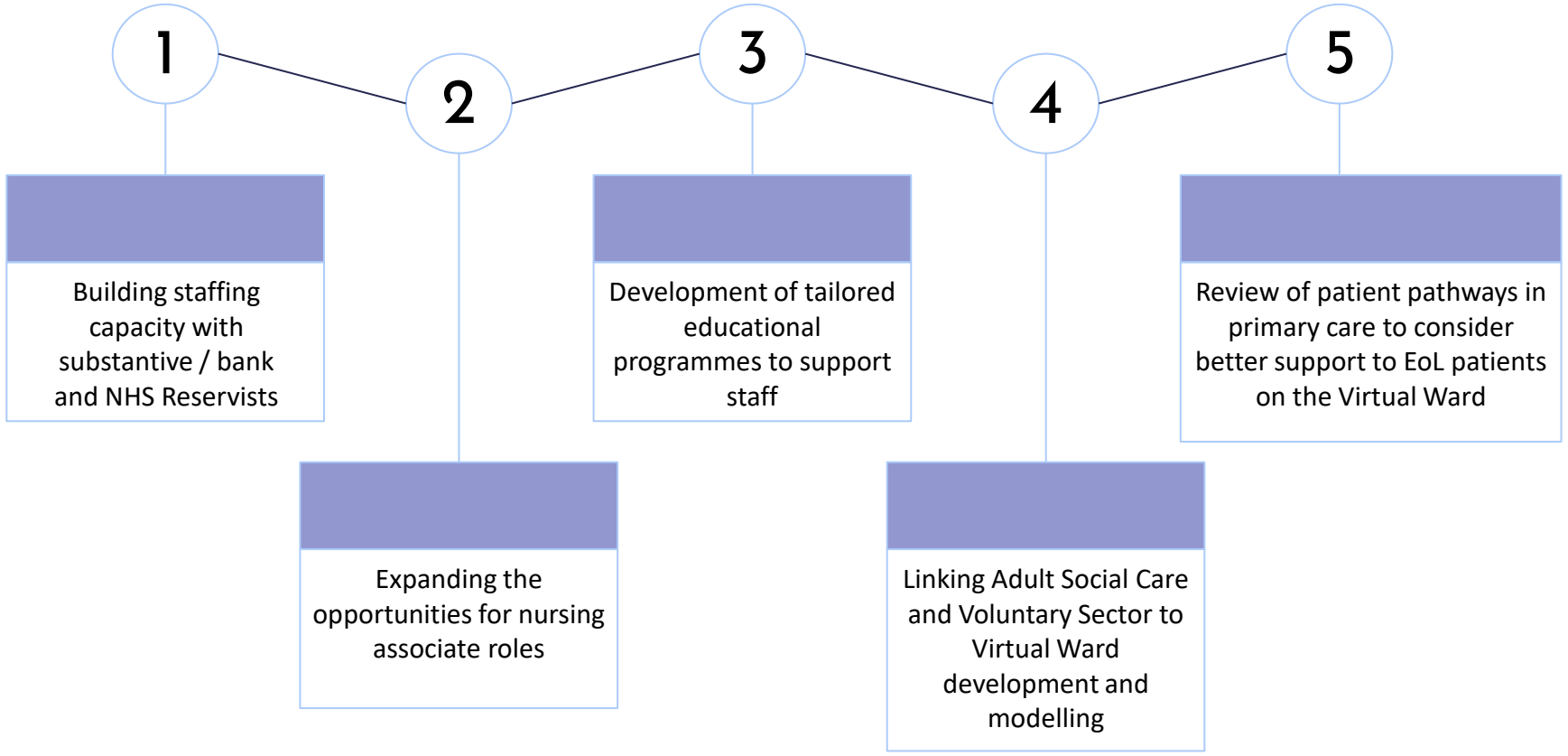
Equality, Diversity, and Inclusion

- Implementation of the Anti racism strategy
- Managers programme to develop cultural awareness and understanding
- Develop system wide networks with support & resources and develop a reciprocal mentoring programme
- Inclusive recruitment programme
- Ensure staff networks are engaged in policy development
- Promote Cultural ambassador training and update within employers

New Ways of Working Case Study: Virtual Wards

One of the critical factor for virtual wards to succeed and become a sustainable model of delivering care in the longer term, is ensuring staffing is properly planned for. There is a severe workforce and skills shortage in the NHS which impacts on the system's ability to deliver the full ambition on virtual wards.

Our staffing plan for virtual wards includes several key steps to provide both permanent and secondment-based opportunities for clinical staff (including from social, community, voluntary sector, and primary care) as shown in these five points. This will help reinforce the role of virtual wards as a permanent service which can offer real benefits to career development.

