ADULTS AND HEALTH COMMITTEE

Cambridgeshire County Council

Thursday, 10 October 2024

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

10:00

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

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

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1.	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available in Chapter 6 of the Council's Constitution (Members' Code of Conduct)*	
2.	**Minutes - 27 June 2024 and Minutes Action Log**	**5 - 26**
3.	**Petitions and Public Questions**	

KEY DECISION

4.	**Mental Health S75 Agreement Extension**	**27 - 40**

DECISIONS

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The Adults and Health Committee comprises the following members:

Councillor Richard Howitt (Chair) Councillor Susan van de Ven (Vice-Chair) Councillor Mike Black Councillor Chris Boden Councillor Steve Corney Councillor Adela Costello Councillor Claire Daunton Councillor Anne Hay Councillor Mark Howell Councillor Edna Murphy Councillor Keith Prentice Councillor Kevin Reynolds Councillor Geoffrey Seeff Councillor Philippa Slatter and Councillor Simone Taylor Councillor Corinne Garvie (Appointee) Councillor Cameron Holloway (Appointee) Cllr Keith Horgan (Appointee) Councillor Dr Haq Nawaz (Appointee) Councillor Clare Tevlin (Appointee)

Clerk Name:	Richenda Greenhill
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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 were 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 and 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 and 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 need for 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 am 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 spokes 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 spokes regarding the methodology used for tenders. Officers highlighted that previous tenders had seen a range of quality scores awarded as part of the methodology, stherefore 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 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.

Adults and Health Committee – Minutes Action Log

Purpose:
To capture the actions recorded in the minutes of Adults and Health Committee meetings and report responses.

Minutes - 9th March 2023

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
169.	Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich	~~Ian Walker, CUHFT~~ Val Thomas	Requested forecast data on the number of patients which would be seen by the proposed NNUH (North Norwich University Hospital) development, rather than Addenbrookes, that had an injury severity score rating above 15 (indicating the injury was life threatening or life changing).	20.04.23 request sent to NHS E for update awaiting response. 09.05.23 Reminder sent. 07.06.23 We have had confirmation that NHSE colleagues have left and are now chasing directly with Addenbrookes. 25.09.23: A response will be requested at the next Cambridge University Hospitals Quarterly liaison meeting. 15.01.24: Reminder sent. 26.01.24: Update requested at the CUHFT Liaison Group meeting.	On-going

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
				07.02.24: Reminder sent. 23.04.24: Reminder sent. 04.07.24: Val Thomas to liaise with NNUH.	In progress

Minutes – 14th December 2023

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
222.	Health Scrutiny Work Plan	Val Thomas	The Vice Chair suggested discussing the timing of the scrutiny of dental services at the next Integrated Care Board/ Healthwatch Liaison Group.	15.01.24: The liaison meeting scheduled for 19th January 2024 is being re-arranged to a conflict in diaries. 07.08.24: The Provision of NHS Dental Services in Cambridgeshire was scrutinised on 7th March 2024.	Complete

Minutes – 7th March 2024

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
238.	Occupational Therapy Section 75 Agreement	Diana Mackay	the Chair requested that officers informed the chair and vice chair when the agreement had been signed.	Email sent by Shauna Torrance to the Chair and Vice Chair to confirm the agreement had been signed on 3 July 2024.	Complete

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
240.a	Finance Monitoring Report – January 2024	Patrick Warren Higgs	The Committee requested a specific session for the committee on workforce.	To propose this as a topic as part of Members' development sessions.	In Progress
240.b	Finance Monitoring Report – January 2024	Patrick Warren Higgs	A future discussion at committee was requested on debt management to cover the responsibilities of the committee in this area and to review the adult social care debt management improvement plan.	Debt Improvement Plan actions to be circulated to committee members for information following latest updated position at the end of Q4 2023/4. Updates on the latest position of debt management will be provided as part of the quarterly finance report to Committee Debt Update Report at Committee on 27 June 2024.	Complete

Minutes – 27th June 2024

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
262	Public Health Performance Report Quarter 4 2023-24	Val Thomas	Cambridgeshire's performance for the Drug and Alcohol Services – review data and comparators - add this to the spokes agenda for further discussion.	On the agenda for October committee meeting and went to September Spokes to highlight to members.	Complete

263.a	Adult and Health Committee agenda plan, training plan and committee appointments	Tamar Oviatt-Ham	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.	Added to the agenda for the October meeting	Complete
263.b	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren - Higgs	The Executive Director: Adults, Health and Commissioning acknowledged that there would be further discussions on commissioning and timings at Spokes.	PWH to pick up with the Chair and Vice Chair prior to the committee meeting and to update at October committee from the Chair and Vice Chair meeting.	In progress
263.c	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren-Higgs	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. They also requested some training ahead of the charges review report.	PWH to pick up with the Chair and Vice Chair prior to the committee meeting and to update at October committee from the CVC meeting.	In progress
263.d	Adult and Health Committee agenda plan, training plan and committee appointments	Richenda Greenhill	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.	The Committee can nominate a representative to Fenland District Council's Queen Elizabeth Hospital Liaison Group, but it would be for FDC to decide whether it wants to appoint a county councillor to the group. Members may wish to consider the precedent this would set in relation to other hospitals which are located outside of the county's borders but are attended by Cambridgeshire residents.	Complete

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
263.e	Adult and Health Committee agenda plan, training plan and committee appointments	Richenda Greenhill	Members queried whether subs could be identified for the liaison groups and if there was a limit on the numbers for these groups.	It was agreed by the Committee on 29th June 2023 that any member of the A&H Committee should be able to substitute for a Quarterly Liaison Group member, rather than naming specific substitutes for each group. This recognised the importance of continuity at meetings, but offered a pragmatic solution if occasions arose when Liaison Group members were unable to attend. There is no formal limit on the number of members appointed to Liaison Groups, but in practical terms between 3-5 members works best.	Complete

Mental Health S75 Agreement Extension

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From:	Executive Director: Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	KD2024/063

Executive Summary: The paper seeks agreement to extend, for up to two years, the existing Section 75 Partnership Agreement to deliver Mental Health Social Work Services. The extension will enable continuation of this service whilst a strategic review of future delivery options is completed.

