# Cambridgeshire County Council: local authority assessment

How we assess local authorities

Assessment published: 20 August 2025

## About Cambridgeshire County Council

### Demographics

Cambridgeshire is a large county in the East of England comprised of five districts: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. The 2021 Census showed an overall 9.2% increase in the population since 2011 to 678,850. Urban areas saw a very significant population growth of 17% over this time and by contrast, population in rural areas saw less overall population growth, but higher growth in people aged over 65. Growth in the over 65 population was 26% against an 18.6% national average.

There are health inequalities within the county and there are some communities with very poor health, whether this is measured by life expectancy, hospital admissions, or deaths. Four of the Fenland communities are ranked in the 10% most deprived areas, but Cambridgeshire as a whole has comparatively low levels of deprivation and is ranked 132 out of 153 local authorities. The council footprint has an index of multiple deprivation score of 2. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%). The health and wellbeing of the population across the county is as good as, or better, than the national average. In terms of ethnicity, 88.56% people are white, 5.85% Asian or Asian British, 1.44% Black, Black British, Caribbean or African, 2.85% are of a Mixed or Multiple ethnic group and 1.31%, Other.

An integrated care partnership operates comprising the Cambridgeshire and Peterborough Integrated Care System (ICS). Cambridgeshire County Council and Peterborough City Council delivered shared services under a single Chief Executive and leadership team until 2022, when separate Chief Executives were appointed for both councils. By June 2023, Cambridgeshire County Council had a new Executive Director for Adults, Health and Commissioning and commenced separation of its shared services from Peterborough City Council. Since 2021, and at the time of our assessment, Cambridgeshire County Council has been run by a joint political administration of Liberal Democrat, Labour and Independent Councillors. Following the election on 1 May 2025, the local authority is now under a Liberal Democrat majority control.

## Financial facts

- The local authority estimated that in 2023/24, its total budget would be **£791,003,000.00**. Its actual spend for that year was **£888,194,000,00**, which was **£97,191,000,00 more** than estimated.
- The local authority estimated that it would spend **£237,902,000.00** of its total budget on adult social care in 2023/24. Its actual spend was **£252,369,000.00** which is **£14,467,000.00 more** than estimated.
- In 2023/24, **28.41%** of the budget was spent on adult social care.

- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **8305** people were accessing long-term adult social care support, and approximately **2920** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

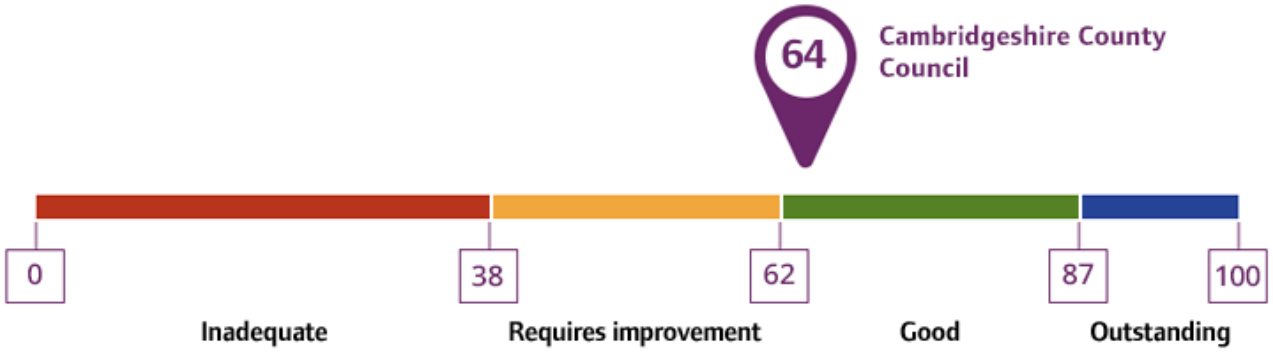
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

# Overall summary

## Local authority rating and score

### Cambridgeshire County Council

Good




## Quality statement scores

## Assessing needs
Score: 2

## Supporting people to lead healthier lives
Score: 3

## Equity in experience and outcomes
Score: 2

## Care provision, integration and continuity
Score: 2

## Partnerships and communities
Score: 3

## Safe pathways, systems and transitions
Score: 2

## Safeguarding
Score: 3

## Governance, management and sustainability
Score: 3

## Learning, improvement and innovation
Score: 3

## Summary of people's experiences

Most of the feedback from people about assessment, care planning and reviews was positive. This included positive feedback about a social worker supporting one person with autism and having the necessary communication skills to do this well. Other examples included people feeling supported, listened to and offered choices. One unpaid carer described the local authority as being responsive and very involved, with their views being respected.

Care was co-ordinated in a planned way considering people's interests and what was important to them, which in one case included meeting the care and support needs of a pet in their care plan. People were supported overall in a timely way and information was provided in a format they could understand, being offered information, advice, technology and equipment where appropriate.

Some of the views of unpaid carers were more mixed, where people did not feel they were aware of the services available to support them, such as respite, or had not been able to access these. Other people had been supported with a carers assessment, carers conversation and an emergency 'What if' plan detailing what would happen if care and support was needed at short notice. Some people had set up private arrangements to support with care as they were not aware of what support could be accessed through the local authority.

Public transport challenges across the county could limit some people's ability to access a range of services, however, other people told us they attended a local dementia café and another person a 'hub,' which they enjoyed and meant they could be supported by other people they met in similar situations. One person had wanted to access a direct payment to pay for an activity but did not think they were able to access this. Whilst others had found it difficult to employ a support worker when they did have a payment. Other people's feedback about the quality of care services they received was generally good, describing their care as excellent and consistent in some examples.

Moving between services such as hospital to home was generally smooth, however some young people moving to adult services from children's services felt the process could be better. People were given the opportunity to provide feedback on services at various opportunities to enable learning and improvement to take place where needed.

## Summary of strengths, areas for development and next steps

People were supported with social care assessments and care planning in a timely way by staff who considered their strengths and goals. Reviews of people's care was an area where there were some delays, however the local authority managed these by considering risk, prioritisation and utilising a process to ensure people were waiting well. A commissioned service supported unpaid carers to prevent needs escalating where possible, however we heard some mixed feedback about unpaid carers overall where people had not felt well supported in some cases. People in Cambridgeshire were supported to meet their non-eligible care needs, for example, being provided with information, advice and by staff utilising community navigators. Independent advocacy support was available to help people participate fully in care assessments and care planning processes, although at times some staff found it difficult to access this.

National data in relation to Cambridgeshire was the same as or slightly better than the England average in terms of prevention, reduction or delay of people's needs. People gave some examples of where their needs had been prevented in escalating, however in some cases felt that further support could be provided, for example, in relation to transport challenges. 'Care Together' is a programme involving local voluntary agencies and social enterprises in delivering preventative services. People accessed reablement services to support them to achieve optimal independence and found equipment, technology and occupational therapy services to be good and timely. Direct payments was an area the local authority had identified could be improved further, and this was reflected in the national data, however a programme of work was underway to achieve this. Overall, information was provided to people in an accessible format which met their needs.

Although the local authority knew where the gaps were in their services and had an Equality, Diversity and Inclusion Strategy to identify actions required, staff, leaders and partners all felt there were still areas that needed improvement, including in relation to data collection and utilisation. Some work was underway to address where needs had been identified, including in relation to better support for LGBTQI+ communities and with additional funding made available for people with mental health needs, and staff worked creatively to support people as well as possible. Information was made available to people in accessible formats and work had been done by the local authority to ensure these were suitable. Staff were not always able to access interpreters in a timely way and feedback there was a limited resource for British Sign Language (BSL) interpreters.

Local authority staff understood the needs of their local communities however, wanted to improve data and intelligence gathering further to enable them to understand these better and future projections. Market shaping and commissioning took place and areas which had been identified of particular need were in relation to housing and extra care housing. There were some plans underway in relation to addressing this. The numbers of people placed out of the county for care were reducing and further work was planned to bring people back into Cambridgeshire if this was their preference. Feedback from partners was there was a lack of health and social care services for people with chronic, severe and enduring mental health needs. The local authority had clear arrangements to monitor the quality of the care and support services being commissioned and supported improvements where needed. Providers were supported to recruit and retain care staff with support to pay the Real Living Wage, training available through a care academy, and other support, for example, to help recruit international care staff.

Partnerships with the voluntary sector and health partners were strong despite some recent changes with the ending of a learning disability partnership. The local authority was involved in a number of areas of work, such as with unpaid carers and work in relation to high intensity users of services. The local authority commissioned five Partnership Boards to work with people on co-production. Partners also told us the local authority attended these Boards' meetings and were described as responsive, showing a commitment to hearing the voices of those with lived experience. Senior staff told us about good system work with a drive for them and partners to be better at turning process into action. The benefit of shared data and care records between health and social care was reported as positive. Partnership work was evident around shared national objectives including in relation to funding such as continuing healthcare.

Contingency plans were in place to support unpaid carers in the event of an emergency along with a range of policies and procedures relating to care home closures and provider failures. Staff worked closely with health colleagues in supporting safe hospital discharges and had other systems in place to support people with a learning disability and autism in emergencies. A review was taking place in relation to the emergency duty team as staff shortages and lack of access to some resources meant staff could not always support in a timely way. Staff worked well with people and partners during transitions of young people with a learning disability and autistic people. Strategic work continued with the local authority and partners, and feedback was they would like to continue to do more joint work around areas such as admission avoidance.

Local authority staff were committed to making safeguarding personal using advocacy and other ways to empower people to be involved in decision making. A Multi-Agency Safeguarding Hub worked alongside front line teams to manage safeguarding referrals effectively. Staff were suitably skilled and supported to undertake safeguarding duties effectively. Plans were in place to recruit a new Safeguarding Adults Board chair following a re-organisation of the board membership, structure and priorities. Processes were in place to ensure learning took place from Safeguarding Adults Reviews. The Deprivation of Liberty Safeguards team had a number of people who were waiting for assessment, however had processes in place to manage waiting lists and maintain an oversight of risk.

There was a stable adult social care leadership team who were visible and capable with a positively changed culture at the local authority and in relation to the leadership team. Care Act duties were underpinned by a number of strategies and people with lived experience had been involved in the development of these. Staff were well supported by managers with opportunities to feedback to them and be involved in adult social care improvement projects. A number of staff equality networks and well-being initiatives were in place and these were valued. The local authority used data to monitor performance, risk and make improvements. There were arrangements to maintain the security, integrity and confidentiality of data, records and data management systems.

Co-production involving people with lived experience of using services was being used to develop and inform services and strategies, and examples were given to show where this had been successful in making changes and improvements for the benefit of people. The local authority sought feedback and learning from people and partners and this fed into shaping strategy, and future practice. The local authority monitored complaints and sought feedback, and we saw evidence of learning from these when things went wrong. There were a wide range of training and development opportunities available for staff, with staff being encouraged to pursue further education courses and development opportunities available.

# Theme 1: How Cambridgeshire County Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives

- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

# Assessing needs

## Score: 2

2 - Evidence shows some shortfalls

## What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

## The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Key findings for this quality statement

## Assessment, care planning and review arrangements

National data from the Adult Social Care Survey for 2023/24 showed that 63.96% of people were satisfied with care and support. This was similar to the England average (65.39%) and 79.59% of people felt that they had control over their daily life. This was similar to the England average (77.62%) and was in line with our findings during the assessment.

The majority of people's experiences of assessment, care planning and reviews in Cambridgeshire were positive. Examples were the local authority being responsive and very involved in one case. A social worker having the necessary communication skills to support one person who was autistic, in another. Other examples were given of good practice such as a social worker having a clear understanding of mental capacity in terms of this being decision specific for one person and another person who fed back how they were impressed with the quality and accuracy of the care plan they received.

Staff were supported in their work with clear assessment processes where people were triaged, prioritised and re-prioritised when required, based on their needs. Feedback from across teams was systems worked well overall, however some teams fed back that people could be allocated to teams, for example with a mental health need, however if this changed and improved, they still remained with this team. Other teams talked about some 'back and forth' conversations between teams in terms of who was best suited to support people's needs, but this was in a small number of cases. Other teams supported staff well with wider specialist advice where needed, for example the Continuing Healthcare Team.

Staff explained there was now much more of a focus on the individual and ensuring outcomes were personalised to support people. Lots of work had been done with staff in terms of training and development to ensure they understood what was meant by strengths based, person centred care. An example was given when a worker considered the needs of a person's cat who had feline dementia in their care plan as this was of high importance to them and something they appreciated.

Care providers gave mixed feedback about their involvement in people's reviews. Some were invited to review meetings, however others were not, when they felt this would have been beneficial. Other feedback included the local authority would benefit from an improved mechanism for providers to feed in to and agree timely changes in care packages. For example, some people had complex needs which meant a certain level of care was needed (such as 1 to 1 care) and they could provide further information into the rationale for this with better processes.

## Timeliness of assessments, care planning and reviews

National data from the Short and Long Term Support dataset for 2023/24 showed that 71.22% of long-term support clients had their cases reviewed (planned or unplanned). This was similar to the England average (58.77%). However, we were aware that there had been an upward trend in overdue reviews at the local authority in the last 12 months from 1,121 in February 2024 to 1,691 in February 2025.