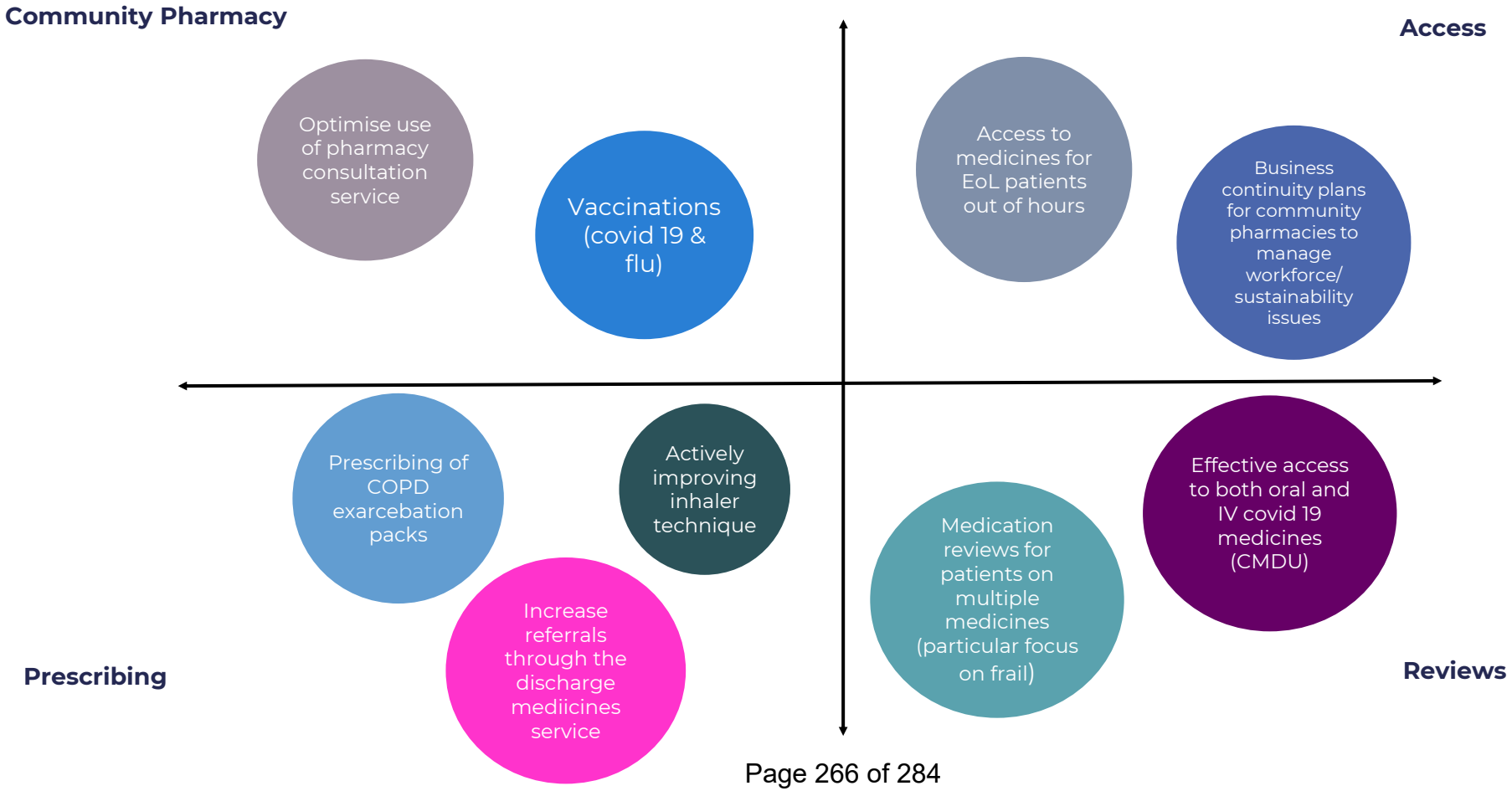


Cambridgeshire & Peterborough
Integrated Care System

Community Pharmacy and Prescribing

Targeted interventions

There are interventions spanning across prescribing and pharmacy services where early preparation could help reduce pressure on our system during the winter months. Below are the key actions that will be implemented in C&P as they could potentially have a significant impact in supporting patients and reducing the risk of unnecessary trips to A&E or use of urgent care services.



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Mental Health

Targeted interventions

Crisis Mental Health

- Meet CORE24 requirements for Hinchingbrooke Hospital
- Reduce inappropriate out of area placements
- Reduce LoS and delayed discharges in inpatient MH beds
- Right Care, Right Person: replace referrals to police with action by the most appropriate agency

Community Mental Health

- Increase annual health check update and support for serious mental health illness cohort
- Expand GP capacity through MH primary care additional roles
- Complete review of services to highlight waiting times and prioritise long waiting list services for recovery action

Specialist Services

- Increase dementia diagnosis, extend DIADEM programme, increase MAS, increase CVSE pre/post diagnosis support
- Profiling local MH and well being needs using metrics of prevalance, risk and protective factors and care provision

Learning Disability & Autism

- Increase health check uptake in C&P and increase health action plan completion
- Review of equity of s75 agreement and service provision across C&P
- Review of accessibility of mainstream services for those with Autism only diagnosis