Recommendation: Adults and Health Committee is asked to:

a) approve the extension of the existing Mental Health Social Work Section 75 Agreement for 2 years on a 1+1 basis from 1 April 2025 at a total value of £1,250,090 per annum. This represents £2,500,180 for the total contract period and will be adjusted for future inflationary uplifts agreed as part of the established business planning process.

b) delegate authority for awarding and executing of any subsequent extension periods to the Executive Director for Adults, Health, and Commissioning, in consultation with the Chair and Vice Chair.

Officer contact:
Name: Madeleine Hill
Post: Senior Commissioning Manager
Email: Madeleine.Hill@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The provision of a mental health social work service (MHSWS) is relevant to the following ambitions from the Council's Strategic Framework: -

i) **Health inequalities are reduced.** The MHSWS offers access to assessment, review as well as care and support planning services for adults and older adults experiencing emotional, psychological distress and mental ill health. The Mental Health Needs Assessment (2024) documents the wide range of factors which lead to health inequalities faced by people with mental health needs. The delivery of a MHSWS is essential to ensuring that these factors are considered for Cambridgeshire residents, particularly those with assessed care and support needs, and that they are able to access and use community, health, housing, employment and social opportunities. The MHSWS is therefore integral to ensuring that health inequalities are reduced by delivering targeted support for people with mental health needs.

ii) **People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.** The MHSWS enables and embodies this ambition for people with mental health needs in Cambridgeshire. This ambition is fundamental to social work, in delivering the statutory functions set out within the Care Act 2014, and for staff seeking to ensure the best possible outcomes for people with mental health needs.

iii) **Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.** The MHSWS is a good quality public service and part of its function is to ensure that the needs of people with mental health needs are championed and considered both in accessing public services and in the wider communities and place that people live and work in. For example, one of the metrics that MHSWS reports on is the percentage of adults in contact with mental health services that are in employment and are therefore contributing to an inclusive economy in Cambridgeshire.

1.2 Cambridgeshire residents report high or very high levels of happiness overall (72% in the 2023 Quality of Life Survey), however, over a third (37%) of all residents have struggled with their mental health, and over a quarter report feeling lonely. This matches national trends and we are not anticipating it will change significantly in the 2024 survey results.

2. Background

2.1 Cambridgeshire County Council (CCC) has delegated the delivery of mental health services and specified statutory duties for people with mental health needs aged 18 years and over to Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The arrangement is managed through a Partnership Agreement under Section 75 of the National Health Service Act 2006 ("s.75 Agreement").

2.2 In April 2021, CCC's Adults and Health Committee approved the arrangement to continue for 2 years with the option to extend for a further total of 2 years (2 +1+1) through to 31st March 2025. Both of these extensions have now been utilised.

2.3 The overall purpose of the service is to provide a comprehensive and responsive MHSWS which is outcome and community focused. The service delivers assessment, review and care and support services for adults experiencing emotional, psychological distress and mental ill health. This includes support for informal carers. The service is usually accessed through Adult Early Help or through a referral from professionals within the health and social care system. This could take place following admission to hospital, case transfers between Adult Social Care services (e.g. from Adults and Autism Team to Mental Health Social Work) and transitions from Children and Young People services to Adults Social Care. The MHSWS is working to support the roll out locally of the national partnership agreement between Policing, health and other services 'Right Care, Right Person' to ensure that a person in mental health crisis is seen by the right professional.

2.4 The MHSWS supports the delivery of a range of activities and support services to those identified as having an eligible care need under the Care Act 2014: This includes:

- Strengths based statutory Care Act Assessment and determination of eligibility for adults of all ages who have needs associated with their mental health and their carers.
- Assessment under the Mental Health Act 1983, the Mental Capacity Act 2005 including Deprivation of Liberty Safeguards, and wider relevant legislative frameworks (and all subsequent revisions).
- Provision of care and support planning with adults of all ages who have needs associated with their mental health; and their carers who are eligible under the Care Act 2014.
- Reablement and recovery focused care and support planning.
- Signposting and the provision of information and advice to meet the Care Act 2014. principles to prevent, reduce or delay needs.
- Day time Approved Mental Health Professional (AMHP) functions on behalf of the CCC as delegated by the Director of Adult Social Care. AMHPs are responsible for coordinating assessment and admission to hospital if you are detained under the Mental Health Act 1983.

2.5 Through the s.75 Agreement, the MHSWS is aligned to and co-located with local health teams focused on supporting people with Mental Health needs in Cambridgeshire. This arrangement means that service users and carers receive the best possible service addressing both clinical and social needs without the need for them to re-tell their story or receive multiple assessments. There are three adult social work teams (North, South and Hunts & Fens) and two older peoples social work teams (North and South), each with a team manager. These are overseen by a leadership structure with two Heads of Social Work (Adults) and (Older People) and a Professional Lead Social Worker. There is an AMHP Team Manager who has countywide responsibilities for the AMHP service and oversees the daytime assessments across the county for the service.