Statutory reviews were undertaken by all operational teams within the local authority, being completed annually or when there was a change in circumstances or need. Allocation was based on team capacity, being monitored and risk assessed under their 'Waiting well' process to ensure that any reviews where there are higher risk factors were completed in a timely way, with focus on the longest waits. The median wait for overdue reviews completed in the 12 months to February 2025 was 162 days. Delays were due to a variety of factors such as staff capacity and skill mix within teams, to be able to undertake reviews where people may have complex needs, management of reviews alongside other high priority cases, and people's individual circumstances, which could delay arrangements being made easily.

The waiting list for initial adult social care assessments remained relatively stable. The waiting list for assessment in February 2025 was 181 people with the median wait for an initial adult social care assessment being 12 days. Before being placed on a waiting list, cases were reviewed to determine whether immediate action was required to meet people's care needs or identified outcomes.

People were informed of the waiting well process and team contact details, should their situation change. Waiting lists were reviewed weekly, including any change in circumstances, to ensure timely allocations. Individuals were also contacted monthly (in date order) to review their situation. This process also monitored referrals where an assessment was no longer appropriate or if the situation had been resolved, for example, by accessing alternate services. Staff told us they felt assured by these processes.

Over the past year, the local authority had focused on further improvements to waiting times by adding resources and implementing a prioritisation tool. Reasons why people may wait longer included increases in the number of contacts received by the local authority and requests for assessments, plus sometimes waiting for additional interventions from other services, for example occupational therapy, which could impact times further.

## Assessment and care planning for unpaid carers, child's carers and child carers

Support for unpaid carers in Cambridgeshire was provided by a service commissioned by the local authority who provided support and services to unpaid carers to prevent them from going into crisis. Their services included advice and offering information online, over the phone, or in person. They also supported people to access statutory carer assessments, carer's allowance and ran community hubs where unpaid carers could access support groups. An emergency planning service was available if needed for unpaid carers to access a sitting service, plus rapid response care workers, if unpaid carers were unable to provide care for any reason unexpectedly. Carers' assessments were carried out by the local authority, often following carers' conversations taking place first with either local authority staff or the commissioned service. Carers advisors were also based in some hospital settings where they gave advice and signposted people to services in the community.

Data provided by the local authority showed that the median wait for carers assessments had continued to reduce. The rolling median wait for an initial carers assessment had decreased from 11 days in January 2024, to 2 days in August 2024. It had since remained stable at between 1 and 2 days, with 9 unpaid carers awaiting an assessment in February 2025.

National data in the majority showed no statistical variation to the England average or was tending towards positive. For example, data from the Survey of Adult Carers in England (2024) showed 39.44% of unpaid carers were satisfied with social services. This was similar to the England average of 36.83%. and 25.08% of carers felt that they had control over their daily life. This was also similar to the England average (21.53%).

Feedback was much more mixed from unpaid carers than from people using services. It ranged from positively having a carers conversation, being given details of how to get support in Cambridgeshire and being involved in producing an emergency plan, to, not knowing about what support was available, not being offered a carers assessment, feeling unhappy about the lack of respite available and being signposted to support services which were considered to be too far away. Partners gave some fairly positive feedback about support for unpaid carers overall but told us they heard about delays in assessments sometimes.

Staff recognised the need to focus on unpaid carers better and work was taking place linked to the local authority All Age Carers Strategy 2022-26, to better identify people and proactively offer support. Staff told us the number of young unpaid carers had increased and gave examples of work undertaken with other agencies to support young unpaid carers, for example in relation to practicalities around their education. Staff feedback was support for unpaid carers had improved considerably and teams supported each other with advice and information such as in 'Carers huddles' which were reported to work well in supporting staff with individual cases and information. A 'no wrong door' approach was taken at the local authority where the ethos was that every staff member could support unpaid carers, with the aim to embed this across teams, so making everyone 'carer aware'. A strategic lead for unpaid carers was in place and support was focused around early intervention and prevention, with services having been commissioned to deliver this.

## Help for people to meet their non-eligible care and support needs

Staff told us about the local authority support for people to meet non-eligible care needs, such as providing information to people, for example with shopping or cleaning services. Staff made referrals to 'Community navigators' to help people find the services they required.

Staff were supported with practice guidance to ensure consistency when supporting people. This described staff using a strengths based approach to ensure assessments were fair, robust and proportionate, and also to involve people in the process at every stage. There was clear and consistent guidance on national and local eligibility criteria. To qualify, people would need to have a physical and/or mental impairment, show an inability to achieve day to day goals and for their situation to have a significant impact on their wellbeing.

Thematic audits were completed to ensure staff considered people's non-eligible care and support needs in assessments. In one audit completed in March 2023 it was highlighted non-eligible care needs were not always identified by staff, resulting in further training being offered and a subsequent review of the existing guidance to ensure this was appropriate.

## Eligibility decisions for care and support

National data from the Adult Social Care Survey for 2023/24 showed that 64.43% of people in Cambridgeshire did not buy additional care or support privately or pay more to "top up" their care and support. This was similar to the England average (64.39%) which indicated the majority of people's care provided by the local authority met their needs, so they did not need to pay more for their care.

Information was available on the local authority website about paying for care. This included a link to the Charging Policy for Adult Care and Support Services with details of how to make a complaint or appeal. This could be done in writing, by e-mail, by telephone or in person.

During 2023 - 2024 there were 269 formal complaints responded to overall by the local authority with dissatisfaction with the outcomes of social care assessments, particularly when the outcome had resulted in a reduction of eligible needs and/or funding being one of the themes identified.

## Financial assessment and charging policy for care and support

Waiting lists for initial financial assessments had decreased steeply between January 2024 (569) and August (121) 2024, continuing to decrease to a low of 41 in February 2025. Measures had been put in place to improve case allocation and tracking, including increasing staff capacity, which had resulted in this reduction. There was a target of 95% of referrals to be assessed within 60 days, and 94% had been achieved by February 2025. There was also a target of 95% to complete an assessment within 30 days of it being allocated to a worker and performance had reached 97% in February 2025. The rolling median wait for an initial financial assessment has decreased month on month, to 12 days in February 2025. Themes as to why people may wait longer included staff capacity within the team, requests for additional information in complex cases and cases where there may be deputyship or probate processes involved. Feedback from partners was that there were tight deadlines for people sometimes, for example, needing information back on the same day.

In the Cambridgeshire Adult Social Care, Customer Care Annual Report, 2023-24, it was reported the Financial Assessment Team responded to the highest volume of complaints at 42 and these were in relation to charging for care and people paying a contribution towards their care costs. Of the 42 complaints about financial assessments, 23 were about disagreeing with the outcome of the assessment and 19 were about delays in the financial assessment process. Of these, 1 complaint was upheld, 27 were partially upheld, 9 were not upheld, 2 were withdrawn and the remainder were either closed or addressed through other routes such as safeguarding.

Staff told us conversations about funding happened early on and more recently the team became involved within a day or two. Staff could ask for accessible formats for people where needed, and they would sometimes support people with a home visit if they realised they needed support with the paperwork.

Other teams explained if a person had been self-funding their care but now needed financial support, they worked hard to support them by looking at possible care options as soon as possible to give people choice and time to consider their options. For someone in a care home, they looked to build a case around a person's best interests so they could remain there where possible. Direct payments were suggested where people wanted to stay with the same home care provider ensuring a continuity of care where possible. Their aim was to make sure the person was happy and cared for in a place that met their needs whilst also balancing this with managing funds on behalf of the local authority.

## Provision of independent advocacy

Independent advocacy support was available to help people participate fully in care assessments and care planning processes. We found evidence people had been correctly referred to advocacy services when they had been unable to participate in the assessment process.

Staff were supported with clear guidance about when to refer for advocacy services. This included when and why to make an advocacy referral and explanations about types of advocacy roles. We had mixed feedback from staff about advocacy services with some stating they were a good responsive service, but others struggled to contact them recently, for example, was in relation to arranging a best interest's assessment and sometimes it felt the service struggled with capacity.

Partners told us staff at the local authority generally understood their statutory responsibilities under the Care Act. However, some staff completed reviews before seeking advocacy input. This had resulted in some advocacy awareness sessions taking place. Overall, staff were well trained and effective in making referrals. However, partners noted that not as many advocacy referrals were received about young people transitioning to adult services. Staff could also sometimes make incorrect referrals to them for an Independent Mental Capacity Advocate (IMCA). An IMCA is a legal safeguard for people who lack the capacity to make specific important decisions.

# Supporting people to live healthier lives

## Score: 3

3 - Evidence shows a good standard

## What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

## The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

## Key findings for this quality statement

## Arrangements to prevent, delay or reduce needs for care and support

National data in relation to Cambridgeshire was in the majority the same as or slightly better than the England average. For example, national data from the Adult Social Care Survey for 2023/24 showed that 74.80% of people reported spending their time doing things they value or enjoy. This was somewhat better than the England average (69.09%). National data from the Adult Social Care Outcomes Framework for 2023/24 showed that 82.04% of people who received short-term support no longer required ongoing support. This was similar to the England average (79.39%).

This was similar for unpaid carers where national data from the Survey of Adult Carers in England for 2023/24 showed that 83.49% of carers found information and advice helpful. This was similar to the England average (85.22%). However, national data from the Adult Social Care Survey for 2023/24 showed that 59.17% of people stated that help and support helped them think and feel better about themselves. This was somewhat worse than the England average (62.48%).

People gave a range of feedback about measures to support them in preventing, delaying or reducing needs for care and support. For example, one person attended a dementia café for support and another person attended regular health checks. Challenges for another person, however, were in terms of limited transport options and rurality being a barrier for them in accessing services. Another unpaid carer felt they could have been supported more widely during a period of stress in their caring role, only having an emergency plan completed, but no other information or support being given about other options available to them.

Cambridgeshire had a well-developed prevention offer, resulting in alternative services or signposting being provided during the triage process when people first contacted the local authority. To do this they worked with partners and the local community to make available a range of services, facilities, resources and other measures to promote independence.

‘Care Together’ is a 4 year programme, currently running until 2026, involving local voluntary agencies and social enterprises in delivering preventative services. The objectives of the programme were to embed place-based commissioners, work with local people to shape services, to improve the homecare offer and to improve older people's early intervention and prevention services. This was to be achieved by supporting the growth of voluntary agencies and social enterprises, by introducing different types of providers into the homecare market and develop, in conjunction with Public Health, early intervention hubs in local libraries. Future work was planned, for example, pilots around falls in people’s own homes and home care. Also to work more with district councils and to make better use of data and digital and information and advice.

Staff utilised ‘Community Navigators’, a service commissioned by the local authority, to support people further. These were people connected to local communities with expert knowledge of resources who could enable people to access local, preventative solutions to issues and delay the need for adult social care interventions.

Staff told us they felt prevention was done well at the local authority and that people were supported earlier more than ever before, with flexible options so that everybody got a chance to be more independent for longer. Positive examples around the use of technology included falls prevention devices and looking at ways people could be supported, such as with bed sensors, communication devices and alarms. A handyperson service was available, and they provided low level housing adaptations to support with keeping people living at home

Feedback from some staff who focused more on early intervention and prevention in their roles was that cases were getting more complex, so although turnover in terms of seeing people should be quick, this could take time, and they felt they would benefit from more resources.

Partners told us some positive work was taking place around improving pathways and outcomes in relation to hospital discharge which meant people could be supported sooner with increasing skills of independence when they came out of hospital.

## Provision and impact of intermediate care and reablement services

The local authority delivered reablement through a specialised in-house service. Reablement services were arranged and delivered independently to intermediate care, which was delivered by health.

National data from the Adult Social Care Outcomes Framework for 2023/24 showed that 1.87% of people aged 65 and over received reablement/rehabilitation services after hospital discharge. This was worse than the England average (3.00%). Additionally, national data from the Short and Long Term Support dataset for 2023/24 showed that 79.75% of people aged 65 and over were still at home 91 days after discharge from hospital into reablement or rehabilitation. This was slightly worse than the England average (83.70%).

Although national data for reablement and rehabilitation showed as overall being worse in Cambridgeshire than the England average in 2023/24, the reported figures only reflected activity from the local authorities own reablement service rather than all relevant reablement services provided. At least 50% of people discharged from hospital who used this pathway were not captured in the data. Data provided by the local authority showed 22,160 new contacts in 2023/24, with 47% supported through reablement or other short-term services and only 7% of these people then progressed to needing long-term support.

Reablement referrals were accepted from health professionals or family members. Referrals were made for new or increased packages of care and provided in peoples' homes, with clear reablement goals. Staff told us they were not looking at full independence necessarily but people who could demonstrate progression. People who needed long term care might also get short term reablement support to help ensure their potential was maximised, and they got the right kind of care. There was a focus on achievable goals and hearing people's voice. There were no waiting lists for reablement assessments which were completed within the first week of referral. Staff worked closely with hospital staff where appropriate to plan in advance of people being discharged from hospital.

Practitioners worked together such as reablement, occupational therapists and the Technology Enabled Care (TEC) team to consider the best action to take, for example to prevent falls. If a person's recovery goals were around mobility and therapy, this sat with the NHS Trust Intermediate Care Team, however if this was to get a person back to their original baseline levels, it was reablement. If reablement then could not be achieved, longer term teams became involved.