Cambridgeshire & Peterborough
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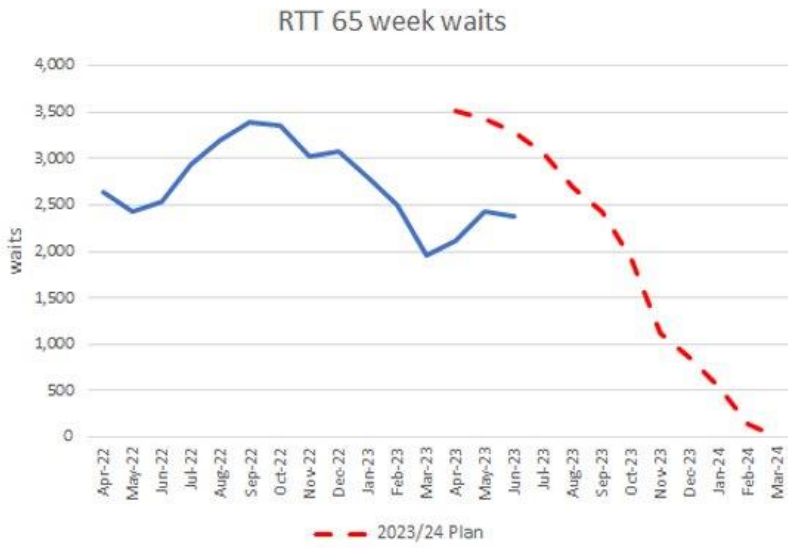
Planned Activity Recovery

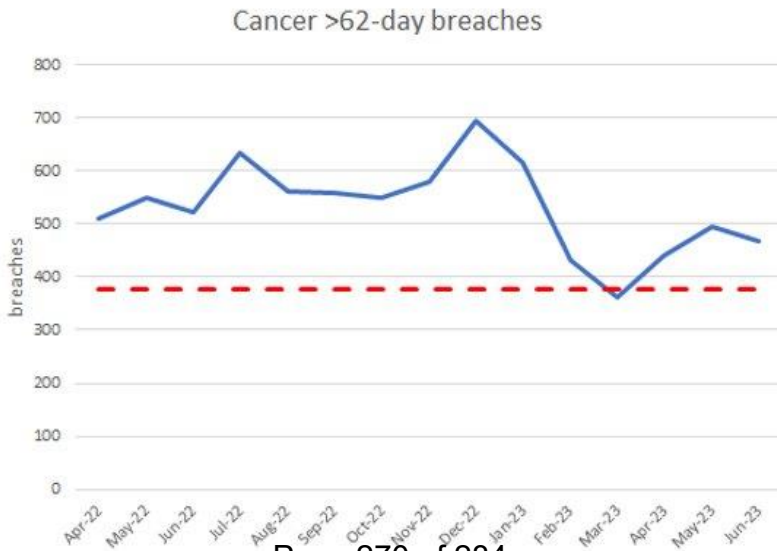
Performance Highlights

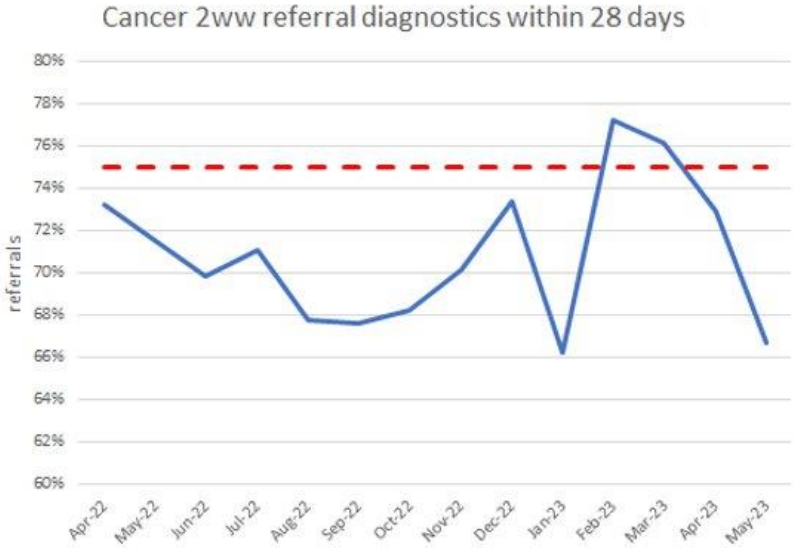
Providers are continuing to focus on the elimination of 65 week wait breaches by the end of March 24. Good progress is being made by all providers and as a system we are below our 23/24 operational plan trajectory.
There is however a risk that the continuation of industrial action, beyond July will begin to impact on the long waiting position, as can be seen since April, the waits have been going in the wrong direction as activity is limited due to strike impact.

All three Trusts have seen a reduction in the 62-day backlog in June 2023. This has largely been driven by significant reductions in the urology backlog .
Acutes have weekly backlog trajectories in place that are monitored at the weekly escalation meetings with the Divisional Operational Manager chaired by the Deputy COO.
The volume of skin referrals has increased significantly at both CUHFT and NWAFT.

