Agenda Item No: 8

Executive Director's Assurance Report: Adults, Health and Commissioning

To:	Audit and Accounts Committee
Meeting Date:	28 November 2025
From:	Executive Director for Adults, Health and Commissioning
Electoral division(s):	All
Executive Summary:	The purpose of this report is for the Executive Director for Adults, Health and Commissioning to provide assurance to the Audit and Accounts Committee that a sound system of internal control is in place and operating effectively for their areas of responsibility. This will support the delivery of the key functions of the Audit and Accounts Committee, in line with the committee's terms of reference. This is an information-only report. No decision is required.
Recommendation:	The committee is recommended to consider the assurance provided over the adequacy of the Council's control environment and compliance with corporate governance controls.

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1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The purpose of this report is for the Executive Director for Adults, Health and Commissioning to provide assurance to the Audit and Accounts Committee that a sound system of internal control is in place and operating effectively for their areas of responsibility. The report will also update the committee on the implementation of planned actions to further strengthen arrangements for governance, risk and control, and the outcomes of whistleblowing referrals in the Directorate.

1.2 This will support the Audit and Accounts Committee to deliver the following key functions within the committee's Terms of Reference:

- monitor the effectiveness of the system of internal control, including arrangements for internal audit, external audit, financial management, ensuring value for money, risk management, governance, assurance statements, supporting standards and ethics, and managing the authority's exposure to the risks of fraud and corruption.

- provide independent assurance of the adequacy of the risk management framework and the associated control environment.

- review compliance with the relevant standards, codes of practice and corporate governance policies.

1.3 As such, this will support the delivery of all seven of the Council's ambitions as set out within its Strategic Framework.

2. Background

2.1 The Council is required to include an Annual Governance Statement (AGS) as part of the Annual Statement of Accounts. The AGS is an important statutory requirement which enhances public reporting of governance matters. It should therefore be honest and open, favoring disclosure.

2.2 A key element of developing the AGS is the preparation of self-assurance statements by all directors, as a formal assurance from those managers who have responsibility for the development, implementation and maintenance of the governance environment.

2.3 These assurance statements require Executive Directors to:

- confirm that they have obtained assurance from their service directors on the key elements of risk and control systems for which they are responsible.

- confirm that all significant internal control matters brought to their attention have been or are being properly dealt with.

- confirm that that the risks and internal controls for which they are responsible have been sufficiently addressed in order to provide reasonable assurance of effective financial and operational control, compliance with the Code of Corporate Governance and with other laws and regulations; and

confirm that to the best of their knowledge, these arrangements have been complied with in all material respects throughout the period.

- identify any exceptions to the above and/or any significant governance issues[1] the Executive Director is aware of, and how these are being addressed.

3. Highlights from the Annual Governance Statement

3.1 An action plan has been developed in line with the Annual Governance Statement (AGS) taking into account the outcomes from the annual review of corporate governance and any actions or issues identified in the development of the AGS.

Although there were no specific actions attributed to the Executive Director for Adults Health and Commissioning (AHC), the directorate has contributed to the delivery of following completed actions identified in the AGS Action Plan:

- **The implementation of Induction Programme and Member Development Plan**
  The AHC Directorate has delivered several induction sessions for new members of the Adult and Health Committee and contributed to the wider induction programme for all newly elected members for the Council, giving an overview of key areas of Adult Social Care and Public Health. This has supported increased awareness and knowledge of key issues for members. In addition, a comprehensive Member Development Plan is in place for the Directorate with sessions being carried out throughout 25/26 on a range of topics including the Adults Health and Commissioning Strategy, Public Health, Safeguarding, Co-Production and Cambridgeshire's Care Market

- **To introduce a committee dedicated to Health Scrutiny**
  The Health Scrutiny Committee was introduced in 2025/26 and the first meeting of this committee was held on the 14 October 2025. The Executive Director for Adults, Health and Commissioning and the Director of Public Health attend the Health Scrutiny Committee to provide Officer oversight and input into the functions of the committee. This committee will continue to meet on a quarterly basis.

The action related to Preparedness for the Local Government Re-organisation (LGR) is still in progress and the Directorate continues to support the Council's planning in several ways, such as:

- Contributing to the Council's submission for LGR
- Attending webinars and other forums to aid understanding of the impact and opportunities of LGR for Adult Social Care and Public Health

[1] N.B. Significant governance issues are defined as those which:

- Seriously prejudice or prevent achievement of a principal objective of the authority
- Have resulted in the need to seek additional funding to allow it to be resolved, or has resulted in significant diversion of resources from another aspect of the business
- Have led to a material impact on the accounts
- The Audit Committee advises should be considered significant for this purpose
- The Head of Internal Audit reports on as significant in the annual opinion on the internal control environment
- Have attracted significant public interest or have seriously damaged the reputation of the organisation
- Have resulted in formal action being undertaken by the Chief Financial Officer and / or the Monitoring Officer

- Aligning directorate structures and commissioning activity to locality-based provision wherever possible to support any future LGR disaggregation.
- Ensuring LGR considerations are part of decision-making processes.

