

## Adults and Health Committee Minutes

Date: 27 June 2024

Time: 10.00 am - 13.27pm

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

Present: Councillors Mike Black, Chris Boden, Adela Costello, Claire Daunton, Anne Hay, Mark Howell, Richard Howitt (Chair), Edna Murphy, Keith Prentice, Geoffrey Seeff, Philippa Slatter, Simone Taylor and Susan van de Ven (Vice Chair).

### 251. Notification of Chair and Vice Chair

Members noted that at the Full Council meeting on 21 May 2024, Councillor Richard Howitt was reappointed as Chair of the Adults and Health Committee, and Councillor Susan van de Ven as Vice-Chair, for the 2024/25 municipal year.

### 252. Apologies for Absence and Declarations of Interest

Welcomed Councillor Keith Prentice and Simone Taylor to the committee.

Apologies were received from Councillors Kevin Reynolds and Steve Corney. There were no declarations of interest made.

The Chair announced that Councillor Cameron Holloway was replacing Councillor Rachel Wade as the co-optee for Cambridge City Council.

The chair announced that Donna Glover, the Service Director, Adults, Health and Commissioning, was recently appointed as a Director of Adult Social Services at the London Borough of Bromley and thanked her for her service on behalf of the committee.

### 253. Adults and Health Committee Minutes – 7 March 2024 and Action Log

The minutes of the meeting on 7 March 2024 were approved as an accurate record. The action log was noted.

In matters arising from the minutes a member queried whether there had been any further developments regarding the 'Right Care Right Person' (RCRP) partnership approach since the update at the last committee. The Executive Director: Adults, Health and Commissioning explained that implementation of phases two and three had been paused due to the General Election and that time was set aside in early July to pick this up.

A member queried if action 169 in relation to 'Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich', would progress as the action had been ongoing since March 2023. The Acting Director of Public Health agreed to follow up on this action with the Cambridge University Hospital Foundation Trust Liaison Group. **Action Required**

## 254. Petitions and Public Questions

No petitions or public questions received.

## 255. Recommissioning Sexual and Reproductive Health Services

The committee received a report that described the issues that impact upon the re-commissioning of the Integrated Sexual and Reproductive Health Prevention and Treatment Service. The committee were asked to consider the description of the current services, the epidemiology, needs assessment information along with service scope and procurement options for commissioning the services.

The Acting Director of Public Health highlighted the following points in the report:

- The financial advantages of recommissioning the service with Cambridgeshire Community Services and continuing to have a shared service with Peterborough.
- Sexual Health Services were open access meaning that people could access them anywhere. There was a national tariff so that Local Authorities could be charged when their residents are treated out of area. Currently there was an increasing rate of infections locally and nationally which potentially meant an increase in tariff payments. Cambridgeshire residents frequently accessed services in Peterborough and vice versa. As a shared Service tariffs do not apply and cost pressures were easier to manage.
- In relation to infection risks it was easier for clinicians to identify potential outbreaks and track contacts. Therefore, action could be taken earlier to tackle the spread of infections.
- There was a highly specialist workforce in this service area and this created competition particularly in relation to senior clinicians. This would allow clinicians to work across both areas.

- Recommended to continue with a section 75 agreement with Cambridgeshire Community Services as they were a good provider and performed well and the authority did a lot of collaborative developmental work with them during the covid pandemic. It would be beneficial to continue this developmental work. The section 75 agreement had been in place since 2021 and had worked well.
- Cambridgeshire Community Services had invested in clinical sites in Wisbech, Cambridge City and Huntingdonshire. They also owned a lot of the clinic sites across Cambridgeshire, and it would be difficult for a new provider to access these sites at an economically competitive rate.
- During the monkeypox outbreak Cambridgeshire Community Services were able to absorb the additional workload without any additional resources.
- As infection rates were increasing this also required a good preventative service. Currently the authority commissioned this service through the Terrance Higgins Trust (THT). The THT had decided that they would no longer remain in the provider market in relation to prevention services as it was no longer financially viable. Therefore, it was proposed that an integrated prevention and treatment service was commissioned as there were good links through the treatment services to high risk groups and the current services worked well together.