2.6 A Case Study example which set out some of the contact points, experiences and commissioned services for people with mental health needs using the social work service is included in Appendix A.

2.7 The actual cost of delivery of the MHSWS in 2023/24 was £1,246,030. The cost of care support commissioned for people with mental health needs is separately managed and monitored as part of the governance arrangements for the s.75 Agreement. The cost of

mental health care for Adults was £7m and £8.5m for Older People in 2023/24.

3. Main Issues

Budget

3.1 The budgeted investment in this service for 2024/25 is £1,250,090.

Performance

3.2 Currently, performance is monitored and managed through well-established monthly 'Operational' and 'Finance and Performance' meetings attended by key individuals from within CCC and CPFT (Commissioning, Contracts, Finance and Operations). Progress against a work plan, outcomes and care costs are discussed, reviewed and actions managed via an Actions Log. Performance reports are then made into the Executive Director as part of CCC's governance and oversight arrangements.

3.3 Performance is consistently good or in line with other CCC service areas. For example, during 2023/24, there were 339 assessments completed, averaging 28 per month over the year and the average turnaround time for assessments was 40 days. During quarter 1 of 2024/25, there were 25 assessments completed on average per month, with an average turnaround time of 36 days. This compares to an average turnaround of 27 days for Older People & Physical Disability and 48 days for Learning Disability. The majority (89%) of assessments are referred in from the Community / Other route rather than via hospital discharge. There were no significant variations to all expected levels of service activity (such as waiting lists, numbers of assessments and reviews, safeguarding cases).

3.5 Feedback from people using the MHSWS is balanced with 31 compliments logged from a range of people coming into contact with the service during 2023/24. Some examples are included in Appendix B. There were 14 formal complaints recorded in the same period, which was a significant decrease from the 27 reported in 2022/23. Of these, only five were partially upheld and two upheld, while others were either not upheld (3), closed due to insufficient info (2) or transferred to a different process (2). The majority of complaints (10) were made around MH Social Work assessments – communications and outcomes or lack of support.

3.6 However, in November 2023, a routine audit from the Council's Quality and Practice Standards Team indicated concerns in social work mental health team practice in key activity areas such as assessments, reviews and care and support planning. As a result of this, a deep dive audit into key areas of improvement identified is currently being progressed.

3.7 An independent review of the AMHP Service took place during 2023/24; in the face of increasing demand for Mental Health Act assessments and concerns over the capacity of the service to meet future demand there are recommended future changes to the delivery model for both the daytime and the out of hours service as well as the recording of activity in MOSAIC (CCC's care record system).

3.8 During 2023/24, there were significant challenges with vacancies to key positions within the Mental health leadership team including both Heads of Social Work for Adults Mental

Health and more recently the Head of Older Peoples Social Work, as well as the AMHP team manager post. However, there are now either appointments made or being recruited to for all posts, together with interim arrangements in place.

Review

3.9 It is the intention of the Council to utilise the extension period to complete a comprehensive review of existing arrangements to provide assurance that the current model continues to deliver the best possible outcomes for people with mental health needs and value for money to the council. As part of this, the benefits and risks of alternative models for delivering this service will be explored. The review will also cover specific areas:

- Consideration of the joint management arrangements currently in place at Head of Service level across CCC and Peterborough City Council.
- Consideration of which delivery model will best deliver against the Council's strategic ambitions and priorities as well improve outcomes for the people accessing the service.
- Consideration of AHMP pressures and the most effective way of meeting increasing demand.
- Value for money and sustainability to meet demand both now and in the future.

3.10 Engagement and consultation will be an essential part of the review. The importance of accounting for the views of staff, service users, members and wider system stakeholders is recognised when considering both the existing service and alternative delivery models. CPFT as provider of the service will work in partnership with us to enable this to happen.

3.11 This proposed extension and review have been discussed extensively with both CCC Senior Management and CPFT over the past six months and agreed as the most efficient and effective approach to considering all future options, whilst maintaining service delivery for the MHSWS before making any further recommendations to Members about alternative provision. This proposed recommendation and approach was highlighted to Members at Spokes in July 2024.

4. Alternative Options Considered

4.1 The following alternative options have been considered in formulating this recommendation contained in this report:

	Option	Benefits	Risks
1	Do nothing	N/A	• The Council has a statutory duty to assess needs and provide care and support to those with eligible care and support needs through the provision of a care and support plan.. • By doing nothing, we will not have a contractual mechanism in place to

			manage performance or resolve any arising issues in relation to delivery of the statutory functions.
2	Insource the MHSW provision	• Greater control • Reduces administration required when working with a third party. • Potential for reducing current gaps (e.g. support for autistic people with Mental Health needs)	• May impact on service users repeating information to health and social care professionals as less alignment • Infrastructure costs – possibility of need for new leadership posts and resources/facilities depending on preferred model • Requires significant consultation and communication with key stakeholders in advance of decision.
3	Extension of partnership agreement with current provider	• No change for service users or other stakeholders • Enables planned approach to reviewing service • Known budget and costs	• Reduced control, but is mitigated by existing agreements and relationships
4	Open tender process	• Ensure an equitable outcome • Ensures value for money together with meeting quality criteria • Allows local provider and any other interested providers to bid	• Further market engagement would be required to establish if other providers would be interested • Risks to the established and working relationships with local provider and system partners • Less control over day-to-day delivery but this is managed through a robust specification and contract monitoring

5. Conclusion and reasons for recommendations

5.1 In conclusion, it is recommended to enter into an extension of the existing s. 75 Agreement for MHSWS. This will ensure we are compliant in delivering our statutory duties and maintain continuity of service for residents. The Committee are asked to approve the recommendations, as detailed at the top of the report.