The use of reablement to increase independence and focus on admission avoidance was clear and staff told us leaders had invested in this approach. We found examples where care packages had been reduced, and people had been enabled to be as independent as possible. For example, one person in a nursing home had wanted to return home, so staff did some 're-learning' work with them to achieve this.

Health partners were jointly working with the local authority and other partners redesigning pathway 1 (when people are discharged home or to their usual place of residence with new or additional health and/or social care needs) as at the moment, this consisted of either intermediate care or reablement. For intermediate care, the NHS Trust ran an inpatient community service and also in the home, but the piece of work was the redesign around people in their own homes. All of the teams were engaged and having open, honest and sometimes difficult conversations around this, and to consider whether services should be joined together. Feedback from partners was previously it would have been more difficult to have these conversations, but it was a good example of collaboration and clarified this seemed to be led by care providers having a different approach and feeling able to have these conversations.

## Access to equipment and home adaptations

The local authority has a dedicated occupational therapy (OT) team as part of their prevention and early intervention offer, as well as a larger service commissioned under a Section 75 agreement with a local NHS Trust to provide occupational therapy services. A Section 75 is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. The commissioned service was separate from the local authority's smaller, in-house OT service and this activity was monitored separately via reporting produced by the NHS Trust, then shared with the local authority. The teams from both services met regularly to discuss any cases of overlap in service provision and learning to inform future practice.

Data from the local authority OT team in March 2025 showed there had been an overall increase in the number of people waiting for an initial OT assessment between January 2024 at 41, and February 2025 at 152. The OT service had seen a 25% increase in referrals between November and February 2025. This has been due to increased demand in reablement, and further work to promote the role of OT's and prevent/reduce any double handed care (care provided for people with two care staff).

Referrals received were triaged in 1 working day with a confirmation letter sent when cases were put on the waiting list, to ensure people were aware of how to make contact should their needs change and given information about other sources of support. Referrals were 'RAG' rated to prioritise them, with signposting and advice given for people who did not meet the criteria for support.

The rolling median wait for an initial OT assessment had remained steady at 19 to 21 days between January 2024 and September 2024, however had since increased up to 28 days in February 2025. This was reflective of the increased demand in the internal occupational therapy team.

People's experience of OT involvement and equipment provision was positive in the majority of cases, with examples including technology being considered widely, and OT support being described as 'good' and 'timely'. Other local authority staff told us they were proud of the OT service and felt the equipment offer was excellent and very bespoke for people. Referrals were made where appropriate to other agencies such as the Fire and Rescue service where it was identified safety in the home could be improved.

The Integrated Community Equipment Service was provided by a commissioned partner and was an integrated arrangement along with another local authority (who were the lead) and the Integrated Care Board (ICB). The service delivered, collected and maintained equipment for people in the community who had an assessed health and/or social care need. Equipment was delivered, ranging from the same day to 5 days. The local authority monitored the completion percentage of this with the expectation that 100% of same day deliveries were completed to facilitate hospital discharges. Feedback from the local authority was there had been some challenges over stock levels recently however remedial actions were implemented to keep front line services operating effectively, for example, by staff choosing temporary or alternative products.

At the end of February 2025, there were 764 orders waiting. The median time to complete orders from 12 months to February 2025 was 4 days to a maximum of 426 days and 70% of orders were completed on target. The largest percentage of missed target deliveries related to individuals not being available or contactable to arrange delivery of the item within the target timescale.

The Technology Enabled Care Team (TEC) was a distinct team to the occupational therapy service. Staff told us waiting lists for technology were now reduced down to 1 week and this team had led on some innovative projects such as a self-help tool for people who were neuro divergent.

## Provision of accessible information and advice

National data from the Adult Social Care Survey for 2023/24 showed that 65.37% of people who use services found it easy to find information about support. This was similar to the England average (67.12%). Additionally, national data from Survey of Adult Carers in England for 2023/24 showed that 57.21% of carers who find it easy to access information and advice. This was also similar to the England average (59.06%).

Feedback from people supported this data with comments such as information being provided in a clear format which they could understand and engage with. People's care records showed further examples of a wide range of other signposting to services where people could be supported further with advice. For example, staff made referrals to associated services where relevant, along with additional information given to support healthy lifestyles such as information on stopping smoking. The local authority Adult Social Care feedback forms update in November 2024, stated a large majority of the respondents who were people with a learning disability, said they felt able to access information and advice in a format that suited them.

The local authority 'Public Information Offer' provided a detailed and comprehensive overview of its advice and information provision. This included a section on digital inclusion, which included a redesign of the local authority's website, an online directory of services and the use of digital 'buddies', located in local libraries who could support people.

Partners told us whilst they found making referrals or finding information quite easy, some older people could find this difficult, however were aware that the local authority was working on improving access for people through a digital platform, 'Bettercare Support' which would allow people to search for relevant advice and information.

## Direct payments

National data from the Adult Social Care Outcomes Framework for 2023/24 showed that 17.03% of people received direct payments. This was significantly worse than the England average (25.48%) and 27.21% of people aged 18-64 received direct payments. This was worse than the England average (37.12%). Additionally, 7.67% of people aged 65 and over received direct payments. This was significantly worse than the England average (14.32%).

Staff and leaders were aware that uptake of direct payments was lower and there was a programme of work underway to improve these by a further 10% (from 17.3% currently). The focus was on encouraging staff to have more confidence around using direct payments by providing new staff guidance, direct payment champions in teams and brokers for support with finding personal assistants.

Feedback we received was one person was currently waiting to employ a personal assistant but did not think direct payments were a possibility to use. Written information was available for people to access to explain the purpose, function and eligibility criteria for payments.

The local authority monitored the people in receipt of direct payments on a quarterly basis across all operational teams and confirmed 99.9% of direct payments had been reviewed. Reviews were routinely conducted at 12 weeks and 12 months after set up. In March 2025 approximately 836 of people were in receipt of direct payments with 154 ended in the last 12 months. These were due to a variety of reasons including people no longer needing a service or needing more intensive support.

# Equity in experience and outcomes

## Score: 2

2 - Evidence shows some shortfalls

## What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

## The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## Key findings for this quality statement

## Understanding and reducing barriers to care and support and reducing inequalities

Cambridgeshire is a county which is unequal in terms of wealth with pockets of deprivation where there is a greater level of need, yet high levels of people self-funding care in other parts of the county. As well as rural areas, there were other densely populated diverse areas with urban challenges, such as drug and alcohol misuse.

Whilst some work was underway to understand and reduce barriers to care and support for people in Cambridgeshire, there was an acknowledgment by staff, leaders and partners that more work was needed. Staff told us about some gaps in services and areas currently. For example, for young people in full time education, equipment could currently be provided to them at home but not in educational settings. Additionally, some basic health care needs such as administering eye drops would not be covered by health, nor be covered by social care, unless this was part of a wider package of care, which then left a gap in support for some people. Young people from the traveller community, young people in same sex relationships and people with sensory impairments were also identified as groups where there could be better provision of services and there were associated barriers to care and support. As a result, staff were developing skills and knowledge and utilising 'work arounds' to help address some of the barriers identified. The local authority told us they were targeting support for these groups via its Care Together programme.

Feedback from staff was there was a lot of data and information available around the population and people's needs, however this could also be developed and utilised further to understand if they were providing the right services and support for people. For example, it was felt the local authority could understand and reach out better to Eastern European communities as this was not done well enough currently.

There were some positive examples given of work taking place. These included staff workshops being held around how they support people who are LGBTQI+, particularly older adults and examples of other work such as support to people in prison using reablement and work with a growing number of transgender prisoners.

Senior staff confirmed that work in relation to equality, diversity and inclusion (EDI) was developing and their approach was clear in that EDI was ‘everyone's business’ and about championing people's rights. Although the local authority had a strong approach in terms of supporting its own staff in terms of EDI, it was acknowledged they had some specific communities where more work is needed. The Gypsy, Roma and Traveller community was one of the key communities identified, as well as people with mental health needs and LGBTQI+ communities.

The local authority’s annual practice event, ‘Springfest’, focused on LGBTQI+ communities as one of its key areas of focus in 2025, with the aim of informing staff of how best to support people. Additionally, the local authority had agreed additional funding into mental health community support to enable a place-based approach and ensuring those with mental health and well-being needs had equity of access to services in their community.

Equality, Diversity and Inclusion was embedded in a number of the local authority's ambitions as part of their corporate vision. Underpinning the local authority approach was their Equality, Diversity and Inclusion Strategy (2023-27) which detailed amongst other areas, their commitment to anti-racism including signing up to the Workforce Race Equality Standards (WRES).

The local authority supported the provider market to better understand EDI and develop a stronger approach to equality. This aligned to the overarching local authority commissioning strategy and staff told us about how Care Micro Enterprises (CMEs) enabled them to more effectively meet the needs of people presenting with protected characteristics, using direct payments creatively to fill some of the gaps. For example, one Russian-speaking CME provided essential support to a Russian-speaking person who needed care and support. CMEs were small local businesses which offered personalised and tailored support to people in communities.

Partners told us about the North and South place-based initiatives taking place with the local authority. Information and work around equalities/inequalities had been built into this work and the hope was to develop this going forward in their work with people. There was recently, a countywide conference on inequalities funded by the local authority and other partners. Feedback was that the local authority did have an understanding of the population's needs, however it needed to strengthen connections with the local neighbourhoods still.

Other feedback from partners was there was some limited choice in terms of support for the deaf community and gaps in other services, for example, housing for people with serious mental health problems. It was felt advocacy services were also needed to support people with mental health needs better, for example, to prevent people from becoming homeless.

## Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them. The local authority offered a range of ways in which people could contact them, including online, telephone and face-to-face options. They routinely tested accessible information formats with people, as well as considering new methods of communication when they became available.

An all-age translation service was available to support staff and a report in 2024 showed the top 3 languages requested for face to face interpretations were, Russian, British Sign Language (BSL) and Polish. The report showed there were challenges of availability of BSL interpreters, with a small pool of BSL interpreters in high demand from all public sector authorities. Staff told us they were not always able to access interpreters in a timely way and confirmed there was a limited resource for BSL interpreters.

Staff told us they had 'been on a journey' in terms of accessible information and 12 months ago the local authority looked at where they were doing well and what the gaps were. They currently had access to BSL, interpreter or translation services, plus staff who were able to use Makaton sign language. Staff told us they tried not to use families to translate for people as recognised this was not the person's own voice.

Feedback from partners was that they would like to see more face to face meetings taking place rather than virtual ones as some people were digitally excluded and not always comfortable using technology.

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# Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

# Care provision, integration and continuity

## Score: 2

2 - Evidence shows some shortfalls.

## What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

## The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

## Key findings for this quality statement

## Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. The Joint Strategic Needs Assessment 2023 (JSNA) highlighted that there were health inequalities within the county and some communities with very poor health. Four of the Fenland communities were ranked in the 10% most deprived areas, but Cambridgeshire as a whole had comparatively low levels of deprivation overall. The health and wellbeing of the population across the county was as good as, or better, than the national average.

The commissioning team worked closely with the data and intelligence team to consider themes and trends for each district and used this to feed into their specifications to inform services. Also gathering intelligence from care reviews, national data and contract management meetings. Feedback also came from CMEs, local voluntary sector groups, a co-production network and from people using services.

Deep dives were carried out into specific areas of work to better understand people's needs and staff told us they needed to be evidence based to inform their decision making, to better understand people who used services and the models they needed. For example, of the 5 community teams, Huntingdonshire had a higher number of people with a learning disability going into placements and there was a higher prevalence of long term conditions in Fenland.

Senior staff told us they wanted to get more granular detail in terms of future projections to get a richer picture of the data. They needed to look at overarching needs assessment statistics and consider these, which included district level information. They felt there was a good understanding of the population at the local authority and district level, but they needed more detail of the emerging picture for commissioning at neighbourhood level, so priorities were driven by evidence and information.

Partners gave us mixed feedback about whether the local authority had a good understanding of demographics in Cambridgeshire with some saying this could be improved whereas others felt that the local authority did understand local people's needs, but this did not always translate into services well. Feedback was there was a need to look at the population with serious mental health issues to help stop people being admitted to hospital, help with substance misuse, with physical health problems and homelessness. There were good working relationships with the local authority who were responsive to feedback, and the local authority commissioner had a good understanding of mental health, in that it was about supporting people to live with their mental health, in order to live the best life they could.

## Market shaping and commissioning to meet local needs

National data from the Adult Social Care Survey for 2023/24 showed that 69.42% of people who use services felt they had a choice over services, which was similar to the England average (70.28%). In terms of support for unpaid carers, national data from the Survey of Adult Carers in England for 2023/24 showed that 15.36% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency. This was similar to the England average (12.08%) and the same data showed that 18.77% of carers accessed support or services allowing them to take a break from caring for more than 24 hours. This was similar to the England average (16.14%). Feedback we received from one unpaid carer was they had arranged their own respite care which they found quite challenging to do as they had not been aware the local authority may be able to help with this.