4. Overall Control Environment

4.1 The Adults, Health and Commissioning Directorate are progressing a number of developments to further strengthen the control environment in which we operate.

4.2.1 We have continued to develop our approach under the Council's Performance Management Framework. Performance information is monitored through a Directorate Scorecard and reported to a monthly Finance and Performance Board. This Board enables oversight across operational and contractual performance in line with the Council's financial position. This process has been developing over the last 6 months to ensure that targets are attributed to a range of metrics to enable performance to be monitored more robustly.

4.2.2 A Management Information report has been introduced which enables individual team managers to review the performance of their team against a specific set of Key Performance Indicators. This report is refreshed daily and can be used to assess delivery of key areas of performance and activity within the team such as number of open Care and Support Plans, support to Unpaid Carers and Direct Payments offered.

4.2.3 To provide assurance in relation to the Council's statutory responsibilities for mental health, the Executive Director has commenced a strategic review of the current arrangements for the delivery of mental health social work. This will provide a set of recommendations to ensure that the Council can meet its responsibilities in the most effective way and that we continue to improve outcomes for people.

4.2.4 The Adults and Health Committee has recently approved the Council's Strategy for Adults, Health and Commissioning. This strategy has been developed with a wide range of internal and external stakeholders including people with lived experience and their unpaid carers. This strategy will provide a framework for the delivery of improvements using logic models and an evaluation framework and there are clear milestones and progress is monitored.

4.2.5 Adults, Health and Commissioning continue to operate within the financial delegations required by the Council. Measures are taken to ensure that there is sound financial management across the Directorate including operating within essential spend criteria, maximising contractual efficiencies through use of block contracts and managing resources effectively.

5. Outstanding Audit Actions

5.1 As at November 2025 the Adults Health and Commissioning Directorate had audit actions relating to six audits carried out in the following areas:

- Adult Social Care Complaints
- Case 143 – JS Direct Payment
- Case 168 – Complaints and HR
- Commissioning Governance

- Learning Disability Partnership (LDP) Pooled Budget Disaggregation Programme
- Mosaic System Audit

5.2 The following actions, categorised as high priority, are outstanding over 3 months. Progress has been made against all actions with any residual work planned and evidence being provided to Internal Audit.

Audit Area	Recommendation	Progress
Case 143 – JS Direct Payment	This Direct Payment should be moved to an arranged provision as soon as possible, to prevent any further mis-spend and reduce the risk of potential fraud.	The Direct Payment has been updated via creation of an operational procedure covering contingency. The need to review contingencies is already part of the review of care and support plans guidance. Individual changes have been applied. Confirming closure with internal audit
LDP Pooled Disaggregation Programme	The Council should prioritise finalisation and signing of a Memorandum of Understanding with the ICB,	A legally binding Memorandum of Agreement detailed obligations and commitments of the parties has been developed and is in the final stages of agreement for signing. This recommendation cannot be closed as implemented until formally executed by both parties.
LDP Pooled Disaggregation Programme	The finance workstream should implement a formal tracking mechanism to monitor the financial impact of the disaggregation, including tracking of disputed cases, payment collection, and variance against the projected financial position.	The variance against the projected financial position is reported through standard Finance Monitoring Report processes. Payments issues are now largely resolved with the debt position up to 2024/25 cleared and invoices being paid on a timely basis in 2025/26. Disputed cases still in process and awaiting agreement of new cost splits. Evidence to be provided to formally close the action.

5.3 Monthly updates are provided by officers for any outstanding audit actions with a review of timescales and the evidence required to close the action.

6. Directorate Risk Register

6.1 There are currently 11 risks on the Directorate Risk Register with two risks reaching the threshold for inclusion on the Corporate Risk Register. The Directorate Risk Register is reviewed on a regular basis by the Adults, Health and Commissioning Leadership Team, and the Corporate Risk and Assurance Group and is presented on a six-monthly basis to Adults and Health Committee

6.2 The following risk is included on the Corporate Risk Register outlining the risk factors where there are reputational and legal impacts if the Council's arrangements for Safeguarding Adults with Care and Support needs fail. There are a range of current mitigations in place for this risk which can be seen in full at Appendix 4 and includes:

- Adult Social Care Assurance - The organisation engages in the ongoing process of revising its practices and procedures to align with emerging local and national trends. This includes learning from local and national reviews such as Serious Case Reviews to continuously improve safeguarding measures.
- Skilled ASC Workforce - To ensure high quality safeguarding, staff receive comprehensive training, ongoing professional development opportunities, and regular supervisions that reinforce safeguarding procedures and best practices, enabling them to maintain professional registration.
- Multi Agency Safeguarding - Multi-agency Safeguarding Boards and Executive Boards provide multi-agency services focusing on safeguarding priorities and systematic review of safeguarding activity.
- Commissioned Services - Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB, are in place.