The 28 day FDS performance deteriorated in May 2023. The performance for CUHFT slightly improved compared to the previous month but this was offset by a much larger decrease for NWAFT from 66% to 55%.
Some teams face staffing challenges particularly at Consultant level. In addition, there has been an increase in 2WW referrals. The wait for first appointment increased to over three weeks which directly impacts the 28 day FDS.

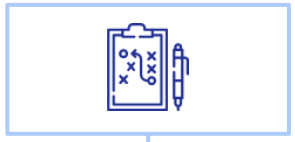






Winter Challenge

Maintaining electives through winter is always challenging with UEC pressures taking priority on inpatient capacity and increased staff absence resulting in short notice cancellations. All providers have phased their activity plans accordingly and as such, we do not expect any further changes to activity plans. However, the impact of Industrial Action (IA) has not been considered in 23/24 plans and as experienced year to date, managing ongoing strikes is having a significant impact on overall elective delivery. Work is ongoing to model the impact of continuous IAs (through to end March 24) on our overall waiting list position but even in the best-case scenario (no strikes beyond August), the ICS capacity to meet its planned waiting list number is significantly challenged. Nevertheless, system partners remain committed to sustain momentum by implementing the following:



Recovery

Maintain system commitment to keep focus on cancer and routine elective recovery including delivery of our developing Children & Young People recovery plan.
Work with wider providers including independent sector.

Governance

Ensure robust governance arrangements across planned care which focus on evolving risks and wider mitigation. Tiering, Planned Care Board & Assurance meetings will remain in place during winter.

Service Transformation

Where possible, the wider transformation work across planned care will not stop during winter to ensure that we continue to improve across outpatients, theaters, High Volume Low Complexity, and diagnostics.

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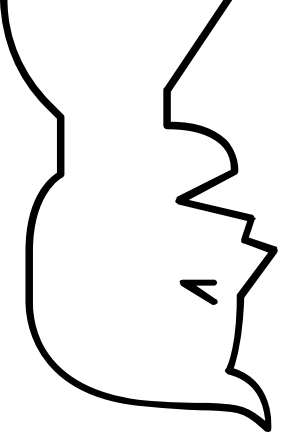
Communications



ICS communications teams help local people and communities access vital information about their health and care services, from where to get a winter vaccination to which service is the most appropriate for a given issue. The teams also protect the reputation of the ICS and ICB through reactive and proactive communications.

We have designed several proactive, targeted campaigns during winter to connect to specific audiences, encouraging them to take actions to better protect their own health and wellbeing and to ensure that people use the right service at the right time. These campaigns are data-driven, with clear evaluation mechanisms in place to consider their impact.

We will also promote significant winter projects throughout the colder months, to make local people aware of new services and initiatives that are part of the winter plan. This will help ensure that new initiatives are utilised effectively and will boost the public's confidence in local health and care services. We will also share news of these new initiatives and projects with stakeholders, including politicians, media and senior leaders within the ICS, so that they are aware of new approaches being taken to manage winter pressures.

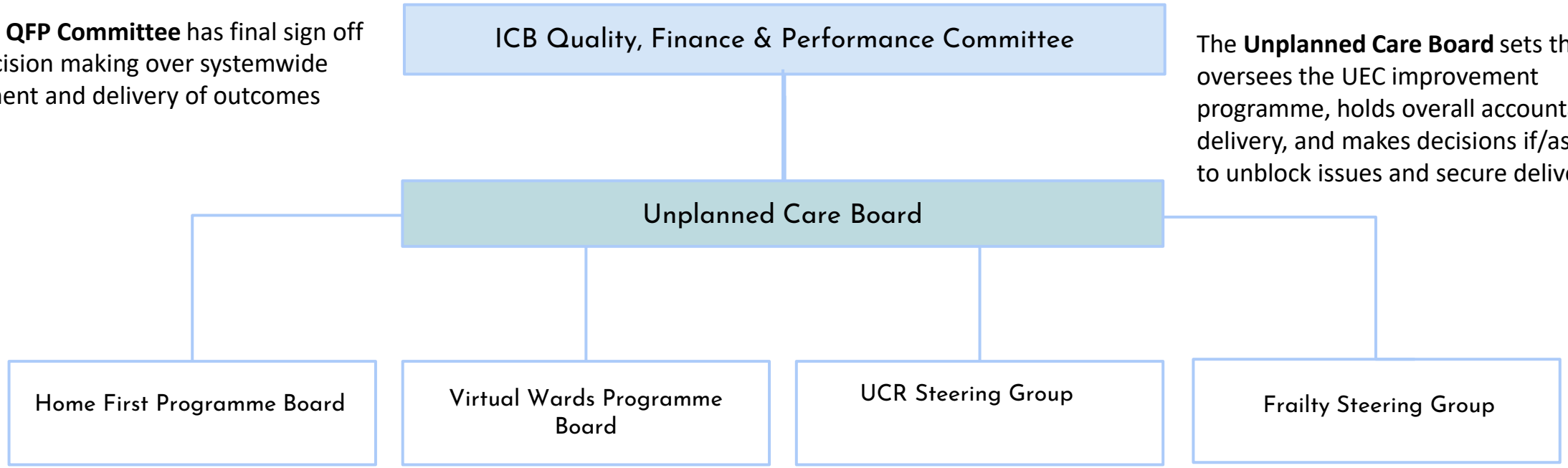
This is a dynamic and ongoing process, coordinated by the ICB communications team with input from all system partners. Operational teams are encouraged to sustain engagement with communication teams throughout the winter to continue the promotion of projects that could help to support winter pressures and/or that we want local people to be aware of and engage with, via cpicb.comms@nhs.net