Although a large amount of work was underway to shape the market and commission to meet local needs, this was ongoing and remained challenging for the local authority. Senior staff told us the care provider market was generally good, and they could have good discussions together, but they needed the opportunity to build stronger relationships with care providers to shape care. They were aware there were still gaps around accommodation for people with care needs who were homeless or with complex needs. Their strategic approach to adult social care accommodation included a pipeline of accommodation in Cambridgeshire coming over the next 12 months, for example, extra care units and specialist beds (supported living), with further plans to develop an ongoing pipeline of developments in partnership with district councils to manage future demand. In areas such as care homes, they had good quality capacity and availability. Extra care was an area for expansion, as while there was currently good availability and people had a choice of service/provision, with the population still expanding, further work was needed to continue to meet anticipated demand.

Community Micro-Enterprises and Care Together had grown across the county and was being embedded into the local authority model for locality based commissioning. The Care Together Programme in Cambridgeshire supported local people to set themselves up as a micro-provider with the aim of delivering care and support to their local community. There were 68 micro-providers in the county delivering more than 5,000 hours of care per week currently and the local authority had invested in CME Development Officers who worked with people within local areas to provide free information, advice, signposting and support. Staff gave examples of where this gave people choice and flexibility, for example to support someone to volunteer at an animal charity. Support was currently accessed via self-directed support; this was changing to support being accessed through a list of Trusted Providers, but still via self-directed support.

Other work undertaken by the local authority included the re-modelling of older person's day opportunities and working with partners to focus on growing Shared Lives services to provide more choice for people, especially around respite. In Fenland, the local authority had obtained accommodation to create a community network offer for young people following closure of a hostel and in another example had purchased some accommodation for someone with bespoke needs to enable them to remain living in a familiar environment. Staff worked with the internal assets team to utilise sites which were being disposed to meet people's accommodation needs where possible.

Staff told us when considering market shaping, commissioners looked across provider portfolios to have dual conversations about what might be possible. When services were procured, commissioners considered how well providers met the needs of local communities to ensure they could meet diverse and cultural needs. Staff worked with some community groups to involve people with lived experience in the design of services.

Some partners felt there could be improved market engagement when retendering services and commissioning took place at a more senior level. Other comments included more people looking to the voluntary sector for support and transport was a known area of challenge by the local authority and reiterated by partners. Also, although there were some short term respite services, extended respite services still needed improvement.

## Ensuring sufficient capacity in local services to meet demand

Data from the local authority in March 2025 was there were a reducing number of people currently placed out of area and significantly less people placed outside of Cambridgeshire currently, compared to 12 months ago (to the end of October 2024). In the last 12 months there had been a 32% reduction, from 144 people placed out of area, to 98. This had been due to a number of factors including the placement decision making processes and better utilisation of block bed arrangements within the county. There had also been a reduction in placements which had experienced delays due to a lack of capacity in the market from 12%, to 7%.

Supported living remained the placement type with the longest delay but the number of specialist providers had been expanded on the Mental Health and Autism Supported Living Framework alongside other planned development work, so further improvements were expected as a result. There were currently 110 people placed in Extra Care or Supported Living out of county. The main reasons being due to complexity of behavioural and health needs and with the majority being working-age adults. In these situations, in-county providers may have had capacity but were not able to meet the particular needs of the person. There were currently 333 people placed in care homes out of county with the main reasons being due to family/social need or complexity of needs and with the majority being older people.

The local authority confirmed brokerage teams were analysing information in more depth to help with understanding and informing their accommodation strategy to support more people in county. Staff confirmed they tried to bring young people back into county if they had been receiving care and education at a residential school elsewhere in the country to try and bring families closer together.

Overall, 7% of placements were delayed due to lack of capacity and were delayed by 31 days on average. Supported Living placements were most likely to be delayed and the length of delay was impacted by matching of people's support needs, tenancy arrangements and reviews of any adaptations that may be needed. One in 6 nursing placements and 1 in 10 residential placements were delayed due to capacity and tended to be delayed by 2 to 3 weeks. Domiciliary care placements were very unlikely to be delayed by capacity. The local authority defined cases as being delayed where they took more than 7 working days before receiving at least one provider offer (across all care types except domiciliary care). For domiciliary care the period was only 3 working days.

There was a diversity of care providers in terms of size and geographical coverage. In the Cambridgeshire County Council Market Position Statement 2024, it stated capacity within the care home market was presently stable. There were some minor shortfalls within East Cambridgeshire and Fenland, but it was expected the county would have an oversupply of residential care beds within the next 2 years.

The local authority had identified there was a gap in day opportunities for adults with profound and multiple learning disabilities. The market was nearing capacity and unable to meet demand from some adults with more complex needs. The local authority had started work to address this at the time of our assessment and was working with key stakeholders, including providers and parent carers, to redevelop existing facilities to provide a solution. This redeveloped service was expected to be operational from late summer 2025.

The local authority had identified an urgent need to address the shortfall in specialist accommodation for people with learning disabilities, autism and mental health, whilst also being mindful of the need to increase supported accommodation in line with demand forecasts across all areas in the longer term. Upcoming development proposals for supporting people with learning disabilities included 10 new services coming in 2024 to 2026 with a mixture of self-contained and shared accommodation. There were further investment plans in place for specialist accommodation for working-age adults.

Feedback from people was it could be difficult to access personal assistants, with one person having difficulty finding a support worker. Staff gave us some mixed feedback about capacity in services, reporting issues with accessing emergency care for people. In Fenland there was limited access to day services and resources for unpaid carers. Staff told us poor transport links meant people could struggle to access services. However, the local authority told us that re-designing and co-producing services, and providing additional funding in Fenland, had substantially increased the range of services available and the uptake of these by older adults. There were also gaps in the market for older people, and people with care and support needs when they were homeless, which could then result in people living in bed and breakfast type accommodation. Accommodation could also be expensive in Cambridgeshire which added to the challenges. The local authority told us they were working closely with their District Councils on this issue.

Staff more positively told us they knew there were high deprivation levels in Fenland and were developing services, considering transport links to see how they could fill those gaps including a new bus scheme which would help with the rural travel issues and help tackle access to services. Other staff told us about how they worked closely with commissioners to support people creatively when there were gaps. For example, for one person with mental health needs, a placement was spot purchased to give the person tailored support and this was working well.

A quality assurance forum took place where staff could feed back where they identified a gap in service provision, this was documented and escalated to senior leaders. This had been in place since November 2024 and commissioners and brokers attended the forum which staff felt was positive.

Partners confirmed that there was a lack of services for people with chronic, severe and enduring mental health needs in Cambridgeshire. However, some services were funded by the local authority, for example, one to one mental health support in the community which supported people to live well, as well as some other lower level mental health support, which was described as good. The local authority was working with health to meet the needs of some people with mental health needs who presented at their GP surgeries regularly, but who did not meet the threshold for secondary health services, but partners felt this could be variable, as services could choose to opt in or out of this.

Other partners told us they were aware there were challenges around housing for people with mental health needs but the complexity of the system with both district and borough councils involved could make this complicated to navigate. They were also aware of some gaps with the Emergency Duty Team service at the local authority, however, they were aware it could be difficult to find the staff with that skillset and Cambridgeshire was a difficult place to recruit to with a high cost of living, as well as poor transport links.

## Ensuring quality of local services

People gave positive feedback about the quality of care they received. One unpaid carer and a person who received short term care described the care as being excellent and consistent, where care staff went 'above and beyond' in their approach.

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. As documented in their Market Shaping Strategy: Adults and Health 2024, the local authority engaged and worked in partnership with care providers in a range of ways from regular provider forums to contract management conversations. They used newsletters, forums, and alerts for disseminating information to update providers on policy changes, best practice, and upcoming events. Forums provided a platform for discussions. The local authority also held contract management meetings and monitoring sessions to aid discussions, address concerns, and facilitate improvements. They combined planned quality audits, unplanned quality audits, and self-audits to ensure care and support services provided met the required standards.

Staff confirmed the frequency of meetings with care providers varied depending on what was happening with the provider and whether there were risks. Some were scheduled for meetings 3 times per year, but they would meet weekly or even daily if needed, and staff made every effort to be flexible and respond to emerging situations. They said they always asked for feedback during contract meetings and also undertook surveys to collect views from providers which they used to improve their own service.

Alongside these meetings with providers, staff used an algorithm tool where information about the provider such as CQC (Care Quality Commission) ratings, and safeguarding concerns, could be collated and the tool then provided a risk indicator of when they might need to follow up or undertake a visit. Staff also used soft intelligence from other staff in local teams along with information from people and families.

Staff felt they had good trusting relationships with providers and a focus on helping them develop and improve their services. For example, being invited to coffee mornings at services and if a provider was experiencing any difficulties, staff would try to assist them.

Staff were positive and passionate about their work and told us they took a person centred approach to finding the right provision for people and their families. They gave a lot of choice and could deviate from their framework providers to arrange higher cost packages of care, should they better meet the needs of people.

Partners confirmed they had regular contract monitoring meetings which were useful. Other partners told us that their experience of the online quality assessment tool used by the local authority was positive, the process was robust and thorough, and that the people and team were supportive, helpful and respectful.

## Ensuring local services are sustainable

Information provided by the local authority described the overall market as remaining relatively stable, with specific sustainability issues relating to individual providers mainly. In the 12 months prior to March 2025 there were 79 contract hand backs and 10 embargoes placed on services. The 10 embargoes were as a result of contract management actions and to prevent new placements being made until any underlying concerns had been investigated. Embargoes could last from a few days to a few months dependent upon the issues.

National data in Cambridgeshire in terms of the adult social care workforce was showing as the same as the England average. For example, the Adult Social Care Workforce Estimates for 2023/24 showed that 7.91% of adult social care job vacancies were reported. This was similar to the England average (8.06%). The same data showed a 0.24 turnover rate for adult social care staff which was the same as the England average (0.25) and a sickness absence rate of 4.32 among adult social care staff, which was also similar to the England average (5.33). In terms of training, 57.84% of adult social care staff had care certificates in progress, either partially completed or completed, which was also similar to the England average (55.53%).

The Adult Social Care Provider Workforce Support Plan 2023-2028 set out the local authorities' joint strategic plan with a neighbouring local authority, detailing there were 380 care providers across both local authority areas. Across all providers there were 14,100 individuals in direct care roles (care workers, support workers, senior care workers) and 1,550 individuals in managerial positions. The workforce support plan's objectives included to propose local pay scales, to standardise delivery and assessment of the Care Certificate through recommended training providers, to establish a support model for delivering and recording training, to develop and promote realistic 'Career Pathways' and to promote and support the development of a culture of wellbeing, amongst care sector leadership. This plan looked at the challenges of recruitment and retention in the sector, highlighting vacancies, the high turnover of staff, and setting out the current size of the workforce and the predicted need for growth based on the projected increase in the population.

The local authority understood its current and future social care workforce needs. It worked with care providers to maintain and support capacity and capability. Staff told us that the local authority supported care providers by paying the real living wage and as a consequence had lower care staff vacancies. Care staff were also supported through a Care Academy, cycle to work scheme, car sharing and driving lessons. As part of the Care Academy care staff were able to record training certificates and qualifications, access care sector news, and enjoy rewards and discounts. Staff told us they had supported 700 care workers as part of this.

The local authority supported international recruitment in its provider market, including by linking providers and workers together. Staff told us the local authority provided a good training offer for workers and had developed an international recruitment App. Staff described having good links with recruitment bodies and linking up with other local authorities in the area.

The local authority's contracting arrangements provided some stability for providers and allowed them to plan ahead. Staff told us 4 years ago they had escalating costs and a lack of capacity in terms of care homes. So, the local authority had responded by offering a level of surety and stability with block contracts and that had allowed them to give people greater control and a variety of options across the county as well as helping them to better manage costs and ensure good quality.

Partners confirmed that uplifts were given to pay the real living wage, but these did not cover all costs. However, the local authority were getting better at making decisions about payments which were being made more quickly. Feedback from care providers was that there had been significant improvements in communication and approach over the last 6 months, the local authority responded to them much more quickly when they had queries, were more open and transparent and generally had good relationships with regular meetings.

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# Partnerships and communities

## Score: 3

3 - Evidence shows a good standard

## What people expect

I have care and support that is coordinated, and everyone works well together and with me.

## The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## Key findings for this quality statement

## Partnership working to deliver shared local and national objectives

There was evidence that the local authority worked with system partners to work towards system priorities. This included initiatives such as the Integrated Neighbourhood Approach which included health and voluntary partners.

Cambridgeshire County Council and Peterborough City Council delivered shared services under a single Chief Executive and leadership team until 2022, when separate Chief Executives were appointed for both councils. By June 2023, Cambridgeshire County Council had a new Executive Director for Adults, Health and Commissioning and commenced separation of its shared services from Peterborough City Council. Partners told us both local authorities had managed this and the relationships well, making sure that some practical combined arrangements were kept which had benefited partners.