6. Significant Implications

6.1 Finance Implications

The financial implications are outlined in 3.1 of the report.

6.2 Legal Implications

Under the NHS Act 2006 CCC has the ability to enter into partnership with CPFT through the s. 75 Agreement that is currently in place. This means that CCC has the power to establish and maintain pooled budgets, to integrate resources and management structures and to reallocate functions with CPFT.

The proposals will assist the Council in meeting its statutory duties towards adults with mental health needs and their carers under the Care Act 2014. This would include the assessment, determination of eligibility for services and provision of care and support planning.

This arrangement also covers additional statutory duties provided to adults being assessed by an AMHP under the Mental Health Act 1983 in relation to day-time activities which have been delegated to CPFT as part of the s. 75 Agreement.

6.3 Risk Implications

There are no significant additional implications within this category.

6.4 Equality and Diversity Implications

There are no equality and diversity implications arising from this recommendation.

6.5 Climate Change and Environment Implications

There are no climate change and environment implications arising from this recommendation.

7. Source Documents

7.1 None

Appendix A – Case Study for the MHSWS - 'Victoria'

This is an example of the positive Social Work that has been achieved with an individual who has been supported by the **Older People's Mental Health Service** (OPMH) over the past two years.

Background

The OPMH social work team became involved with 'Victoria' following referral from her Community Psychiatric Nurse (CPN) in 2022. At the time, Victoria had recently been discharged from mental health hospital and she was eligible to receive after-care services in line with s.117 Mental Health Act 1983.

Victoria is an older person with a diagnosis of Bipolar Disorder and was reported to be very vulnerable and unpredictable when unwell; with excessive spending and risk taking behaviour in terms of her relationships with others and substance use.

The referral advised that Victoria's relationship had ended recently as a result of her mental health needs. Victoria was therefore about to become homeless within the next month as the tenancy of her home had been given up. Victoria's family were requesting that a further Mental Health Act assessment took place and that she return to the mental health hospital. They strongly expressed their view that it was not safe for her to remain in the community; that she could not function independently and that she would be at high risk without constant support.

Interventions

It was agreed that an **Adult Social Care Assessment** was appropriate as Victoria may have care and support needs and she consented to this. Victoria was allocated to a social worker who completed the first assessment visit jointly with the CPN a few days later. The aim of this visit was to start to build a relationship with Victoria and to consider her **social care and aftercare needs under the Care Act and also the Mental Health Act (s. 117 aftercare).**

The social care assessment focused on what was important to Victoria and she highlighted that she felt she needed some support with her housing and finances. She advised that she lacked confidence in herself and was aware that her family believes she should be in hospital. The social worker considered with Victoria if she had capacity to manage her finances, particularly how this may fluctuate when she is unwell, and Victoria agreed to a **mental capacity assessment being undertaken to explore her capacity for financial decisions**. Plans were also made to gather information from the District Council's housing team, Victoria's family and the DWP about Victoria's finances and housing options. Victoria engaged well with initial visits with the social worker and joint outcomes were agreed as initial priorities. The social worker ensured that Victoria was given action points after each meeting to support

her in developing her own confidence and building her skills. She responded well to this approach and grew in confidence. Through open discussions with the social worker, Victoria was able to highlight how important it is to her for people to be open and honest with her. She also recognised that she does not like to be told what she can and cannot do. Victoria identified that **she wanted to live in her own property but recognised that she had not been able to achieve this so far and was worried she would soon be homeless**.

Care and Support planning

The social care assessment identified the risks to Victoria and it **focused on her strengths**. Together with the social worker, Victoria was able to consider what indicators there may be that her mental health was deteriorating and what steps she could do to support herself if these occurred. Victoria was considered eligible in terms of care and support under the Care Act 2014 as well as related to s. 117 Mental Health Act 1983 aftercare. The social worker has highlighted in their assessment that they used a **task centred approach** together to support Victoria in tackling tasks at a time to minimise stress. They recognised that support was needed to prevent her being re-admitted to hospital.

Care and Support planning included liaison with the **housing** team. The social worker advocated for Victoria, highlighting her needs and the significant risks if she were to become homeless. A hostel accommodation was initially offered but it was recognised, as a result of social work intervention that Victoria would be at high risk of harm in this setting. An offer of **supported housing** was then made and Victoria was supported by the social worker to visit the property, get to know the support staff and to make a decision to move there. The social worker supported her both practically and emotionally with the move.

The social worker worked closely with Victoria's CPN to ensure that she was well supported and, by working together, this ensured a joint response and close support.

Another aspect of the care and support plan was to ensure that **risks related to financial exploitation** were reduced. The social worker established that Victoria had capacity to manage her finances generally but that when she became more elevated in her mood, she quickly lost capacity to make financial decisions and would be at risk. Through honest and open conversations within their trusting relationship, she was able to recognise that she needed some support to maintain control of her finances and an **appointeeship was considered as a safeguard** in case needed. **A referral to Money Carers was made**. The social worker supported Victoria to **apply for relevant benefits** and also supported her to **access a community fund** to provide her with some finances in the interim before her benefit application was successful.