Cambridgeshire & Peterborough
Integrated Care System

System Governance

Governance

The **ICB QFP Committee** has final sign off and decision making over systemwide investment and delivery of outcomes



The **Unplanned Care Board** sets the vision**,** oversees the UEC improvement programme, holds overall accountabiity for delivery, and makes decisions if/as needed to unblock issues and secure delivery

Delivery Boards/ Steering Groups are responsible for:

- Ensuring programme / project goals are aligned with overall system vision and objectives
- Gather support from system partners and commitment to delivery
- Ensuring project meets its objectives, delivers expected outcomes and realises anticipated benefits
- Providing assurance and updates to Unplanned Care Board and escalating any risks as required

Cambridgeshire & Peterborough
Integrated Care System

Appendices

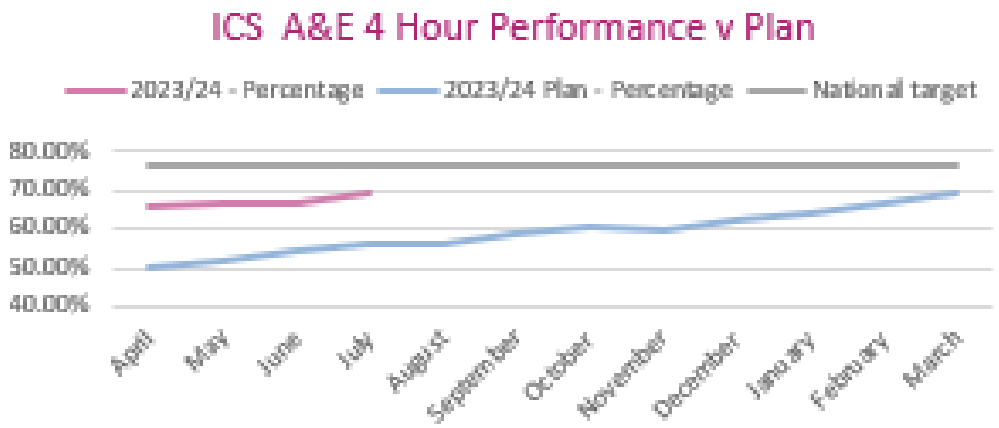
Appendix 1: Performance Score Card

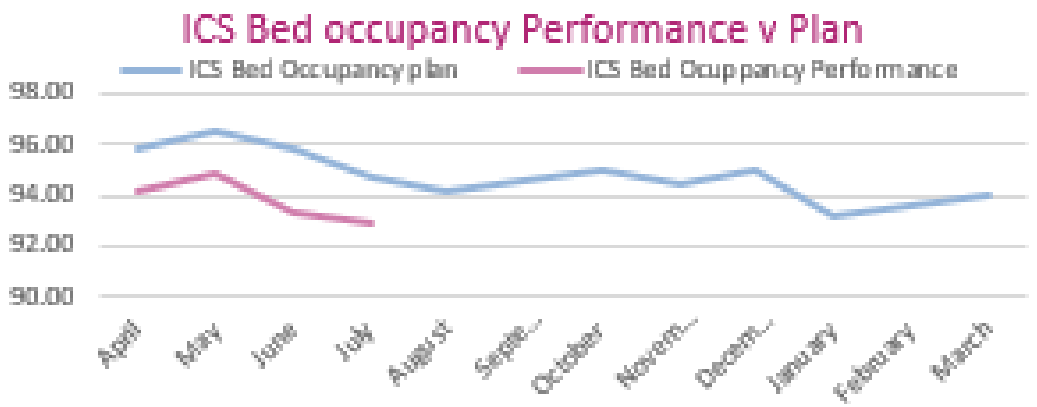
BALANCED SCORECARD

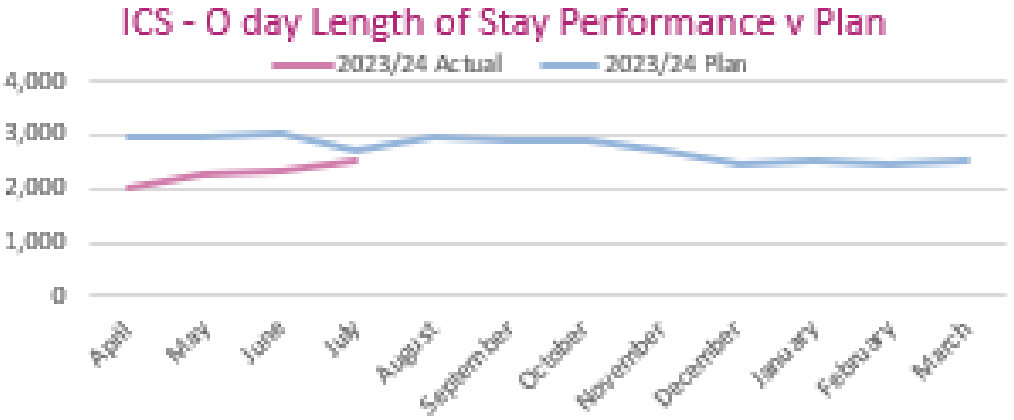
JUL 23	ACTUAL	PLAN	MOM MOVEMENT	ON TRAJECTORY
C2 RESPONSE TIME	31M	30M	-3M	✓
AVERAGE HANDOVER TIME	25M	30M	-3M	✓
URGENT COMMUNITY RESPONSE <2 HOURS	83%	75%	+1%	✓
A&E ATTENDANCES	33,914	34,657	-74	✓
A&E FOUR HOUR PERFORMANCE	69.0%	68.3%	+2.4%	✓
G&A BED OCCUPANCY (23/24 AVG)	94.6%	94.3%	-0.3%	✗
ZERO DAY LENGTH OF STAY	27.6%	40%	+1.9%	✗