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

- A member noted the pressures on the Terrance Higgins Trust and understood the need for the overall shared service and sought further information on prevention and flows across the county boundaries. The Acting Director of Public Health explained that this information could be accessed from a clinical perspective and the data could identify where people accessed the service and pinpoint where there were outbreaks in order that early interventions could be made. She commented that as Cambridgeshire and Peterborough were so close in terms of geography and people crossed back and forth for work and leisure it would be difficult to split areas in relation to infection control. She gave an example of ongoing prevention work in relation to homelessness as very often there were small outbreaks within the homeless population and the prevention service would work with this group in order to reduce the spread of infection. She explained that Peterborough would be putting investment into prevention in a different way by utilising in house services.
- A member queried the savings from the Healthy Child Programme outlined in 3.5 of the report and highlighted that the committee had discussed this in the past and were aware that progress had been made but that there were still fundamental concerns in relation to the programme. The Acting Director of Public Health stated that a report had gone to the Children and Young Peoples Committee about shaping a holistic programme of support around Children and Young People.
- A member expressed concern that there had not been a public procurement for the service for some time and queried how officers would ensure the correct pricing of the contract throughout the 5 – 6 year period and demonstrated value

for money. The Acting Director of Public Health explained that it was difficult to benchmark the service however the service benchmarked below the eastern regional average. She explained that open book accounting would be embedded into the new service and there would be a focus on more cost-effective interventions.

- A member commented that they did not know what the geographical spread was in terms of the sexual health services and need in relation to health inequalities and hoped that this information would be made available to members and that there was a mechanism in place to measure the reduction of health inequalities in relation to the requirement and provision of these services. The Acting Director of Public Health explained that snippets of the Health Needs Assessment were included in the report linking into the health inequalities both geographical and linking into particular groups and this could be brought back to members as a presentation if required.
- A member queried how all age service would work and if the funding was ringfenced to particular age groups.
- A member commented on the equality impact assessment in relation to the poverty section as it picked up on outreach work in Peterborough. She queried what outreach work was taking place in Cambridgeshire.
- A member questioned how effective the authorities' interventions would be and what the forecasts would be by implementing what had been proposed.
- A member expressed her concerns about access in particular in relation to young people in accessing site such as the Oxmoor. She queried what outreach work could be undertaken in Ramsey to enable people to access the services. The Interim Director of Public Health explained that the Health Needs Assessment highlighted the issues in relation to access to services in rural settings. She explained that there was outreach for both Adults and Young Adults in relation to the chlamydia service. Additional resources would be required to set up new clinics. She explained that the prevention service could also potentially do some treatment as part of their outreach work.
- The chair noted that the infection rates in Cambridge City were the highest in the County, above the national average and highlighted that this was a real challenge. He commented that it would be useful for members to see the numbers. He welcomed that the report was being presented to the Children and Young Peoples Committee in relation to prevention and sexual health. He stated that he strongly supported officers and welcomed efforts in supporting hard to reach groups. He commented that the loss of the Terrance Higgins Trust in the area of prevention work was regrettable. He stated that there was a need to monitor the prevention service carefully to ensure effectiveness and value for money. He expressed his concern that the overspend would mean less hepatitis testing and that there would be a capping of express testing. The Acting Director of Public Health clarified that there would not be less hepatitis testing it would just be picked up in different areas.

- A member highlighted that the wording of recommendation b needed to be amended as Cambridgeshire County Council could not agree a delegation on behalf of Peterborough City Council. The Chair proposed an amendment to the recommendation which was seconded by Councillor Boden as follows:

- b) ~~That Peterborough City Council delegates to Cambridgeshire County Council the authority, through a Delegation and Partnership agreement,~~  
**That Cambridgeshire County Council accepts the delegation from Peterborough City Council, that gives the authority, through a delegation and partnership agreement,** to enter into a Section 75 agreement on its behalf with the current provider Cambridgeshire Community Services, to deliver the Integrated Sexual and Reproductive Treatment Service across Peterborough.

In putting the amendment to the vote, the amendment was carried.