Initial Review

A **joint s.117 Mental Health Act 1983 review** was undertaken initially with Victoria, her CPN, psychologist and the involved psychiatrist. This was then followed up with a **review of the care and support plan**. Victoria was living alone within the supported accommodation independently, was building positive relationships and was partaking in voluntary work. She was managing all daily living tasks independently. Victoria showed really good awareness if her own needs.

Future plans were considered with Victoria in terms of the next steps after she left the supported accommodation. She was proud of herself and her independence.

Annual Review and end of Involvement

The social worker reviewed the current support plan recently. It was recognised that **all outcomes had been achieved and Victoria no longer required on going social care input.** She remains living in supported accommodation and they are supporting her to apply to move on from there when she is ready. No further role for social work identified in terms of Care Act 2014 or Mental Health Act 1983 (s117 after care) so agreed that social work will close input at this time. Victoria is happy for social work to be invited to future s. 117 reviews jointly with the health team and is aware of how to contact the service if required.

Appendix B – Compliments for the MHSWS

These are some examples of the positive Social Work that has been achieved with individuals.

CCC Social Worker, supporting an adult with complex mental health needs. The following feedback was relayed to the Social Work team by a specialist Mental Health Practitioner who was also involved:

> *"Many thanks for seeing ____ so quickly.*
> *I saw both _____ yesterday and they told me how helpful you had been and that they are grateful for the support being offered."*

CCC Senior Social Worker worked with someone to move to a regulated care home. The following was received from the registered manager:

> *"The manager was keen to pass on her gratitude and high opinion of ******'s work with __ and the provider. She stated that ****** goes above and beyond, and that she has been a real help in enabling the provider to better understand how to support ____ and maintain the placement."*

Feedback from "Nearest Relative" to a member of the AMHP service:

The AMHP involved was complimented on his professional and compassionate approach to both the person detained following a Mental Health Act 1983 assessment and also to them as the family:

> *"We finally left ***** just after 7.00pm and still on the way to ******. The transport which was to arrive at 6.00pm was delayed due to a breakdown. We were allowed to take my son down to ***** ourselves and he is travelling with me, my younger son and his partner ***** . We are about 20 minutes away as I write and staff at ****** are expecting my son's arrival.*
>
> *I just want to say a big thank you for all your efforts to help us get my son to a place where he could continue with his recovery from this unfortunate event and for that we are very grateful.*
>
> *It has been a very distressing time for us all and thank you for the understanding of our wishes and compassion shown to us."*

Drug and Alcohol Treatment Services Additional Grant Funding

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From:	Patrick Warren-Higgs, Executive Director, Adults, Health & Commissioning
Electoral division(s):	All
Key decision:	No

Executive Summary: This report asks the Committee to note and consider the following:

- The positive improvement in outcomes to date arising from additional high value grant funding for the Drug and Alcohol Treatment Service.
- The impact of the ending or a reduction in the additional grant funding.
- The risks associated with ending or reduction in the value of the grant and the proposed mitigations.
- The representations made to the central funding body from commissioners, colleagues, and partners.

Recommendation: The Committee is asked to support the following recommendations relating to the ending or reduction in the additional Drug and Alcohol funding:

a) The proposed actions for mitigating the associated risks.

Officer contact:
Name: Val Thomas
Post: Acting Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk

1. Creating a greener, fairer, and more caring Cambridgeshire

1.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes
Specialist drug and alcohol service support this ambition through:

- Commissioned treatment providers encourage the use of nature areas across Cambridgeshire, giving more people in recovery access and experience of green spaces.
- Commissioned treatment providers have worked with service users to regenerate the gardens within their fixed sites to encourage wildlife and growing of plants/vegetables and promoting benefits of green outdoor space.
- Commissioned treatment provider promotes the use of electric bikes to conduct home visits in Cambridge City.

1.2 Travel across the county is safer and more environmentally sustainable
Specialist drug and alcohol service support this ambition through:

- Providing place-based services, improving accessibility and treatment engagement.
- Supporting travel costs, promoting use of public transport to enable attendance at health appointments.

1.3 Health inequalities are reduced.
Specialist drug and alcohol service support this ambition through:

- Reducing drug and alcohol dependency and supporting long term recovery will contribute to a reduction in health inequalities and improvements in a wide range of health outcomes.
- Addressing drug and alcohol dependency reduces risk of rough sleeping and homelessness, reduces risks of eviction, and improves chances of maintaining stable accommodation to meet individual needs
- Drug and alcohol specialist treatment is a protective factor for overdose and contributes to a reduction in early mortality.
- Specialist drug and alcohol treatment addresses co-occurring mental ill health, physical health needs, and trauma.
- Treatment services provide harm reduction advice and interventions to prevent illness/harm e.g., screening, vaccinations, needle, and syringe provision.

1.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.
Specialist drug and alcohol service support this ambition through:

- Promotes long term recovery and behaviour change.
- Supports trauma informed care.
- Addresses homelessness increases access to stable and safe accommodation. Promotes stability.
- Increases access to primary care and addresses health conditions
- Provides a personalised care approach.

- Utilises peer led support to promote long term change, reducing relapse and provides a visual demonstration of recovery.

1.5 Helping people out of poverty and income inequality.
Specialist drug and alcohol service support this ambition through:

- Promotes long term recovery.
- Addresses homeless/housing needs, provides access to welfare benefits (dedicated CAB workers), addressing long term debts.
- Provides access to personalised budgets to support recovery.
- Direct access to the dedicated individual placement service (IPS) enabling those with drug and alcohol dependency issues to access employment and return to the workplace.