The ICB and local authority worked in partnership to deliver NHS Continuing Healthcare (CHC) within the timeframes set out in the National Framework, improve quality and practice in relation to NHS Continuing Healthcare and NHS-funded Nursing Care, ensure the person was kept central to the process and the right outcome achieved for the person. Senior staff told us the local authority had a CHC team who offered support and advice to staff who were assessing people. This could place a demand on the local authority, but they had regular meetings with senior health officials as required and to address broader conversations. The local authority and ICB had a clear standard operating procedure in place for the process of identifying and managing continuing healthcare referrals and assessments documenting clear roles, responsibilities and escalation processes.

Other areas where there were shared funding conversations such as under s117 of the Mental Health Act 1983 were described as being straightforward within Cambridgeshire, but more complex if this involved different local authority areas in terms of communication, responsibility and agreeing funding splits. Section 117 mandates that local NHS and adult social services must provide free aftercare services for people who have been sectioned under specific treatment sections to meet all mental health related support needs. A piece of work was being done to review joint commissioning tools so they could focus better on assessing the person's needs and provide clearer oversight and approval. A piece of work was being done to develop a joint commissioning tool so they could better focus on assessing the person's needs and provide clearer oversight and approval.

Partners told us the local authority understood their role in the system, but they needed to be clearer on what they were trying to achieve around mental health as this cohort of people was growing across the area. Partners told us they were invited to the Adult Safeguarding Board meetings, the Integrated Care Board meetings and the Health and Wellbeing Board meetings but did not always attend due to capacity.

Healthwatch was jointly commissioned by the local authority with a neighbouring council to deliver core services like providing information, signposting, and fulfilling statutory duties, as well as engaging with the community. They also received funding to run partnership boards focused on adult social care. Healthwatch is the independent champion for people who use health and social care services. Healthwatch gathers and represents the views of the public about health and social care services in England. The local Healthwatch network supports people to share their experiences of care or access advice. There were 5 partnership boards aimed at helping the local authority develop diverse policies and procedures. The boards covered unpaid carers, learning disabilities, older adults, physical disabilities and sensory impairments. The partnership boards bring together people with lived experience, the voluntary care sector and representation from adult social care. A request had been made by partners to separate the deaf and blind partnership board as there was no representation on it from the deaf community (who were large in Cambridgeshire). The local authority confirmed they had worked with partners to improve representation from the deaf community, after concerns were raised about a lack of representation on the Sensory Impairment Partnership Board.

## Arrangements to support effective partnership working

A section 75 agreement was in place with an NHS Trust in relation to occupational therapy for older people and people with long term physical issues and partners described this as working really well. Staff told us about this integrated health and social care model and that they were really proud of how far they have come in recognising the immense breadth of work in relation to occupational therapy. Staff supported a lot of people with mental health needs and learning disabilities working alongside the specialist OTs. There was a friendly consulting model in place and staff worked closely together with robust processes in place where communication was good.

Another section 75 agreement was in place relating to mental health; however this was described by partners as more of a complex area. When the local authority separated from Peterborough, some services still remained interlinked. As a consequence, there was now a tripartite agreement in place along with health. Partners told us there was a desire to work together but there could also be some grey areas still in terms of where areas of work overlapped, however all had good relationships and were able to have conversations to work through these.

The Cambridgeshire and Peterborough Better Care Fund Plan Review (April 2024) reviewed priorities identified, strengths, opportunities, areas of achievement and recommendations. Insights included the Community equipment and technology offer being a good example of fully integrated commissioning, integrated neighbourhood services needing to be further defined to be developed, strong strategic work with unpaid carers which needed to be sustained and reablement/intermediate care services which were described as demonstrating positive impact on people's lives and outcomes. When the local authority worked in partnerships with other agencies, there were clear arrangements.

Senior staff told us about regular meetings with system partners including the ICB, the Mayoral Combined Authority, Police, Fire and Rescue and District Councils, where respectful and constructive work took place. Also, there was a meeting with third sector partners which had led to the local authority building up really strong contacts. On a strategic level they continued to improve work, but it was felt there could be more progress in turning process into actions in a system way. This included working together more around reducing inequalities.

Local authority data teams were about to get access to health data which would enable them to plan better across the system. They were also developing a mental health dashboard, as although this function was delegated, this data was input into their case management system, and they were discussing with health colleagues about accessing additional data.

Other staff told us about shared care records with health they could now access in the last few months, which felt 'revolutionary'. For example, enabling staff to see the history with services and helping to reduce duplication.

Partners told us the local authority recognised the need for infrastructure services. A survey was done each year about what the needs of the voluntary and community sector were in terms of people using services so they could advocate and communicate these for the sector including to secure funding. Some commissioned services told us about strong open and transparent relationships, with excellent communication where concerns raised were taken seriously and work valued.

## Impact of partnership working

The local authority had a joint funded technology offer for people in the community supporting adults who had a congenital vision impairment and adults with dual sensory loss to live independently, including helping people to access support, develop new skills with mobility and communication skills. The local authority worked with several key partner agencies across the sensory loss sector to do this. Other examples of good joint working between staff and partners included a hoarding forum with stakeholders such as the Fire and Rescue Service, where staff were able to discuss relevant cases to get specialist advice and support.

Until the end of March 2025, a section 75 agreement had been in place between the local authority and a local NHS Trust, in relation to a learning disability partnership. In this case, the ICB were responsible for providing the health care element of this and the local authority for the social care element, using a pooled budget. Now this had ceased, staff confirmed efforts were being made to minimise the effects on people with this not being integrated, and this had been managed well, with everyone's focus remaining on delivering a good service.

Despite this ending, local authority staff still had good links with health colleagues, being able to access learning disability nurses, speech and language therapists and OTs meeting regularly. Staff worked with a number of other partners agencies, including many voluntary sector agencies to support young people and parents. If a young person was moving into supported living they would also work with brokerage, housing, health and the learning disability teams to ensure the most suitable provision was found.

Partners confirmed staff remained working at the same location currently working together and the local authority communication around this had been good, with them valuing the close relationships, despite some more difficult conversations around the impact on people. However, everyone was clear about keeping people at the heart of their focus and for the next year, teams would continue working together with the same arrangements and maintaining those relationships.

Partners feedback was there had been huge efforts made around the development of unpaid carer services, including a Carers Strategy, with the local authority reaching out to unpaid carers to gather their feedback to help improve and shape services for unpaid carers. Some other joint working with one agency resulted in the development of some unpaid carers events and a website that provided information to unpaid carers based on their specific needs.

The local authority had engaged with the local partnership boards, attending these meetings, feedback was there had been improvements in how the local authority addressed and managed any concerns and they were responsive. Also asking for partners input and insights strategically, for example, for when attending health and scrutiny meetings.

Some other positive joint working was taking place with partners in relation to people who were high intensity users of health services, to try to support them in a more proactive way, so that they were not accessing unplanned services as frequently. Many of these people had poor mental health and the local authority was leading on this work in conjunction with health partners.

## Working with voluntary and charity sector groups

Staff gave positive examples of joint working with the voluntary and charity sector, for example one service provided support to people in relation to hoarding, and other community agencies who provided support to people with mental health needs. Some investment to support the voluntary sector had been provided by the local authority, for example, money had been invested into mental health community support recently.

Partners told us the relationship between the local authority and voluntary sector was overall positive. Although some partners had not been involved in co-production work, they had been invited to the Partnership Board meetings. Other groups were working with the local authority around co-production and community engagement and working more to join up with health partners.

Partners told us they felt the local authority were committed to hearing the voices of people with lived experience, for example, some work had been done on suicide prevention, where the local authority ran some focus groups which then influenced the approach taken by them strategically. The local authority also provided grants for people to set up groups in the community as well as larger amounts of funding for larger community initiatives.

Plans were underway to enable staff from the local authority and voluntary sector to work collectively, and these included recently consulting with some partners on areas such as health policy and poverty.

Work was taking place to identify hidden unpaid carers by collaborating with community based services, such as faith groups, to ensure unpaid carers had access to the information they needed to get support. Communication with the local authority and partners was described as 'strong' and they were actively working together to develop unpaid carer services effectively having recognised the valuable role of the voluntary sector in supporting unpaid carers.

# Theme 3: How Cambridgeshire County Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

# Safe pathways, systems and transitions

## Score: 2

2 - Evidence shows some shortfalls

## What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

## The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

## Key findings for this quality statement

## Safety management

Feedback from people was positive in terms of their experiences on discharge from hospital, for example, one person being referred to a medicines management service who supported them effectively. Another unpaid carer and the cared for person received a short term care service and told us there was a planned ending to this after 6 weeks where they had a review. The social worker ensured there were no care needs which needed addressing and ensured they knew who to contact if anything changed, along with numbers to use in case of emergency.

The local authority Emergency Duty Team (EDT) responded to out of hours' adult social care requests and Mental Health Act assessments in both Cambridgeshire and Peterborough. The team members were all senior social workers and Approved Mental Health Professionals (AMHPs), covering work out of hours, emergencies and dealing with issues that could not wait until the next working day. Referrals came from a variety of people, including the public, professionals, and care agencies. Staff told us the team were resourceful, however felt the current model of working was not sustainable, and a review of this was underway which had been led by Children's services who manage this service.

Staff feedback about EDT was there were issues with staffing which meant that sometimes people could be admitted to hospital because staff were unable to support them in a timely way. There was usually one person on duty for adult referrals and some relief workers were available but there was limited capacity for these, with Sundays being particularly challenging. Emergency respite and pet care were other issues which arose, as well as some delays in getting access to s12 doctors. A s12 doctor is a medical professional, usually a psychiatrist, who is approved to make specific medical recommendations regarding mental health assessments. However, there were also some positives, including working with committed, knowledgeable and supportive colleagues with the professional freedom to commission care. Staff had raised issues and met with leaders, but felt issues remained ongoing.

Feedback from the local authority was that they were aware of some of the issues which had been raised by staff around speed and efficiency, and an active review was underway which would look at staffing and the other issues raised, so they could be addressed, agreeing the service needed to be supported and valued with resource. Additional funding had been invested into EDT 18 months ago for relief workers, but this needed to be reviewed again. They were aware it was not sustainable to use relief staffing currently so were exploring permanent staffing now. Senior staff had also asked commissioning and brokerage teams to look at block booking beds for emergency respite and pet care.

Health partners told us previously (around 2 years ago), support for AMHPs had not been where it needed to be, however this had changed positively now with the local authority. AMHPs were employed by an NHS trust in the day time during weekdays then went to EDT which was run by the local authority out of hours (overnight and weekends). This structure had introduced some complexities around how to ensure a handover to get a consistently delivered service with clear standards and principles and to ensure alignment. The local authority recognised there was more work to do around this and as a consequence discussions were taking place now around the leadership structure, including a recent away day run by the local authority, where AMHP's attended to see how they could better support individuals in a more cohesive way. Other staff said with the AMHP service particularly there had been lots of positive changes over the last few years. However, within the NHS Trust they needed more awareness of what the role did, and this had been discussed with managers.

Shared IT systems helped support staff to ensure people remained safe. The local authority had access to the Shared Care Record, which was an approach to connecting electronic records held about a person on systems across the various health and social care partners within the Cambridgeshire and Peterborough Integrated Care System, together into one central digital read-only summary of information about a person. There were clear governance and data protection protocols for the shared records.

Staff told us there was good access to health digital systems where they could record notes which aided good communication. The local authority system was described as a good recording tool as well, where staff could flag both the worker and duty team to any issues, clearly showing the journey of colleagues to that point.

Staff told us one area for improvement was where they had to copy information across to health systems and they would like these to be more streamlined, and managers were aware of this. Staff had access to the NHS Trust system and could see the journey of the person and health and treatment plans, however the NHS Trust could not see the local authority system yet, so they had to duplicate notes and upload documents which took time.

The local authority had undertaken a pilot to test and improve support for people with learning disabilities and/or autism who had reached crisis in the community. This was through investing in personalised support to help people and their unpaid carers or families manage the crisis, prevent further escalation of needs and ultimately return to the original accommodation or support where appropriate. This pilot demonstrated that investment in short term, intensive support had a positive impact on the outcomes of people experiencing crisis with all people returning to the community with previous or alternative, more suitable support packages better able to meet their outcomes. This also enabled better identification of triggers leading to crisis enabling proactive prevention of future escalation of need. The local authority planned to work with local partners to develop a sub-regional approach with neighbouring authorities to invest in and develop a longer- term approach drawing upon the learning from this.

The learning disability team could provide early help and support in the event of an emergency for people, also supporting adults with autism. One example included a piece of equipment breaking just before the weekend and staff were able to borrow the required equipment from a care home until a new one could be supplied after the weekend. Another example given was of a person needing emergency respite and through close working with the local authority brokerage team, staff managed to find appropriate emergency respite within 2 hours.

There was a robust vulnerable people multi agency emergency planning procedure. This detailed clear roles and guidance for workers to follow in the event they identified vulnerable people in emergency situations. Including a protocol for access to IT systems so staff could access records during an emergency to provide them with key information.

## Safety during transitions

Some people had positive experiences during transitions. For example, one family member felt there had been really good coordination in their relative's transition between local authorities and services and professionals communicated well with each other. However, another person had an assessment when they had just turned 18 (which was later than planned), and was told their direct payment would now cease and someone would be 'in touch'. The family now paid for the activity the direct payment had covered but did not feel this transition had been handled particularly well and left them worse off financially.