It was resolved unanimously to agree the following recommendations:

- a) To re-commission the Integrated Sexual and Reproductive Health Treatment Services as a shared service across Cambridgeshire County Council and Peterborough City Council.
- b) That Cambridgeshire County Council accepts the delegation from Peterborough City Council, that gives the authority, through a delegation and partnership agreement, to enter into a Section 75 agreement on its behalf with the current provider Cambridgeshire Community Services, to deliver the Integrated Sexual and Reproductive Treatment Service across Peterborough.
- c) That the Section 75 agreement for the Integrated Sexual and Reproductive Treatment Service with Cambridgeshire Community Services includes the provision of the Prevention of Sexual Ill Health Service for Cambridgeshire County Council only. The Prevention Service will only be provided for Cambridgeshire County Council residents.
- d) The Section 75 with Cambridgeshire Community Services has a total value of £36,112,278 over 6 years with break options at years four and five. The total value is comprised of the following different funding streams.

Cambridgeshire County Council:

Sexual and Reproductive Health Treatment Service: £22,851,528

Prevention of Sexual Ill Health Service: £1,988,160

Peterborough City Council:

Sexual and Reproductive Health Treatment Service: £11,272,590

- e) Delegate responsibility for awarding and executing a Section 75 agreement for the provision of Integrated Sexual and Reproductive Health Prevention and Treatment services starting April 1, 2025, until March 31, 2031, with break options at four and five years to the Executive Director for Adults,

Health, and Commissioning in consultation with the Chair and Vice Chair of the Adults and Health Committee.

## 256. Direct Payment Support Service Re Procurement

The committee considered a report on the recommissioning of the Cambridgeshire Direct Payment Support Service (DPSS).

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

- A member commented that there would be a strategy paper on shaping the market and shaping the way that people receive care and look after themselves. She commented that it would be good to see how the direct payments service sat alongside care micro enterprises and the Care Together Programme. She explained that it was her understanding that the Care Quality Commission regulated council funded services, clients could use direct payments to access these services, but where a sole trader had set up an enterprise it was not currently possible to use direct payments and queried whether her understanding was correct. Officers explained that through the Care Together Programme there were real ambitions to transform home care and improve the range of care and support available in the community and direct payments were a bridge to connect clients with care and support in the community. Officers stated that there was work underway to better understand this part of the market and identify gaps or shortfalls. Officers highlighted that the council had committed to supporting micro enterprises which could offer more personalised and consistent care and this was important to help connect direct payment clients so that traditional home care would not need to be relied upon. Officers explained that demand forecasts showed that there was a need for increased care and support in the community and would offer more choice and flexibility.
- A member queried whether there was any evidence that direct payments resulted in better services and how this affected council finances. Officers explained that they were looking to develop service user outcome measures to understand service user's experiences of care, and over time officers would be able to measure outcomes. Officers stated that the council had less control over the cost of care purchased through direct payments but often there was a claw back at the end of the financial year where payments had not been utilised. Officers explained that there was an internal team that monitored the direct payments. Officers stated that through the Self-Directed Support Programme they were introducing guideline rates for direct payments so that everyone is given a fair and equitable payment for the care that they need.
- A member requested a timeline of when the tenders would go out and queried whether there was ample time to develop the strategic vision and forward plan. Officers explained that a comprehensive service review was carried out in April 2024 and this did some coproduction work including feedback from all of the operational teams and practitioners. Officers highlighted that the recommendations from the review were being built into the specifications for future services and service redesign. Officers stated they had also looked at best practice from other local authorities and an example of a new initiative officers

were looking to implement was a Personal Assistant platform (PA), to match PAs to clients, as currently the authority was not aware of how many PAs there were in the market and would be able to measure and monitor in the future. Officers commented that the programme would have the overview of the care certificate for the PAs. Officers explained that the platform would allow for training, competencies and DBS checks to be checked ahead of matching with clients.