1.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.
Specialist drug and alcohol service support this ambition through:

- Promotes long term recovery and stability including volunteering opportunities.
- Reduces crisis situations, reduces anti-social behaviour and negative impact of drug/alcohol use on local communities
- Direct access to the dedicated individual placement service (IPS) enabling those with drug and alcohol dependency issues to access employment and return to the workplace.
- Supports access to other local services to address long term health and social issues.
- Provides a dedicated criminal justice team to address dependency, delivers positive continuity of care from prison, reduces chances of re-offending.
- Reduces rough sleeping and any associated anti-social behaviour in communities.

1.7 Children and young people have opportunities to thrive.
Specialist drug and alcohol service support this ambition through:

- A dedicated team of practitioners (family safeguarding team) to provide intensive support to parents who use substances to improve the life changes of their children.
- A dedicated service for children who are impacted by parental drug and alcohol use.
- A dedicated young people's service providing prevention, early intervention and specialist drug and alcohol treatment to increase awareness, address issues and prevent escalation of use.

2. Background

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

2.2 Estimates show that the social and economic annual costs of alcohol related harm amount to £21.5 billion and from illicit drug use £10.7 million. The combined benefits of drug and

alcohol treatment amount to £2.4 billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK (www.gov.uk)

2.2 The current Cambridgeshire Adult Integrated Drug and Alcohol Treatment contract is provided by Change Grow Live (CGL), a large third sector organisation who are one of the market leaders in this sector. It commenced on the 1 October 2018 and ends 31 March 2026. The smaller Young Person's treatment service is provided by CPFT (known as CASUS) this contract also ends on 31 March 2026.

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

2.4 Both services are performing well compared to national average indicators and demonstrated strong resilience over the Covid 19 pandemic.

2.5 Following concerns about the impact and harm of drug use and the historical cuts to drug and alcohol services in England, the government commissioned an independent review. The review was published in 2020 and concluded:

- There was a need to reform the funding model for drug and alcohol services.
- A whole system approach was required encompassing health, housing, criminal justice, and employment
- There was a need to strengthen harm reduction services
- There was a need to expand and upskill the workforce
- There is significant stigma experienced by people with drug and alcohol issues.
- To recognise the link between co-occurring mental health and substance use.

2.6 In response to the findings, the government published a national ambitious ten-year drugs strategy 'From Harm to Hope" in December 2021 with 3 key priorities:

i. Break drug supply chains.
ii. Deliver a world class treatment and recovery system.
iii. Achieve a generational shift in the demand for drugs.

The strategy represents a unique, 'whole-of-government' approach to combat illicit drug use, reduce drug related deaths and ensure people get into high-quality treatment and recover from their addiction. Six departments of state are jointly accountable for delivery.

2.7 To accompany the delivery of the strategy, central government committed £900m worth of additional funding over 3 years. Each authority was asked to set up a Combatting Drugs Partnership (CDP) to oversee local delivery and to appoint a local Senior Responsible Officer (SRO). Locally, the Countywide High Harms Board functions as the CDP and the SRO is the Police and Crime Commissioner. The Countywide Drug and Alcohol Delivery Board provides the partnership delivery function. These groups operate across Cambridgeshire and Peterborough.

2.8 We are currently in the final year (2024/25) of the three-year drug strategy grant investment cycle which has enabled improvements in the quality and capacity of drug and alcohol treatment services, and wider support services, across Cambridgeshire. The majority of treatment grants have been directly awarded to current service providers to scale up the workforce, ensure treatment consistency, continuity of care and cost efficiency.

2.9 Table 1 provides a summary of the national drug and alcohol grant funding streams received by Cambridgeshire County Council in 2024/25 (final year of the grant funding). This funding is additional to local core treatment funding (public health grant). Annual treatment and recovery grant plans (including local performance targets) are developed locally and signed off by the central grants team and the regional Office for Health Improvement and Disparities (OHID).

Table 1: Summary of funding over the 3-year grant cycle

Grant allocation	2022/23	2023/24	2024/25
Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG)	£580,583	£592,030	£1,098,415
Rough Sleeper Drug & Alcohol treatment grant (RSDATG)	£535,073	£494,805	£514,561 (Cambs City only)
Individual Placement & Support (IPS)	N/A	£77,147	£162,010
Total grant funding	£1,115,656	£1,163,982	£1,774,986
Total PH core funding for adult & YP treatment service contracts	£5,189,738	5,220,833	5,269,008

2.10 Midway through year 3, we are still in the early stages of the delivery of the 10 Year National Drug Strategy 'from Harm to Hope'. Over the past year OHID has indicated that information about the prolongation of the additional funding was imminent. Due to the change in Government, following the Election and the subsequent uncertainty a on the continuation of the grant, has meant that plans have been put in place by commissioners working with the provider and partner agencies to manage the risks of the ending of such a large grant.

However, given the increased and ongoing uncertainties associated with the Government's autumn Spending Review this paper is being brought to Committee to describe the current risks. In this context Cambridgeshire County Council's officers and partners from across the East of England have also worked to actively draw attention to the risks associated with the possible ending or reduction in this grant, by OHID and Government.