NON-ELECTIVE ADMISSIONS	9,112	9,272	-37	✓
NON-ELECTIVE LENGTH OF STAY (23/24 AVG)	6.37	5.80	-0.18	✗
NOT MEETING RESIDE CRITERIA (DAILY AVG)	302	258	-7	✗
VIRTUAL WARDS OCCUPANCY	76.1%	65.0%	+10.9%	✓

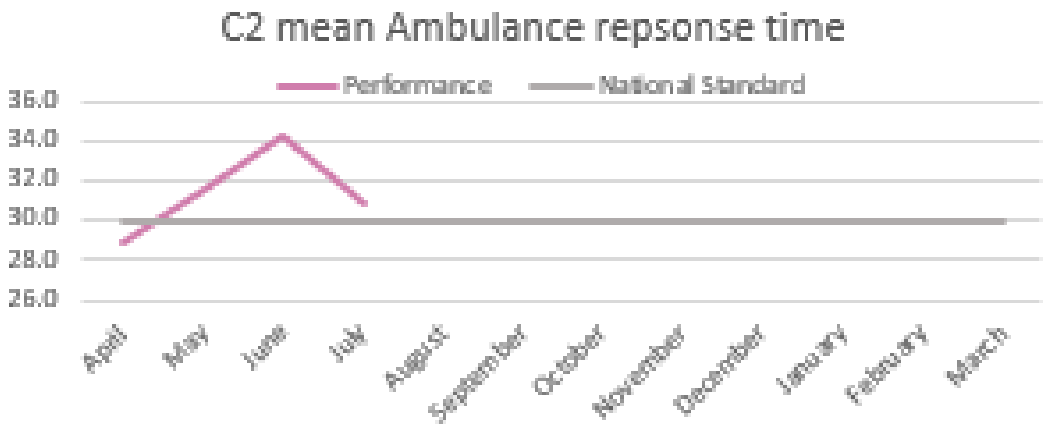
- C&P ICS IS ON TRAJECTORY FOR 7 OF 11 UNPLANNED CARE INDICATORS IN JULY AND COMPARED TO JUNE, IS SHOWING IMPROVEMENT ACROSS ALL 11.
- BED OCCUPANCY IS MARGINALLY ABOVE PLAN YEAR TO DATE BY 0.3% HOWEVER, THIS IS LINKED TO THE DELAY IN OPENING THE ADDITIONAL 20 BED MODULAR UNIT ON THE PCH SITE WHICH HAS NOW BEEN PUSHED BACK TO JAN 24.
- LENGTH OF STAY, BOTH <0 AND >1 DAY REMAIN ABOVE TRAJECTORY IN YEAR AND FULL YEAR FORECAST DESPITE MONTH-ON-MONTH IMPROVEMENT. LAUNCH OF LOS IMPROVEMENT PROGRAMME IN Q3 PLANNED.
- LOS FOR COMPLEX PATIENTS (PW1-3) AND LONG WAIT PATIENTS (+21 DAYS) IS REDUCING (-2.1% AND -2.6% RESPECTIVELY COMPARED TO JUN 23), HOWEVER THE NUMBER OF PATIENTS DISCHARGED ON PW0 IS AT 83% (JUN 23) WHICH IS 6% LOWER THAN BEST PRACTICE GUIDANCE AND 2% LOWER THAN EAST OF ENGLAND POSITION.
- PATIENTS NOT MEETING CRITERIA TO RESIDE IS REDUCING, DOWN FROM 379 TO 302 YEAR ON YEAR, WITH 57.4% OF DELAYS ATTRIBUTABLE TO PW1-3 AND 42.6% OF DELAYS ATTRIBUTABLE TO IN HOSPITAL PROCESSES. THE PROPORTION OF PATIENTS NMCTR BUT NOT DISCHARGED HAS ALSO FALLEN TO 35.5% IN JUN 23, COMPARED WITH 42.5% IN MAY 23 AND 47.5% IN JUN 22.