- A member questioned what SDS stood for and questioned if the service was value for money, if there were any restrictions on how direct payments were spent and if the authority was paying for things twice with allowing direct payments through extra care schemes. Officers explained that SDS stood for 'Self Directed Support', and this was a range of different ways individuals could receive their assessed care packages. Officers stated that there were a small number of Direct Payments in Extra Care Schemes, and there was a strong oversight of the usage of hours within these schemes, to ensure value for money and would be covered in the next report on the agenda.
- A member stated that the authority, through the care academy, could support and enhance the skills of carers and that it was crucial that this included a holistic approach, particularly for live in carers. She highlighted that she would like to see in the documentation that the authority would not be paying for a live in carer who were not able to provide this, and that it was her view that when processing the applications for direct payments it should not be a solely desktop exercise and that officers should meet with applicants to understand their needs as a whole.
- A member commented that historically Cambridgeshire had not performed well against neighbouring authorities in terms of the percentages of direct payments and queried current performance against similar authorities and what could be done to increase direct payments. Officers explained that Direct Payments uptake would be covered in the performance report later on in the agenda.
- A member queried if additional staff would be required as part of the re-procurement. Officers highlighted that it would not be the council that needed to employ more staff, this would be on the provider side.
- The chair commented that direct payments were empowering from personal experience working with individuals with disabilities. He stated that he was concerned that the report did not show any self-criticism in the authority's failure to improve performance, and that performance was significantly under the national average. He commented that members had been told for three years that performance would improve but this had not been the case. He stated that it was critical to learn lessons from the past and build into future planning. The Executive Director: Adults, Health and Commissioning stated that the products of direct payments were multi-faceted and as a service the authority had not got this right in Cambridgeshire, which was evidenced by the poor take up of direct payments within the county. He stated that direct payments were a crucial part of a successful self-directed support programme. He commented that often young people with a physical disability had a different approach to the way that they receive the money and employed PAs directly, whilst others wanted some

additional support. He explained that social workers and practice approaches needed to be stronger and ensure that messages were out there about what direct payments are and how they can be accessed. He also stated that the authority needed to make sure providers were much more flexible including micro enterprises and that there are sufficient PAs in the market. He commented that it was crucial to look at how the practice works and strengthen the practice and approach.

- A member stated that he was having difficulty envisioning what a tender would look like and queried if officers could be confident that the allocated funding was sufficient. Officers explained that they had included the recommendations from the review of the service in the tender documentation that had already been drafted and would use feedback from the committee to refine the documentation and were confident that the service could be delivered by the market in the current financial envelope.

In bringing the debate to a close the chair asked officers to ensure that shortfalls and lessons learnt were included in future reports. He stated that the absence of a strong disability voluntary sector in Cambridgeshire was a huge difference between Cambridgeshire and other parts of the country and he commented that the collapse of Disability Cambridgeshire meant that the self-advocacy element of disability organisations was missing in Cambridgeshire.

It was resolved unanimously to:

- a) agree to the Direct Payment Support Service (DPSS) re-procurement approach. The current DPSS service is due to end 28 April 2025. The new contract will be tendered for 3 years plus a 2-year extension option at an annual value of £154,072 and total contract value for £770,360 over the 5-year term.
- b) delegate responsibility for awarding and executing a contract for the provision of a Direct Payment Support Service starting 29 April 2025 and the agreed contract extension period to the Executive Director, Adults, Health & Commissioning in consultation with the Chair and Vice Chair of Adults and Health Committee.

## 257. Procurement of care and support services in Extra Care Schemes

The committee received a report that sought agreement for the Council to enter into an open tender process for the care and support provision at 4 Extra Care Schemes in Cambridgeshire (Doddington Court, Jubilee Court, Nichols Court and Park View).

The presenting officer highlighted the following points in the report:

- Extra care offers residents self-contained accommodation with access to 24-hour support through an onsite care team maximising the independence of residents and gave communal space for social opportunities.



- The county's demand profile had identified extra care as a growth area in Cambridgeshire for adults with medium and lower care and support needs.
- The table at 2.3 in the report set out all of the extra care schemes available within the county.
- The retender had given opportunity to review the service specification and get feedback from residents and use lessons learnt.
- Tender of core hours for each setting and the options for additional hours to meet individuals changing needs.
- Section 3.3 set out the four schemes that were to be retendered and included the cost information at 3.4.
- Lessons learnt from recent extra care procurement included ensuring a longer period of time for contract mobilisation to ensure transition of service and offering smaller lots in a more varied marketplace.
- Looking at improving the application process and improving the delivery of greater social value. An extra care improvement project had been put in place to support this work.