3. Main Issues

<u>The needs</u>

3.1 All services that provide structured treatment for drug and/or alcohol users submit data to the National Drug Treatment Monitoring System (NDTMS) which is hosted by Office for Health Improvement and Disparities (OHID). This data is used by local commissioners to understand and manage local need and for performance monitoring and management purposes. Unfortunately, due to national data restrictions, the most recent data available to commissioners cannot be published into the public domain until after the release of the national annual NDTMS report so a narrative summary is provided below.

3.2 Table 2 describes the current estimated numbers/rates of people dependent on drugs and/or alcohol (aged 15-64) in Cambridgeshire. Cambridgeshire is statistically significantly below England for all drug types and statistically similar to England for alcohol dependency. However, in terms of unmet need there are still over 600,000 people estimated to be dependent on drugs and/or alcohol.

Table 2: Cambridgeshire prevalence rates (based on 19/20 data-most recent)

Drug profile	Area	Rate per 1,000 population	Estimated count
Opiate and or crack use (OCU)	Cambridgeshire	6.1	2533
Opiate and or crack use (OCU)	England	9.5	341,032
Crack only	Cambridgeshire	0.8	323
Crack only	England	1.3	47,168
Opiate only	Cambridgeshire	3.1	1278
Opiate only	England	4.6	164,279
Opiates and Crack	Cambridgeshire	2.3	933
Opiates and Crack	England	3.6	129,584
Alcohol	Cambridgeshire.	10.75	5561
Alcohol	England	13.75	608,416

Source: Prevalence and unmet need report, NDTMS, Office for Health Improvement & Disparities

Improvements arising for additional grant funding

3.3 There have been considerable improvements in performance outcomes relating to numbers in treatment and prevention outcomes with above national level increases.

Increase in numbers in treatment

The top ambition of the national drug strategy is to increase overall numbers in drug and alcohol specialist treatment services. Cambridgeshire was set a target to increase the total numbers in treatment to 2843 by 31st March 2025 (Baseline in March 2022 was 2555). CGL achieved this target in April 2024 and numbers in treatment continue to grow. Cambridgeshire has seen an increase in treatment numbers across all drug types against baseline (March 2022) except alcohol which has increased but at a slightly lower rate than the national average.

3.4 Reduction in unmet need

An increase in numbers of people receiving treatment has influenced Cambridgeshire's unmet treatment need rate. Comparing recent data March 2024 against the baseline March 2022 (grant funding commenced 1 April 2022), the unmet need rates for Cambridgeshire have reduced for all drug types apart from 'opiates only' which have increased but at a slower rate compared to national.

3.5 Prevention

There have also been some significant gains in prevention outcomes since the introduction of the grant in particular tackling hepatitis C. Cambridgeshire's hepatitis C testing numbers have increased by 20% (May 2024) compared to the baseline in March 2022 and remain significantly higher than the England average. Cambridgeshire are thereby making significant steps towards the national hepatitis C micro-elimination goal where all those in structured treatment are offered testing regularly. Additionally, Cambridgeshire has continued to see increases in the distribution and availability of naloxone in the community (reverses opioid overdoses) which saves lives. The current distribution rate is higher than the England average.

3.6 Other impacts and improvements

The additional grant has also enabled softer outcomes which includes funding of transport costs to facilitate access to clinical appointments, collection of medication from pharmacies and overall engagement in treatment. The grant has also funded 2 specialist citizen advice bureau workers dedicated to the treatment service to help address cost of living pressures which have resulted in £900k income gain to service users (access to entitled benefits) and £56k worth of debts written off.

Risks arising from grant funding ending or reducing

3.7 If the national drug and alcohol grants end in March 2025 this would mean a total reduction of income into the local treatment system of £1.8 million in Cambridgeshire. To put this into context the core commissioned treatment service contracts cost is £5.2 million per annum in Cambridgeshire (CGL & CASUS) so the additional grant income represents a significant portion of the treatment system spend. This means that the improvements associated and described above, with the additional grant funding are at risk being eroded.

3.8 The grant funding has focused on addressing the specific needs of complex patient cohorts (e.g., rough sleeper/homeless and those in contact with the criminal justice system) and its withdrawal or reduction will affect the wider system. Areas where the impact will be greatest have been identified as follows:

- Rough Sleeper/Homeless work
- Criminal Justice Pathways
- Social Care (residential rehab placements)
- Co-occurring conditions work covering substance use and mental health
- GP primary care work/alcohol prevention
- Employment support
- Recovery system

3.9 There will be a long-term legacy of expanded numbers in treatment services with a depleted workforce thereby putting a strain on core services and the wider system. This will be especially evident in the complex patient cohort whereby dedicated services have been specifically developed to meet individual need. On average an opiate patient is in treatment for 6 years so expanded numbers will have a long-term legacy impact on service capacity.

3.10 There is the risk that we may lose frontline treatment staff early if the uncertainty of the funding continues which may impact on the delivery of grant related services and grant spend for 2024/25. These are specialist staff who were challenging to recruit.

3.11 The grant legacy impact to the treatment system comes at the same time as increased risk of drug related mortality due to the circulation of synthetic opioids in the illicit drug supply chain.

3.12 Additionally, there is an increase in pressure on community treatment services to meet the support needs of offenders through 'out of court' disposals (early intervention), court treatment orders and early release of prisoners to reduce the capacity of the prison population. Without this additional funding treatment services will not be able to meet demand.