The actions outlined below have been recently implemented to support the management of this risk:

- Refreshed safeguarding training offer, including trauma-informed practice and self-neglect
- Strengthened interface between operational teams and Cambridgeshire Safeguarding Adults Board
- Clarified roles and responsibilities across safeguarding pathways
- Developed new guidance on managing safeguarding concerns in care settings
- Initiated review of safeguarding thresholds and decision-making tools
- 7-minute briefings and reflective sessions to learn from practice and Safeguarding Adults Reviews
- Light-touch monitoring of providers has been introduced to allow greater oversight of a higher number of providers

6.3 More recently the risk in relation to a lack of effective relationships and governance across the Integrated Care System (ICS), which may lead to poorer coordination and worse outcomes for our population, has been added to the Corporate Risk Register and is jointly owned by the Executive Directors for Adults, Health and Commissioning

and Children, Education and Families. The current mitigations in place for this risk include:

- Attendance at Integrated Care System Board ensuring Local Authority priorities are represented.
- Positive working relationships are in place at all levels and the Council continues to invest in relationship building with ICS partners.
- Public Health teams across both Cambridgeshire and Peterborough collaborate, where relevant, to support the system most effectively.
- MOUs are produced to clarify roles and responsibilities between the local authority and partner organisations.
- Effective engagement across system wide partnerships
- The Council engages with the local ICB around concerns and risks and to ensure engagement and consultation on the proposed changes
- Escalation regionally and nationally on the proposed changes and the implications of those locally and to Cambridgeshire residents

Actions against this risk are currently in progress with target dates for completion over the coming months.

7. Whistleblowing, Complaints and Inspections

7.1 The Health and Care Act 2022 gave the Care Quality Commission (CQC) the powers to assess how local authorities are meeting their duties under Part 1 of the Care Act 2014. CQC is part way through a two-year baselining period where it is assessing all local authorities responsible for adult social care for the first time and is expected to conclude this by March 2026. The CQC has not yet confirmed when local authorities will be reassessed following this baselining period.

7.2 The Council's assessment period with the CQC started on 11 November 2024, with CQC inspectors undertaking a four-day site visit from 31 March – 3 April 2025. The full report from the CQC's assessment of the Council was published on 20 August 2025 and is available at Cambridgeshire County Council: local authority assessment - Care Quality Commission

7.3 The Council achieved a 'Good' rating and a score of 64. The CQC's assessment confirms the Council is delivering adult social care services to a good standard and reflects strong performance in areas such as safeguarding, leadership, staff wellbeing, and early intervention through programmes like Care Together.

7.4 The report also identifies areas for improvement, particularly around timeliness of care reviews, equity of access, and market capacity. These challenges are compounded by demographic pressures, health inequalities, and rural accessibility issues. The Council will build on its strengths while addressing areas of concern in a strategic, coordinated manner. Improvement actions are aligned with the Adults, Health and Commissioning Strategy to ensure that efforts are sustainable, measurable, and responsive to the needs of Cambridgeshire's communities.

7.5 During 2024/25 the Local Government and Social Care Ombudsman (LGSCO) reviewed 20 complaints for Adult Social Care; an increase of 54% compared to the previous year, when 13 cases were considered (and 12 in 2022-2023).

7.6 The uphold rate for Cambridgeshire's Adult Social Care complaints considered by the LGSCO was 56%, which is 33% lower than the 89% average uphold rate for similar local authorities.

7.7 The LGSCO determined that 11 (55%) of the 20 cases should not be taken forward for full investigation. Of the 9 complaints which were fully investigated and decided the outcomes were:
4 (44%) – were not upheld
5 (56%) – were upheld

Full details of these cases are published on the LGSCO's website and can be found in the Adult Social Care Customer Care Annual Report 2024/25 which will be presented in full to the Adults and Health Committee in March 2026.

7.7 The LGSCO set 'recommendations' to stipulate what the council can do to improve their service or to remedy any fault found. The Council fully complied with all recommendations set by the LGSCO.

7.8 Additionally the Practice and Quality Standards team ensure that learning from all LGSCO recommendations is embedded across social work teams. This includes meeting with individual teams to discuss changes to practice in line with any recommendations, making changes to Practice Guidance and processes and ensuring learning is disseminated to all operational teams via the Practice Governance Board and Practice Newsletters. Monitoring of any changes is also undertaken through our audit cycles to ensure that we remain compliant to legislation and LGSCO recommendations.

7.9 No whistleblowing disclosures have taken place within the Directorate.

8. Appendices

8.1 The following appendices are attached to this report:

- Appendix 1 – Executive Director Adults Health and Commissioning Annual Assurance Statement 2024/25 (signature redacted)
- Appendix 2 – Executive Director Adults Health and Commissioning Actions within the Annual Governance Statement Action Plan
- Appendix 3 - Audit Actions Overdue in the Adults Health and Commissioning Directorate as at 5th November 2025.
- Appendix 4 – Directorate risk register

9. Source Documents

9.1 None

10. Accessibility

10.1 An accessible version of the information contained in the appendices to this report is available on request from the report author.