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

- A member commented that they were pleased with the methodology for the procurement however they were concerned that the procurement had not been started early enough with only nine months to go on the contract. He also queried if the proposal for a 3+2+2 was encouraging to new entrants into the market. He queried the methodology used to score the bidders and asked if the methodology of the calculation of the cost and quality of contracts could be brought to spooks at the earlier stages of the procurement process. Officers stated that with the last few extra care tenders that had been carried out there had been over 20 bidders and market testing had shown that this was the right level. Officers explained that there could be further discussions at spooks regarding the methodology used for tenders. Officers highlighted that previous tenders had seen a range of quality scores awarded as part of the methodology, therefore there were no concerns about this aspect.
- A member queried paragraph 2.5 of the report which stated that all residents were required to pay £16.90 per flat, per week to ensure that there was capacity to respond to emergency pull cords or pendants. She felt this was a significant amount of extra money given there was already 24 hours care. Another member also commented that this referred to 'The peace of mind payment' and she stated that she would like to understand what was happening with this payment as it stated in the report that it was under review. The Executive Director: Adults, Health and Commissioning explained that this was a universal service, and it was under review as there had been a local ombudsman recommendation that the service needed to review the consistency of application and there was a piece of work reviewing the charge for all extra care schemes.

- A member expressed his concern that the quality of service was dependant on the number of staff and pay. He expressed his view that he still did not feel that the aspiration of the joint administration to look at insourcing of services was being taken seriously and that he would like to see much more work on the benefits of insourcing. The Executive Director: Adults, Health and Commissioning highlighted that officers continued to use the Insourcing Assessment template with all contract retenders. He also commented that a piece of work had been commissioned looking at opportunities for in-house services and that there were already a number of in-house services. He stated that the results and recommendations from the report were awaited. A member also commented that the authority should be looking at where new lifelong homes could be built potentially in partnership, and that future plans could be put in place including places like Fawcett House. The Chair stated that there would be a future report at committee on housing strategy.
- A member commented that the service had a responsibility when new clients enter an extra care scheme to make them aware of the direct payments option and self-employment of pas and also Care Micro Enterprises (CME's). Officers explained that they were liaising with Care Together to encourage the interaction with CME's.
- A member queried whether frameworks would be considered for the retender in the future. Officers had considered this previously, when looking at moving to a different model of delivery for home care. Officers explained that a review of whether a framework could be used in the future would be included in the extra care improvement programme.
- The Chair commented that he agreed with earlier comments that commissioning reports needed to be brought earlier to committee and he stated that the monitoring officer and democratic services would not allow a strategic report at committee on a future timetable for commissioning which would allow members to have early comment on the commissioning process and timings. He stated that he completely disagreed with this approach and that there had been an earlier attempt at spokes to have this report. He reiterated that it was his view that there should be a strategic report at committee for all members to have their say.

It was resolved unanimously to approve:

- a) The retendering for 4 Extra Care schemes at a total value of £813,235 per annum. This represents £5,692,645 for the total contract period (3+2+2 years – extensions are at the Council's discretion with the ability to vary and give notice throughout the lifetime of the contract) and will be adjusted for future inflationary uplifts.
- b) Delegate authority to award and execute the new Extra Care contracts starting 26th April 2025 and subsequent extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair of Adults and Health Committee.

## 258. Adult Social Care Debt Update

The committee considered a report that gave an update on the debt position in relation to Adult Social Care services as the end of March 2024 and the actions being taken to improve this position. The report also gave an overview of the financial assessment process, that establishes the means tested charge for care and support; along with information on how adult social care charging links to debt and support offered where individuals face difficulty in paying these charges.

The presenting officer highlighted the following points in the report:

- Increasing debt position over the last three years and the root causes of this including increased billing, national challenges like Court of Protection, Land Registry and the Office of the Public Guardian.
- Actions functions and services are taking to address the debt position.
- Actions functions and services are taking to support people who were struggling to pay.