Staff supported young adults ages 18 to 25 with a learning disability with an active education and care plan. The criteria for transition was from 16. While they started working with young people at 16 to manage the transition to adult social care, they did not take over their care until they were 18. The Young Adults Team was responsible for young people until they transfer to adult social care services at age 25. Most young people came through from children's services and staff had good working relationships with the children's team and educational establishments. For those people with a learning disability, people would stay with the team until they left education which could be up to 25 years. If young people did not meet the criteria for the learning disability team they transferred to the Adults with Autism Team (AAT). Staff from the AAT told us they accepted referrals for young people transitioning early, sometimes at 16.

Staff said they felt transitions were managed well. The team provided a good support offer to parents and unpaid carers with conversations about transitioning through to adult services starting early using 'moving on sessions' held within schools. The team felt they had a good understanding of the needs of parents and the local authority had created a brochure that provided written material with details of the transition process which the team worked through with families, also doing carer's assessments and work to support parents and unpaid carers.

The local authority had 2 transfer of care teams, North and South. These teams were responsible for the discharge of people from hospital and there were various pathways to support people coming out of hospital provided by health, social care and some jointly. Staff told us there could be gaps between health and social care for people with social care needs, for example, people with healthcare needs who required support with medication or putting on items such as pressure stockings, which could make some discharges more challenging. Staff relied on the voluntary and community sector to support discharges, however, acknowledged some areas had limited community resources. Examples were using a voluntary service to help with deep cleaning and moving of furniture and working with a street outreach organisation to develop a relationship with a person who had frequent hospital admissions but had previously refused care. Both the North and South Teams had a worker based in Accident & Emergency to prevent admission often by signposting, giving advice and referral to voluntary agencies for support, for example with managing money and practical advice.

Staff were positive in terms of the work they did to discharge people from hospital and working in a Transfer of Care Hub with health colleagues meant they were able to have live conversations about the appropriateness of care options. Staff were based across different hospitals and were separate from health but co-located with arrangements being slightly different across hospitals.

Staff sometimes did joint visits with other health professionals to ensure people's holistic needs could be met. Referrals were mostly to reablement or for long term care, which generally worked well. There was a proportionate assessment process to ensure there was a quick turnaround, and then further assessment could take place post discharge if required. There were currently no waiting lists in terms of discharges. Staff also did post discharge checks and 6 weekly reviews, unless people's needs were complex, when they might move to community teams. Staff told us there was a focus on 'home first' for people, with support from the TEC team, for example, with life lines and falls detectors.

Staff from the mental health team were seconded into the NHS Trust and told us they loved working with Trust teams and feeling part of this. Managers and team members were described as really supportive and working with health colleagues described as 'invaluable' with joined up working. Staff were able to gain more knowledge and make decisions together. Staff told us there was a lot of training available and health colleagues worked from different models to them, so they were able to educate each other. Staff felt discharges were more successful with the various professionals involved and they were respected as part of the discharge and risk planning process. Staff worked well with partners and told us they would not be able to do this without all the integrated support they got, and for example, working with specialist mental health OT's gave them a much richer understanding.

A palliative care social worker worked within the local hospice and had access to all the IT systems to easily access information. This role was supporting individuals with life limiting conditions but also supporting practitioners to understand how to support people and their families on discharge. As well as conversations about end of life care. They were employed to undertake strategic development too as the local authority wanted to develop a more strategic approach to supporting people with lifelong and life limiting conditions.

Senior staff told us they felt there was a high degree of alignment across the local authority and health systems as they were all interested in the shift from treatment to prevention and what this meant for integrated working. There had been some positive work on hospital discharge and opportunities to do more work around the pathways people use, using the Better Care Fund to do this.

Partners feedback was relationships were evolving with the local authority and health due to some new staff in posts. The ICS had a Home First programme in place across the local authority area and met monthly to agree any changes in working. Daily transfer of care meetings took place with the transfer of care team where there were social workers on site to facilitate discharges. From a discharge perspective partners found people sometimes rebounding between the hospital and social care and more work was needed on this. However, the ICS had undertaken work to streamline processes for discharge notifications and there was a lot of work in relation to adopting and improving discharge to assess (where people go home with an initial package of care, then have a further assessment).

Admission prevention could also be challenging and as the social workers worked weekdays, this could sometimes make this slower. On weekends, the Transfer of Care teams handled admission prevention. For example, a person who was a carer for their spouse who was living with dementia, was admitted to hospital. There was no support available for their spouse on the weekend, therefore the person with dementia also had to be admitted. The local authority told us this may have been because the person with dementia was not known to services, so their care needs were unclear. Partners told us they would like to do more with the local authority in relation to admission avoidance to ensure people could stay at home in these situations.

## Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. 'What if' plans for unpaid carers were widely used and feedback was they were useful in most cases. One person told us the support they had received had been good, and in an emergency someone would be able to come and sit with the cared person for 72 hours, until further support could be arranged, should this be required. In one case, the plan had not worked due to difficulties in finding care staff to support the cared for person who had complex needs.

A range of care service closure procedures and guidance were available to support staff to follow in these situations and support for the end to end process. This included a standard operating procedure for provider concerns and failure, also referencing other protocols to ensure a clear plan was followed with instructions and guidance. The local authority were able to demonstrate their processes and procedures were effective in practice over several case studies where they were able to support and safely transition people from services that were failing or closing. Other documents such as an Adult Social Care Serious Incident Framework highlighted the importance of staff in involving the individual, family and partners where appropriate, following serious incidents.

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# Safeguarding

## Score: 3

3 - Evidence shows a good standard

## What people expect

I feel safe and am supported to understand and manage any risks.

## The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

## Key findings for this quality statement

## Safeguarding systems, processes and practices

National data from the Adult Social Care Survey for 2023/24 showed that 86.28% of people who used services felt that those services had made them feel safe and secure. This was similar to the England average (87.82%) and the same data showed that 70.97% of people who use services felt safe. This was similar to the England average (71.06%).Similarly, national data from the Survey of Adult Carers in England for 2023/24 showed that 84.67% of carers also felt safe. This was somewhat better than the England average (80.93%).

Currently the arrangements for the Safeguarding Adults Board (SAB) were in a transitional stage. The Director of Adult Social Care (DASS) was in the role of interim joint chair (with a neighbouring local authority DASS), whilst a new chair was being appointed and they were in the process of doing this. The interim Chairs had been reviewing the terms of reference and wanted to include wider membership of the board to include district councils, the university, Fire and Rescue and faith group representatives. Statutory partners were very committed and they were still reviewing what subgroups to have, the effectiveness and which partners would chair. Plans were to look at how they were promoting the work of the board, preventing safeguarding and performance. The recruitment to the independent chair role would hold them to account and give them a chance to look at where priorities were. They were seeing more hoarding and self-neglect cases so wanted key partners involved in relation to this. Some partners told us discussions had been ongoing; however this had not impacted on them from an oversight point of view and there were good relationships between them and the local authority.

An Independent Safeguarding Adults Review (SAR) chair attended the board to give an update on the work they were doing on the SAR subgroup (as the SAR makes recommendations, and partners have a responsibility for taking the actions). The local authority had recruited an independent SAR chair for the SAR subgroup because they had concerns about the existing process, and needed to conclude some SARs, but had now driven this work forward.

There were effective systems, processes, practices in place to make sure people were protected from abuse and neglect. The local authority had carried out an evaluation of their safeguarding service with some system changes taking place in October 2024 which improved the local authority Multi-agency Safeguarding Hub (MASH) and some other processes.

The role of the MASH role was to establish whether a person referred to them had care needs and whether there was a safeguarding concern. If a case did not meet the safeguarding threshold they directed people to other teams or signposted elsewhere. For example, they worked with one person and liaised with the domestic abuse team, the GP and linked the person in with a specialist voluntary sector organisation for support.

MASH was a growing team and co-located with the Police and Children's MASH making them well placed to have informal and formal conversations. They were not co-located with health or mental health colleagues, however, which staff felt was a pity as they would have liked working in the same place as these colleagues as well. In the review of the MASH recently they had added in new roles of adult support coordinators and senior social workers and staff told us this had made a real positive difference.

Referrals came directly to the MASH and staff felt there were good communication and systems in the team. Staff told us they benefited from access to health records which assisted them in this triage process and in measuring risk. Cases were then managed by the frontline team managers, although the MASH team could make recommendations. MASH also supported the setting up of safety plans for effective management of repeat contacts or concerns, for example, one person with a learning disability who met people online unsafely regularly. One MASH worker managed organisational safeguarding, and their role was to work with care providers and make good practice recommendations. They had fortnightly meetings with the contracts teams to identify providers of concern. Staff told us knowledge was shared amongst the team, with half a day a month being allocated for essential professional development, which included case reviews.

Senior managers had oversight of safeguarding through data dashboards where themes were collated. The MASH manager used data to monitor caseloads and review how long people had been waiting. Dashboards looked at the whole journey of the referral, for example, demographics, repeat referrals and organisational concerns. Cases were audited by managers who shared learning about team practice with teams. Managers said data had improved over the last year, in terms of timeliness but also in quality, and outcomes.

Frontline staff told us safeguarding worked well, they could track through systems to see the MASH involvement and they dealt with concerns promptly. When a referral was received, they identified any safeguarding risks and got advice from MASH or other teams as required. Staff had practice guidance and received a regular emailed newsletters with learning from SARs and other cases.

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. National data from the Adult Social Care Workforce Estimates for 2023/24 showed that 54.65% of independent or local authority staff had completed MCA or DoLS training. This was significantly better than the England average (37.58%). National data from the Adult Social Care Workforce Estimates for 2023/24 showed that 60.27% of independent or local authority staff had completed safeguarding adults training. This was better than the England average (48.70%).

The local authority accepted that there was more work to do in relation to safeguarding and work had started for 2025/26 which included a thematic audit on decision making within the MASH, enhancing the feedback loop so they were hearing from people about the impact of changes and looking at how to manage safeguarding concerns which did not meet safeguarding enquiries. There was work underway to look at how the local authority managed risk and responses to concerns raised which could be managed by the contracts team, such as pressure ulcers, medication errors or falls to ensure these were being monitored and there is a robust plan for response within a defined period.

Partners told us the sharing of information, outcomes and learning from safeguarding's varied. Some providers said they were regularly given information about outcomes and learning, whilst others said they sometimes heard about outcomes and learning, but this was not always consistent.

The Deprivation of Liberty Safeguards (DoLS) team told us they considered the impact on people who were waiting for assessments as everyone was entitled to be seen and have the right to access support. Staff utilised relationships with other internal and external partners to get the right information so they could prioritise the people they needed to see. Allocations were done on a weekly basis according to those most in need.

Data provided by the local authority in February 2025 showed the waiting list for DoLS assessments fluctuated between 900 and 1000 from January to November 2024. The waiting list in February 2025 was 1,016. The number of DoLS applications per month had increased from 236 in 2022/23, to 272 in 2024/25.

New DoLS referrals and those on the waiting list were risk assessed and allocated based on those prioritised as high using a nationally recognised prioritisation tool. Although DoLS processes should ordinarily be completed in 21 days, cases were re-prioritised at 6 month intervals for those who had waited over 180 days for an assessment. Waits over this length of time were due to needs being assessed as low priority and staff contacted managing authorities requesting updates on all people waiting more than this time to ensure that there was a continued assessment of the situation and any associated levels of risk. The rolling median wait in days for a DoLS assessment had reduced steadily, from 59 days in January 2024 to 43 days in February 2025. Cases were classed as high priority, for example, where there may be a negative effect on individual wellbeing or legal challenge. Feedback from the local authority was the DoLS team prioritising and triaging independently of the community teams was a strength. However, they did triangulate information if there was feedback from community teams following a review.

Staff were not aware of concerns about any delays, however, were going to be undertaking a feedback project to improve how they worked with families. People were encouraged to give feedback via links shared on staff emails and other documents to encourage this.

Internally DoLS work was scrutinised by managers who oversaw complex cases. A DoLS risk matrix recorded all restrictions people were under, and a new workflow process was being implemented for improved monitoring on systems. Quality Assurance teams audited cases as well providing feedback to the staff involved. There were drop in sessions for advice and legal updates every few months. Partners used an online form to refer to the local authority and questions had been adapted which helped to establish people's needs, the risk, any objections and the restrictions. They prioritised cases on a daily basis to high, medium or low using a recognised tool, which was adapted to cover any further risk areas they needed to be aware of and look at people more holistically. There was a mix of permanent Best Interest Assessors and a pool of independent assessors across the local authority, along with a programme to train up staff in different teams to do assessments. There was currently 1 staff vacancy in the team.

Staff in the DoLS teams displayed an improvement mindset, working on individual projects too, for example, changing the paperwork they used with care homes to improve this. Also carrying out some education sessions with partners to improve referral information coming to them. Staff felt there were strong links with partners, for example safeguarding leads at hospitals and advocacy services.

Community DoLS were the responsibility of the operational teams. Senior staff were currently working on a system to move onto a data dashboard which would improve oversight of these as they were not identifying the expected number of cases or the level of risk as well and to enable meaningful reporting for performance and compliance checks. However, staff told us they still felt confident of their understanding of people waiting currently. Staff supported care providers to identify people who might require an assessment, prompting them in forums and newsletters. Some staff felt knowledge amongst teams could sometimes also be variable, so they were addressing this with further staff training.