Performance versus Trajectories







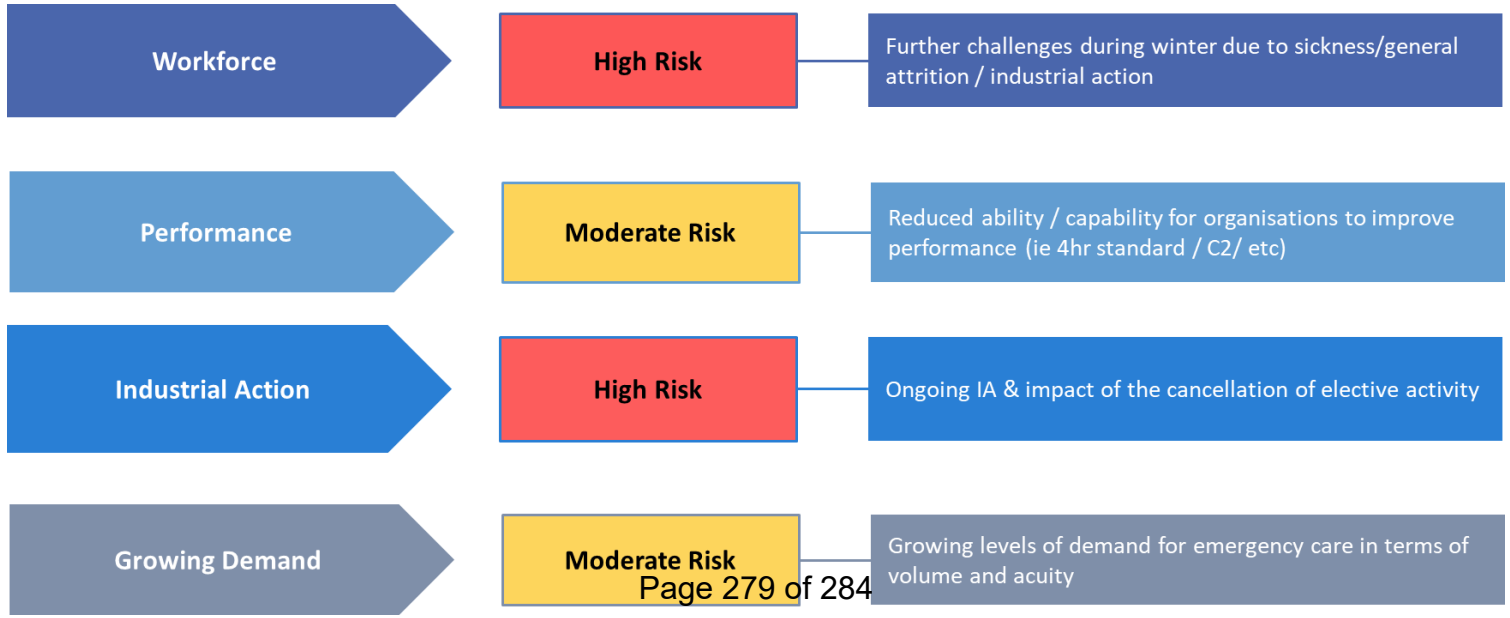


Appendix 2: System Risk

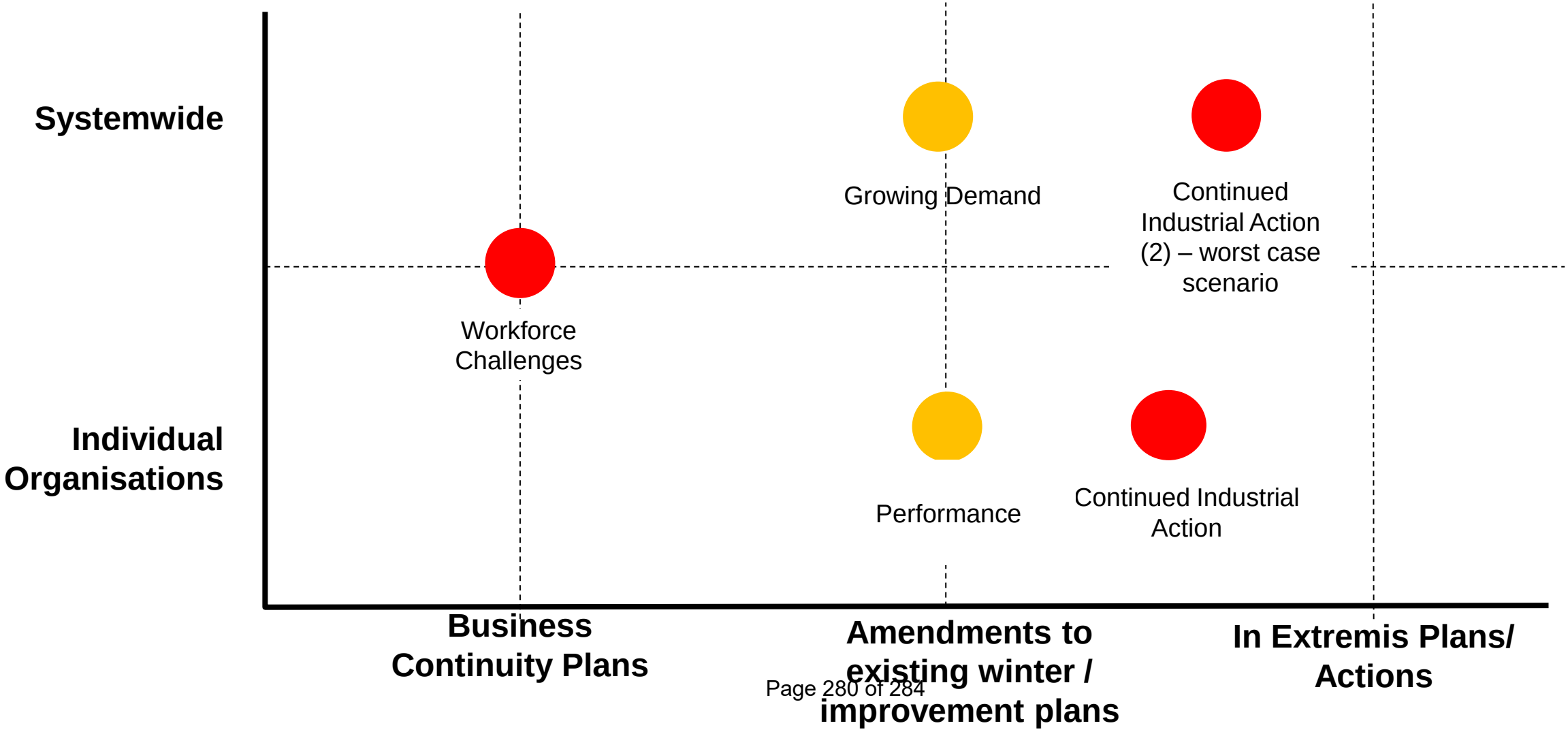
The actions in this plan set out how system partners are trying to mitigate unacceptable levels of patient risk particularly if continuing growing demand outstrips capacity under sustained pressure. Underlying this increase in risk is the challenged posed by a population whose profile is ageing and where the growth in patients with multiple comorbidities creates greater patient acuity.

A lot of time and effort has been dedicated to improving our collective planning and anticipate challenges based on previous experiences to reduce the amount of time and resource spent on crisis management. However, notwithstanding system efforts, proactive planning, and additional investment across services to enhance our winter preparedness, there are still residual risks driven by wider factors that could, should the worst case scenario realise, have a significant impact on the ability of system partners to deliver safe and effective care.

It is worth noting that developments of lower impact in any of these residual risk areas might be addressed by individual organisations and or the system through the development and deployment of effective Business Continuity Plans, or amendments to existing delivery plans. System leaders will need to judge the severity of the challenge, and therefore the appropriate response required, exploring all avenues before resorting to in extremis actions.