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

- A member sought clarification on 3.2.1 of the report which covered NHS overdue debt and overdue integrated care board debt and queried if this was part of the overall NHS overdue debt. Officers clarified that this was the case. He also expressed concern in relation to the increase in NHS overdue debt and acknowledged that some of this was in relation to national issues and probate. He commented that the NHS overdue debt had increased ninefold over a one-year period and requested assurances that the council were actively engaging with the Integrated Care Board about the position. Officers clarified that they had received agreement for payment of the Integrated Community Equipment pooled budget debt and were working with partners on the learning disability pooled budget debt.
- A member commented that the report was comprehensive and helpful and was good preparation work ahead of the proposed charging review. She stated that the report reflected the terrible position that some individuals faced.
- A member questioned whether members could receive an aged debt analysis and queried what the normal level of debt should be. Officers commented that there was an age debt analysis that went to Audit and Accounts Committee, and this would be replicated into the finance report at this Committee. Officers explained that in terms of what would be classed as a normal level of debt, officers had been working on where they would expect the level of debt to start coming down. Officers acknowledged that in context, for the debt to stand still would be an achievement and that they hoped to see the debt start to come down by the end of the year.
- The chair acknowledged that he was grateful to finally have this report on the agenda. He stated that the report highlighted how the authority could be better

on revenue collection whilst being sensitive on anti-poverty measures. He stated that it was helpful to have this set out in the report and commented that it would have been helpful to see how these figures stacked up against other authorities. He stated that it was important to include the comparison of figures against other authorities as part of the charging review, and also include the expertise of the anti-poverty lead. He highlighted that there was also a need to review the language used particularly when liaising with the relatives of a deceased person which had been highlighted in a recent Local Ombudsman report.

- A member queried whether there was a bereavement policy in place when chasing debt. Officers stated that there was no bereavement policy in place however social work teams constantly engaged with relatives and were fine tuning the language that they used and were looking at softer communication techniques.

It was resolved to note the position on debt related to the Adult Social Care service and actions being taken to address the current debt position.

## 259. Finance Monitoring Report – March 2024

The committee considered a report that provided an update on the financial position of the Adults, Health and Commissioning Directorate and the Public Health Directorate as at the end of the 2023/24 financial year.

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

- Highlighted the achievement of being within 2% of balancing the budget
- Queried how the budgetary control system worked and if it was tracked on a daily basis. Officers explained that as part of the business planning process there was a focus on estimating demands and trends, and this was monitored closely throughout the year. Officers stated that there continued to be pressure on the Learning Disability and Mental Health budgets and that officers were still reviewing trends on the older people's budget post covid. Officers commented that some of the pressures were offset by vacant posts
- A member raised his ongoing concerns in relation to the public health reserve and asked that there be a proactive approach to the use of the reserve.
- Questioned if the bad debt provision highlighted on page 170 of the papers was a general provision across the authority. Officers explained that the bad debt provision was calculated centrally but that the entirety of the provision for the last year was in relation to adult social care debt.
- The chair stated that £4 million underspend was a lot in relation to people services and this should be the focus and that the public health shortfall was smaller in comparison. He stated that officers were reviewing the underspend in relation to whether this was due to lower demand or missed demand. Officers stated that the Public Health directorate had worked hard to get the underspend

as small as possible. The Acting Director of Public Health highlighted that some of the underspend was in relation to staffing vacancies which was tied into the decoupling of the service from Peterborough. She explained that that the service was in discussions regarding contingency planning in relation to the reserve. The Executive Director praised the work of the finance team and stated that he had regular meetings every month with the team to review spend and track budgets.

It was resolved to note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of March 2024.

## 260. Finance Monitoring Report – May 2024

The committee received a report that provided an update on the financial position of the Adults, Health and Commissioning Directorate (including Public Health) as at the end of May 2024.