## Responding to local safeguarding risks and issues

The local authority worked in partnership with other local authorities and agencies to safeguard vulnerable people living in their communities and there was good communication between teams in relation to safeguarding. Staff told us hoarding cases had 'mushroomed' in Cambridgeshire and they often worked with early help practitioners and GPs for initial support and to 'get through the door' to be able to start helping people.

Several of the recent SAR reports had noted identification of self-neglect as an area of learning. A Multi-Agency Risk Management (MARM) process was in place and a task and finish group had been set up, comprising system partners, in relation to this. The SAB had also arranged for a review to consider consistent system wide learning with a focus on improving practice in relation to the Mental Capacity Act 2005 when supporting people who self-neglect and hoard.

The SAB Annual Report 2023-24 documented the local authority's learning from SARs where 17 SAR referrals were made, of which 9 related to Cambridgeshire. Four of those met the criteria and were progressed to a SAR. The report set out the Boards priorities for 2023-24 and provided a progress update and what actions had been taken in the 12 month period. For example, one priority was to establish a more consistent practice and approach to assessing mental capacity. In the 12 months, actions taken included, updates to the Mental Capacity Act 2005 (MCA) pages on the website, updates made to the self-assessment audit tool used and practitioner survey, and it identified themes from quality assurance activity undertaken around the MCA.

The local authority provided an overview of learning from SARs in November 2024. The Principal Social Worker, who is a statutory member of the SAR sub-group and chairs the Practice Governance Board, reviewed all SAR referrals. The group met monthly with the senior management teams to review SAR reports and action plans, then agree how SAR actions should be taken forward. Action plans were implemented and monitored for completion, and lessons learned sessions were held. Evidence was provided of a number of 7 minutes briefings which were made available to staff in relation to individual SAR's which included any follow up training, learning or development, for example, some reflection events.

There was a clear understanding of the safeguarding risks and issues in the area. Lessons were learned when people had experienced serious abuse or neglect and action was taken to reduce future risks and drive best practice. The All Age Carers Strategy (2022-2026) incorporated a safeguarding element which included homicide risks to unpaid carers which were based on coroners reports. A fact sheet had been produced for practitioners which provided guidance on supporting unpaid carers at risk of harm, for example, domestic abuse as a result of dementia and this set out the areas practitioners should consider so that safeguarding issues were not missed.

Staff told us discretionary s42 enquiries for unpaid carers came out of learning from a SAR where a person had care and support needs and there were missed opportunities to support the unpaid carer. Now they increasingly checked with GPs and Police, and people did not need to be known by the local authority before. This had improved practice and was now leading to increased referrals.

The Cambridgeshire and Peterborough ICB produced an annual report in 2024 of the Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) service improvement programme. There was a commitment in the report to coproduction and working closely with local authority partners to provide equitable and sustainable services across Cambridgeshire and Peterborough. The LeDeR team are part of these workstreams, ensuring the learning from LeDeR leads to service improvement across all providers.

## Responding to concerns and undertaking Section 42 enquiries

In March 2025 the local authority told us their conversion rate for s42's had increased significantly in recent months due to new processes across the MASH and operational teams which had led to an increase in the number of s42's awaiting allocation, however teams were managing the volume of these and carrying out initial reviews to confirm any immediate risks had been mitigated. Triage decision making timescales for MASH was 4 hours and all decision making in the MASH was overseen by a senior social worker.

An initial case review and triage was carried out by the MASH where a priority was given. This ranged from immediate allocation for urgent cases, 24 hours for high, 72 hours for medium and 5 days for low. Lists were reviewed daily, and the RAG rating changed to reflect any new information. The majority of safeguarding reviews took place within less than 1 day. Themes as to why people may wait longer included, volume of concerns received by the MASH and ability to allocate within staffing capacity. Also, type of concerns received and ability to allocate within staffing expertise. With some concerns there may be more information required in order to assess the concern further and determine appropriateness. Nine people were waiting for an initial review in February 2025.

The Multi Agency Safeguarding Hub completed an information gathering process to determine Section 42 (s42) eligibility. Once eligibility was met, the MASH established key lines of enquiry and tasked the appropriate team to carry out the s42 investigation. Operational teams allocated a practitioner to complete the s42 enquiry within 28 days and any enquiries not completed within this timescale were monitored and reported on. In the last 12 months, the median wait of s42 safeguarding referrals awaiting allocation was 1 day and in February 2025, 47 s42s were awaiting allocation.

Partners told us that over the last 18 months safeguarding had been more of a focus by the local authority including those raised by voluntary sector organisations. The process of referrals was described as straightforward but sometimes they might disagree on how this was progressed in terms of if it was a s42 or not. Some partners working in mental health felt they would like pick up a phone to discuss cases more as mental health was often not ‘black and white.’

## Making safeguarding personal

People could participate in the safeguarding process and get support from an advocate if they wished to do so. National data from the Safeguarding Adults Collection for 2023/24 showed that 90.80% of individuals lacking capacity were supported by an advocate, family, or friend. This was somewhat better than the England average (83.38%). Partners told us that they often received s42 enquiry requests for advocacy input and felt the local authority were committed to making safeguarding personal.

Staff were supported in practice to ensure they followed the principles of making safeguarding personal. Auditing of s42 enquiries by senior local authority staff reviewed areas such as empowerment, advocacy, consent and mental capacity, as well as information around making safeguarding personal. This looked for evidence the practitioner had followed the principles of empowerment, prevention, proportionality, protection, partnership and accountability, with actions and recommendations to improve practice if required. Senior staff told us explained changes made to systems meant they were 'less clunky', enabling staff to record better what was important to people. The next step was to audit practice following the change. However, senior staff told us the data dashboards around making safeguarding personal showed a good quality of outcomes for people at around 90%.

Care records reviewed demonstrated a good understanding of issue based mental capacity with people being involved in making day to day decisions regarding their care, even though they may not be able to make more complex ones.

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# Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

# Governance, management and sustainability

## Score: 3

3 - Evidence shows a good standard

## The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

## Key findings for this quality statement

## Governance, accountability and risk management

In 2022, Cambridgeshire and Peterborough moved from a shared Chief Executive to each local authority having their own, prompting a wider restructure. By June 2023, Cambridgeshire had a new Executive Director for Adults, Health and Commissioning (DASS) and separated its services from Peterborough. Public Health moved into the Adults, Health and Commissioning Directorate in Cambridgeshire finally in September 2024.

There is now a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible and capable and people told us there had been a positively changing culture reported at the local authority and in relation to the leadership.

Senior staff told us adult social care was the single largest part of their revenue budget and care was of good quality. The DASS played a full part in the adult social care leadership team where they got a rounded perspective. There was more direction and a clear vision and values which was considered to be a step change. Adult social care was now more data and evidence driven, with good quality data that supported improvements.

The DASS told us when they first started, this was at the same time as the decoupling from Peterborough and there was an employee survey carried out which was not positive for adults services, impacting on staff turnover and morale. Since then, they had met over half of the workforce and staff have reported really valuing seeing them in meetings and on calls. They send out regular communications, have listened and learned, encouraging a more open culture. Well-being is a priority for senior staff along with performance and they have regular contact with the Principal Social Worker through the practice governance board to ensure they understand adult social care themes and trends.

Senior staff have focused on everyone working more together as a team and are having operations and commissioning conversations more. They have a leadership weekly meeting, where they bring information and constructively challenge papers. They communicate with regular meetings, one to ones and Teams chats. In terms of performance, they still think they are 'in the herd', whereas some areas are better such as short term intervention. Delayed reviews, direct payments and DoLS were areas they continue focusing on to improve. Safeguarding was another area but this has improved now.

An established Principal Social Worker (PSW) was in post and the workforce strategic responsibilities were described as being very central to their role. They told us their staff vacancy data showed there had been 10 to 20% vacancies over the last few years and they look at retention and recruitment into these roles. They had apprenticeship schemes and had significant recruitment in January 2025, with a rolling programme of recruitment, and around 4 or 5 social work vacancies currently with few locum workers used.

The PSW role is a stand-alone role with a focus on quality assurance and practice. They reported into the DASS directly and spoke weekly. They held reflective practice workshops for staff and chaired the practice governance board plus managed the Customer Care team where compliments and complaints were reviewed. They also arranged celebrating practice and other practice events. Staff supervision was led by managers and took place every 4 to 6 weeks, where they discussed case work and carried out supervision audits.

The Director of Public Health started their role in January 2025 and was now part of the adult's directorate reporting into the DASS and Chief Executive. The relationship with adult social care was reported to be growing all the time and strengthening. They were currently working with the Local Government Association (LGA) to ensure the Health and Wellbeing Board and partnerships were more effective and outcome focused. Recently a workshop was held with the LGA and partners and housing, employment, falls prevention and mental health were all key priorities identified to be maintained despite future change. The DASS sat on both place-based partnership boards in Cambridgeshire and this was described as useful.

Clear risk management and escalation arrangements were in place which included escalation internally and externally as required. The local authority's political and executive leaders were informed about the potential risks facing adult social care. These were reflected in the corporate risk register and taken into account in decisions across the wider council. The local authority Adults, Health and Commissioning risk register highlighted a total of 12 risks with 1 relating to the uncertainty around the recent decoupling of s75 funding arrangements in relation to the learning disability partnership. Control measures were in place for risk levels which had been assessed in November 2024 and were scheduled for review in early 2025. Risks were also highlighted from staff teams through to heads of service and to director level, for example, concerns about the level of risk to an individual.

The local authority had a system in place for assessing the quality of service provided and for making improvements. The local authority's performance management framework was used to inform change programmes, projects and service delivery and to manage risk. There was a plan of 8 thematic audits for 2024-2025 and these included auditing areas such as Care Act assessments and care and support planning, Mental Capacity Act 2005 assessments and best interests decisions, and unpaid carers assessments and support plans. Outcomes of audits were shared with relevant teams with actions agreed.

The local authority had a comprehensive assurance tracker, which recorded progress on Safeguarding Adults Reviews; Local Government Ombudsman complaints and thematic/ managerial audits. In the Managerial Case File Audit Report, Q4, 2023-2024 the local authority ensured work was being completed in line with their vision and their Care Act duties. In the report summary, the local authority stated the audits completed highlighted areas of good practice and areas for development. For example, the highest level of met domains at 91% related to care assessments, care and support plans and mental capacity practice. The lowest level of met domains at 71% and 75% related to community action plans and support for unpaid carers practice.

The local authority performance dashboards were continuing to develop with data teams improving management reporting, consistency and with managers being able to 'self-serve' to access information relevant for them. A range of reports had been developed, which brought together data sets to help inform and support managers to be able to review specific data relevant to their teams, supporting management of activity and improving performance. Each report was scoped and developed in conjunction with the relevant team or service area to ensure that the report reflected their requirements. Each team could access the reports relevant to them and use these within their day-to-day monitoring of activity and performance relevant to them. Service managers and senior leaders could use information to look across teams and compare data. Dashboards were being refined to be more user friendly and provide a better overview of waiting lists.

Staff told us there was a staff engagement forum where they have had 3 sessions so far. Themes from these sessions were shared with senior managers, such as the DASS and PSW, who then provided further feedback to the forum. For example, themes around IT, management, recruitment and retention. They also had listening sessions where the DASS gave more of an overview of the feedback and what was put in place as a result. Staff felt the local authority cared about retention and HR teams contacted staff to discuss reasons for moving teams even if moving internally. Feedback and complaints were taken seriously and most staff told us they felt listened to.

Feedback from teams was the local authority had developed an open, flexible, modern way of working. Leaders were really approachable and this had improved over the last few years, for example, staff could send the DASS an email if they needed a decision. The Chief Executive had also brought a culture of change to the senior leadership team. Some staff teams described themselves as being really stable with no vacancies and enjoying working in adult social care.

Staff felt supported in being able to challenge in terms of anything they could be doing better and to be providing the best service they could. There were opportunities to get involved where the local authority had piloted new ways for delivering adult social care. The local authority had created different teams to trial new ways of working and they valued being able to apply for these, then getting feedback in terms of the evaluation on what worked or did not.

Partners told us Cambridgeshire were committed to doing their best, they were highly invested and open and responsive, they were good at linking organisations up together and were involved in system working. Some health partners reflected after the local authorities split it was difficult to get governance systems in place. Equalities had been a focus in relation to workforce, and access for people from different backgrounds, the local authority had done work in becoming an anti-racist organisation. The DASS in Cambridgeshire had a clearer narrative now following the split and the leadership was more stable, but there was still more work to do.

## Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, allocate resources, deliver the actions needed to improve care and support outcomes for people and local communities.

Political leaders told us the strength of the local authority were that staff 'care' right from the top of the organisation to the bottom. There was a committee system in place and feedback was this was effective, however committees now met once every 3 months, rather than monthly, and not everyone felt this was as effective. The opposition were involved with scrutiny and the committee system provided an opportunity for more backbench members to be more involved. The main role of scrutiny was described as trying to make sure the right decisions were made, give constructive criticism and point out inconsistencies, look at the strategies adopted, and where people disagreed, make sure an alternative point of view was put across. Feedback was business was not 'rushed' through to get the decisions made and there was a deep respect and liking of colleagues, but the scrutiny role was as a 'critical friend'. In terms of governance and performance, papers and accelerating trends were shared with the committee, along with quarterly performance reports.