System Response



Appendix 3: Monthly Highlight report EXAMPLE UCR

Period: 1 to 31st August 2023

Exec SRO / SRO
NAME

Programme Lead
NAME

Area	Metric	National Target	Local Target	Performance	Trend	Comments
UCR	2hr UCR response time	70%	90%	TBC	TBC	TBC

Workstream Overall RAG

Adults and Health Policy and Service Committee - Health Scrutiny Work Plan

Published: 27th September 2023

Committee date	Agenda item	Lead organisation/s	Deadline for reports	Agenda despatch date
05/10/23	Integrated Care System (ICS) Financial Plans	Nicci Briggs, ICS	22/09/23	27/09/23
	Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24	Sara Rodriguez-Jimenez, ICS		
	Health Scrutiny Work Plan	Richenda Greenhill		
14/12/23	NHS workforce development: Primary Care and Nursing Workforce	Claudia Iton, Chief People Officer, ICS	01/12/23	06/12/23
	Health Scrutiny Work Plan	Richenda Greenhill		
25/01/24 Reserve Date			12/01/24	17/01/24
07/03/24	Approval process for responses to NHS Quality Accounts 2023/24	Richenda Greenhill	23/02/24	28/02/24
	Health Scrutiny Work Plan	Richenda Greenhill		
25/04/24 Reserve Date			12/04/24	17/04/24

Contact: Richenda.Greenhill@cambridgeshire.gov.uk