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

- The chair raised his concerns in relation to the slippage on relation to the progress of the Independent Living Scheme.
- Highlighted the continued challenges in relation to recruitment and retention and sought an update on what was being done to tackle this. The Executive Director: Adults, Health and Commissioning explained that there was ongoing work in this area focusing on attracting candidates and looking on a regional basis at how competitive the Council was. He stated that the Social Work Apprenticeship Scheme was in place so that the authority could grow their own Social Workers.
- Queried if there was a good internal training and promotional programme in place. Officers commented that there as a robust professional development offer in place internally and stated that the main challenge was the churn in workforce.
- The chair commented that he would like to see a future workforce paper on the committee agenda as this continued to be a key issue.

It was resolved unanimously to:

- 1) note the Adults, Health and Commissioning Finance Monitoring Report as at the end of May 2024;
- 2) endorse the use of £200k of unallocated Public Health 2024/25 grant uplift to support the recommissioning of sexual and reproductive health services, as set out in section 3.2, subject to the agreement of Strategy, Resources & Performance Committee; and

- 3) endorse the proposed capital budget movements, reflecting the annual roll-forward and re-phasing process, as set out in section 3.3, subject to the agreement of Strategy, Resources & Performance Committee.

## 261. Adults Corporate Performance Report Q4 2023-24

The committee considered a report that provided an update on the performance monitoring information for Adults for the 2023/24 quarter four period, covering 1 January to 31 March 2024.

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

- The chair stated that it was important to acknowledge where services were doing well and congratulated officers on their hard work to improve performance. He commented that it was imperative to improve on performance in relation to reviews and assessments a

It was resolved to:

- a) Approve the proposed changes to key performance indicators, as set out in section 4 of this report.
- b) Note performance information and act, as necessary.

## 262. Public Health Performance Report Quarter 4 2023-24

The committee received a report on the performance of the main Public Health commissioned services for quarter 4 2023/24.

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

- A member questioned Cambridgeshire's performance for the Drug and Alcohol Services which used data from over year ago which was queried by member who asked about comparators to the rest of the country and if there were better performers that the authority could learn from. The Acting Director of Public Health explained that the data for this indicator went directly to central government where it was cleaned and that they were reluctant to let the data be published until it was reviewed. She explained that the service worked with regional partners on this indicator She stated that she would add this to the spokes agenda for further discussion. **Action Required**

It was resolved to:

- a) Acknowledge the performance and achievements.
- b) Support the actions undertaken where improvements are necessary.

## 263. Adult and Health Committee agenda plan, training plan and committee appointments

- In discussing the agenda plan, the Executive Director: Adults, Health and Commissioning commented that the charging review would be added to the agenda plan for October. **Action Required.**
- A member requested that officers reviewed the timings of commissioning reports so that they came to committee in good time. The Executive Director: Adults, Health and Commissioning acknowledged that there would be further discussions on commissioning and timings at spokes. **Action Required**
- In discussing the training plan officers stated that there was ongoing work on a revising the training plan. A member queried when the care together training would take place and whether this would be authority wide. She also requested some training ahead of the charges review report. **Action Required.**
- A member asked if the Queen Elizabeth Hospital Liaison Group, organised by Fenland District Council could be included in the list of liaison groups as both Councillors Boden and Van de Ven sat on this group. **Action Required**
- Members queried whether subs could be identified for the liaison groups and if there was a limit on the numbers for these groups. **Action Required**

It was resolved to:

- a) Note the agenda plan attached at Appendix 1.
- b) Note the training plan attached at Appendix 2.
- c) Review and agree the appointments to outside bodies as detailed in appendix 3.
- d) Review and agree the appointments to Internal Advisory Groups and Panels and additions made in the meeting as detailed below:
  - Cambridge Children's Hospital Liaison Group – Replace Councillor Alex Bulat with Councillor Claire Daunton.
  - Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group – add Councillor Keith Prentice.
  - Cambridgeshire Community Services NHS Foundation Trust Quarterly Liaison Group – add Councillor Mike Black.
  - Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group – add Councillor Edna Murphy.

- East of England Ambulance Service Trust (EEAST) Liaison Group -add Councillors Simone Taylor, Mike Black and Edna Murphy.
- Integrated Care System and Cambridgeshire Healthwatch Liaison Group – add Councillor Mike Black.
- North- West Anglia NHS Foundation Trust (Hinchingbrooke Hospital) Liaison Group – add Councillor Keith Prentice.