The DASS told us in terms of scrutiny, relationships were respectful but clear around segregation of their own roles and responsibilities. In terms of strategic decisions, the committee system was slightly different however this felt like they were scrutinised more. It felt like relationships with politicians were stronger than they were. Informal conversations were also just as helpful in terms of updates and giving assurance of areas they needed to have greater focus on, challenge and fact finding. They felt the mixed political joint administration with a leader worked really well, and they are very focused on communities and fairer, greener values.

One political leader felt the local authority did well in terms of prevention and short term work. Co-production was considered to be important, and the local authority took part in the regional ADASS (Association of Directors of Adult Social Services) meetings held to keep up to date across the sector.

A number of strategies underpinned the work of the staff and leaders to meet their responsibilities under part 1 of the Care Act 2014. As part of the Adults, Health and Commissioning Strategic Workforce Plan, the local authority identified ongoing efforts were required to address recruitment challenges for some social work teams and recognised the challenges facing the adult social care sector as a whole. The local authority had a comprehensive plan which highlighted the main objectives around workforce sustainability, together with outcomes and success measures. Some of the objectives had been completed such as the development of new recruitment pathways, however some areas were still to be achieved, such as offering exit interviews for staff leaving the organisation. The local authority had plans to create a comprehensive recruitment strategy which included standardising job descriptions and recruitment materials as well as blind shortlisting to reduce the impact of unconscious bias.

The DASS told us they were currently looking at additional apprenticeships for staff. There was a strong and stable workforce, however there were still gaps in it, so they needed to consider how they secured longer term growth. There was also a focus on improving current data, as they acknowledged significant gaps in workforce diversity data and staff turnover.

An All Age commissioning strategy 2025-2028 had been developed within the Adults, Health and Commissioning Directorate that detailed the strategic direction and priorities to improve outcomes for people who had care and support needs. Work was being developed to create a set of ambitions for the directorate which built on the local authorities strategic ambitions aimed at supporting better quality service delivery. This work resulted in the development of the adult social care 'ASPIRE' ambitions which were to improve access, focus on safety, increase place based support, be innovative, reduce inequalities: and provide enhanced carer support. This was a working document which would be tested and co-produced with people who use services, elected members, care providers and stakeholders, having been shaped by a refresh of other documents such as their Market Position Statement. The strategy aligned with the local authority vision for 'a greener, fairer and more caring Cambridgeshire'.

An Adult Social Care strategy was being developed, and the local authority provided a progress report (dated September 2024) to summarise the work underway to develop this, with the aim to have the strategy completed and approved by June 2025. This progress report set out the background, review of current practice, further work, governance, a timetable and next steps. The local authority told us their new overarching strategy for adult social care would set out clear aims and working principles across the whole of Adult Social Care, drawing on other strategies and policies and with the aim of engaging and consulting with stakeholders.

Some partners told us they had had the same commissioners for 4 years and felt they were the most supportive they had ever had, with a really collaborative approach and regular meetings taking place. They were able to contact them with any challenges and there felt like an open door policy, which felt very solution focused, and generally relationships were good. Other partners met with senior leaders formally and informally and told us this enabled them to unpick future areas of collaboration, share difficulties and look at what they could do together in terms of their shared ambitions and priorities.

## Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. The information governance team were a joint service with a neighbouring local authority. They supported with any information sharing agreements, for example, the Shared Care Record with health (including GPs) and there were clear governance and data protection protocols in place for this. Staff told us they were proud of this agreement and had had positive feedback from staff about this. Staff told us when referrals were made, staff asked people for consent for their information to be shared and when information was shared such as referrals, staff used a secure email for people externally.

Staff received effective training at the local authority, for example cyber security training and in relation to the General Data Protection Regulations (GDPR). Staff explained they could contact the data protection team to seek advice, and test emails were sent out to provide ongoing training for staff in spotting 'phishing' emails. Workshops had taken place for the wider workforce to ensure people understood the significance of GDPR with some interactive sessions held where staff were given GDPR examples and then asked whether these were right or wrong, to encourage useful discussion.

Business support staff described how they supported staff to keep information safe while they were out using phones and hand held devices. They said the way they worked, and their open door policy (contact anytime from anywhere) supported staff, built confidence and allowed them to get on with their day to day work without worrying about how they kept peoples information safe.

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# Learning, improvement and innovation

## Score: 3

3 - Evidence shows a good standard

## The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

## Key findings for this quality statement

## Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support to ensure Care Act responsibilities were delivered safely and effectively.

The majority of staff were exceptionally positive about working for the local authority and enjoyed working in their teams alongside supportive colleagues. Staff told us that many of them had worked for the local authority for several years as it was a good place to work, describing the local authority as 'very good employers' and expressed that they were well supported by managers with a wide range of opportunities for training and development.

There was support for continuous professional development. Staff spoke positively about the training on offer, and we saw how this was targeted towards identified learning needs. Staff told us they felt the local authority was committed to the development of staff internally and pathways had been created for developing social work practice including an apprenticeship programme in which 20 social worker apprentices were accepted to start in January 2025, in addition to 29 social worker and 4 occupational therapy apprentices already on pathways. One apprentice told us that they were encouraged to pursue this opportunity, and they had been supported through mentorship. Further examples were provided where staff were encouraged to complete courses, for example, Best Interest Assessor training programmes and one example was provided of a member of staff undertaking a training programme for Women of Colour in Leadership which had been encouraged by their manager. This was a programme for emerging and established leaders to equip them with the practical tools, community, and confidence to progress in their leadership careers.

Senior staff had focused on developing and establishing strong internal staff networks. They considered equality impact assessments in their planning, prioritising diversity, culture and values within the organisation and the Woman of Colour leadership programme demonstrated this. Staff told us the local authority had recognised that many staff had caring responsibilities and were very supportive of them. One staff member left the local authority, then came back and said in the intervening years the local authority had changed in terms of equality, diversity and inclusion, and support for disabilities. Mental health well-being for staff was new, and the overall culture had changed to be more transparent, open and honest.

Senior staff told us about the work which had taken place in relation to anti-racist practice in respect of the internal workforce and told us that in the past for newly qualified staff in particular, experiences had not always been positive. As a result of this, an anti-racist steering group was established, an anti-racist charter and the local authority signed up to the Workforce Race Equality Standards (WRES). Staff also had Continuing Professional Development Days (CPD) covering a broad range of discussion topics.

There was a learning culture in which staff mostly described having the required training to assess and support people in a person centred way. Some staff told us that accessing training could be more difficult considering working patterns, however other staff told us they felt that access to training and development opportunities were straightforward and structured. Teams were also supportive in terms of giving training to colleagues and staff told us the local authority drew on different people's contributions to utilise their skills.

Most staff were able to raise any concerns they had with leaders. There was a staff engagement forum that was attended by a representative from each department within the local authority and this provided opportunities for concerns to be discussed, and ideas were shared around solutions for issues raised, which were then fed back to senior leaders for consideration. Staff described 'huddles' which took place in relation to specific subject areas where they could take a case if they required additional help and support. They told us that these were useful tools, and the discussions and support provided through them was invaluable. Overall, staff reported that they had good professional support from senior staff through supervision and one to one meetings, feeling listened to.

Staff support in relation to well-being was good with wellbeing newsletters, weekly catch ups and annual appraisals. They told us they were proud of the local authority's well-being offer and the Schwartz rounds held were fantastic. Schwartz Rounds provided a structured forum where all staff came together to discuss the emotional and social aspects of working in health and social care. Staff felt this support had resulted in less staff absences in relation to well-being and changes in the culture meant they did not feel they were holding everything in a silo. Teams had morning catch ups so they could discuss any areas of concern and did not have to wait for supervision. There were weekly meetings where they could discuss referrals rather than just allocated cases. Staff said skill set, capacity and complexity were considered in allocations and staff did not feel 'done to' but part of conversations. Staff were encouraged to show creativity and take risks which made the local authority a good place to work. It was a place where leaders cared about staff, and about people who used services, hence things were person centred.

The local authority had a comprehensive training offer for staff in relation to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, to support the workforce in delivering a consistent and competent service. Learning and development programmes were also made available to care providers and health professionals, so they were able to benefit from these. Learning sessions were held in response to current themes and issues, for example, following Safeguarding Adult Reviews or themes from other safeguarding learning, or from other situations where it was felt staff would benefit from sharing this learning.

The local authority had a comprehensive Safeguarding Adults Learning and Development Strategy, which supported continuous professional development to commissioned services, practitioners and service providers, particularly where poor safeguarding practice had been identified.

Coproduction was embedded across the local authority. In one example, in relation to co-production for older adults preventative day opportunities, the local authority worked in partnership with Public Health to use the Joint Strategic Needs Assessment (JSNA) to map deprivation levels and predicted health outcomes. This allowed the local authority to realign funding to help reduce the amount people were charged for day opportunities within these areas.

The voluntary and community sector had been commissioned to lead on co-production work around adult social care policies, for example service specifications of Mental Health Supported Living and Acquired Brain Injuries Services, and Home Care Frameworks. This had a positive impact on service provision resulting in a specialist brain injury service being retained where there had previously been plans for this not to be recommissioned. Other people had been involved in developing new services in the local authority's commissioning function, including day opportunities and supported living services.

People with lived experience of using services spoke positively about the Adult Social Care Forum that enabled them to work on key priorities along with local authority staff. As a result of this, social isolation for older adults accessing day opportunities was reduced as services were redesigned to offer more choice, being better connected to local communities and networks, rather than a traditional 'Day Centre' model.

The local authority co-produced a 'Recognition Policy' with people with lived experience, voluntary and community sector professionals and local authority staff. The policy had clear guidance and transparent procedures for people who took part in co-production and included areas such as reimbursement of expenses and rewards for contributions.

Staff told us there was a focus on moving towards qualitative information such as outcomes achieved for people, rather than just figures. This ethos was evident through the coproduction work spanning several areas including feedback forms that were devised along with input from people with lived experience.

The local authority had a clear performance assurance cycle to manage cases and performance. They had monthly operational meetings where waiting lists, data, risk, finance and performance were discussed. KPI data was reviewed by the senior leadership team, however processes were continually being improved and refined.

## Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

There were systems and processes in place to ensure learning happened when things went wrong and from complaints. At a Practice Governance Board, led by the PSW, the Practice Standards and Quality Manager discussed complaints and findings and identified any practice learning and development going forward. National data from the Local Government and Social Care Ombudsman (LGSCO) in 2023-2024 showed the local authority had a total of 13 complaints, of the 7 complaints that went to full investigation, 4 were partially upheld and 3 were not upheld. The percentage of complaints which were upheld was 57%, which was lower than the uphold rate for similar organisations.

The local authority was committed to capturing compliments to share with staff and celebrate success. Between April 2023 and March 2024 adult social care received 367 compliments from people and carers receiving support, and from other professionals.

The local authority was open to feedback from staff and people who used services, and they were regularly asked to provide this through a variety of ways including surveys. We saw evidence of feedback being acted upon. For example, feedback around financial processes showed that some people described a lack of understanding of these, so staff attended some reablement team meetings to explain processes further and fill in the gaps in staff knowledge, so this could be passed on to people using services. In addition, each reablement assessment is now discussed and recorded financial conversations with people.

The local authority had also developed an online self-assessment tool, Better Care Support, to provide a tailored offer of advice and support to people with a view of keeping people well and independent for longer, whilst delaying the need for care and support. There was a three month 'test and learn' project from November 2024 to February 2025 and they aimed to evaluate this project using customer and staff feedback.

Feedback from staff was captured through a range of mechanisms and staff were given the opportunity to raise issues or highlight gaps in provision. These included staff forums, listening sessions, local quality assurance sessions as well as staff contributions to business planning. Listening sessions were launched in response to a recent staff satisfaction survey and following this, 9 themes were identified with action plans created to address the common themes raised by staff which included technology and IT systems and in some cases workload. This further highlighted the local authority's commitment to obtaining and learning from feedback.

Furthermore, the local authority had invested in an Adult Social Care Forum who agreed annual priorities for 2024-25. One of the priorities included promoting training opportunities for staff, health staff, commissioned providers and community organisations. Another priority was to address concerns about access to health services and transport. The plan was to look at disability awareness training with transport staff and promote consultation opportunities with people and partners.

A 'Working Together for Change' report gathered the opinions of over 50 local unpaid carers to identify what was working well and what was not. 30 themes were identified as areas of improvement including a lack of quality among some care providers and the lack of a 'One Stop' shop. An action plan was being devised to address the concerns raised and identify appropriate next steps to improvements.

There was mixed feedback from partners around the opportunities for people with lived experience to share their views. It was felt that whilst some people were given opportunities to share their feedback to the local authority, this could be inconsistent. Another partner told us that whilst the local authority demonstrated a clear investment in seeking the views of people who utilised services by attending groups and completing observations, it was felt that this could still be improved.