Risk mitigations

3.13 A countywide grant risk/impact matrix has been developed and has been presented at the Cambridgeshire and Peterborough Drug & Alcohol Delivery Board and to The High Harms Board. Members were provided with detailed information to help identify risk and system impact beyond 31 March 2025. The risk matrix also reflects options available to the partnership if grant investment is ends or continued but at reduced levels i.e., 25%, 50% and 75%. Decisions and priority will be made according to clinical complexity and primarily on the most vulnerable patients (rough sleepers/homeless) and maintaining criminal justice system pathways with following options.

3.14 The Drug and Alcohol Service will be re-commissioned during 2025 with a new contract starting in April 2026. This will allow the learning from the additional funding to be incorporated into the new service model within the available cost envelope.

3.15. However, to avoid the risks associated with the abrupt end or a reduction of funding and a deterioration in outcomes it is proposed that Public Health Reserve funding is earmarked against the areas where the negative impact of that decision will be most acute.

3.16 An allocation of £400k has been included in the Integrated Finance Monitoring Report. This would enable a reduced element of the dedicated rough sleeper team in Cambridge City to be maintained (4 front line outreach workers and some dedicated prescribing capacity) and 4 front line criminal justice workers across Cambridgeshire.

4. Alternative Options Considered

4.1 This is not a key decision, but the alternative options are described in the risk mitigation section found in 3.13.

5. Conclusion and reasons for recommendations

5.1 This paper describes the impact of the abrupt ending or reduction in the additional grant funding for drug and alcohol services. It will have wide ranging impact on existing service users, those wanting to access treatment alongside affecting the wider system including health and social care services and the criminal justice system.
The recommendations reflect the gravity of these impacts, and the mitigations are aimed at the areas of greatest risk.

6. Significant Implications

6.1 Finance Implications

The request for the use of Public Health Grant reserves to contribute to the mitigations can be accommodated within the current Public Health reserves and in year savings. Paragraph 2.2 provides the evidence for the cost effectiveness of Drugs and Alcohol treatment services.

6.2 Legal Implications

The Health and Social Care Act 2012 places responsibility on local authorities to commission substance misuse services. Due to the risks described in this paper any legal implications will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding.

6.3 Risk Implications

The risk implications are described in the paper in paragraphs 3.7 to 3.12 and the mitigations in paragraphs 3.13 to 3.19. (A full risk assessment is available) If any of the risks escalate any implications will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding

6.4 Equality and Diversity Implications

Drug and Alcohol Service users are very vulnerable and experience many inequalities. These are captured in the Equality, Impact Assessment (EqIA) form.

6.5 Climate Change and Environment Implications

Not applicable

7. Source Documents

7.1 N/A

Agenda Item No: 6

Report title: Finance Monitoring Report – August 2024

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From:	Executive Director: Adults, Health & Commissioning Executive Director: Finance and Resources
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	The report provides an update on the financial position of the Adults, Health and Commissioning Directorate (including Public Health) as at the end of August 2024.
Recommendations:	The Adults and Health Committee is recommended to: a) note the Adults, Health and Commissioning Finance Monitoring Report as at the end of August 2024. b) endorse the use of up to £400k of Public Health reserves to support the mitigation of risks if Drug and Alcohol grants end in March 25, subject to the agreement of Strategy, Resources & Performance Committee.

Officer contact:
Name: Justine Hartley
Post: Strategic Finance Manager
Email: justine.hartley@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This regular financial monitoring report provides the consolidated management accounts of the Adults, Health and Commissioning Directorate and the Public Health Directorate, enabling members to be aware of, and to scrutinise, the delivery of the business plan for 2024-25 and the corporate vision and ambitions within it.

2. Background

2.1 Finance Monitoring Reports (FMR) are produced monthly, except for April, by all services. They report on a range of financial information to enable a view of each service's financial position to be taken.

2.2 Budgets for services are agreed by Full Council in the business plan in February of each year and can be amended by budget virements. In particular, the FMR provides a revenue budget forecast showing the current projection of whether services will be over- or under-spent for the year against those budgets.

2.3 The presentation of the FMR enables Members to review and comment on the financial position of services within the committee's remit.

2.4 Generally, the FMR forecasts explain the overall financial position of each service and the key drivers of any budget variance, rather than explaining changes in forecast month-by-month.

2.5 The contents page of the FMR shows the key sections of the report. In reviewing the financial position of services, members of this committee may wish to focus on these sections:

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principal drivers of the financial position.
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 4 – this sets out the savings for Adults, Health and Commissioning and Public Health in the 2023/24 business plan, and savings not achieved and brought forward from previous years that are still thought to be deliverable.
- Appendix 5 – contains information on earmarked reserves, grant income and budget virements.

3. Main Issues

3.1 Adults, Health and Commissioning overall revenue position

3.1.1 The overall position for Adults, Health and Commissioning budgets to the end of August 2024 is a forecast underspend of £3,523k (equivalent to 1.5% of the annual budget). In addition, there is a forecast underspend for Public Health of £618k (equivalent to 1.5% of the annual budget) which is assumed to be transferred to Public Health reserves at year end.

Forecast Outturn Variance (Previous) £000	Service Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
0	Executive Director	20,769	-54,503	-33,734	-18,476	4,087	-12.1%
0	Learning Disability and Prevention	155,835	-37,137	118,698	53,277	1,327	1.1%
0	Care and Assessment	146,046	-42,515	103,531	44,772	-10,911	-10.5%
0	Commissioning (incl Mental Health)	53,228	-10,706	42,522	16,887	1,974	4.6%
0	Public Health	41,695	-38,792	2,904	-6,625	-618	-1.5%
0	**Total Expenditure**	**417,574**	**-183,653**	**233,921**	**89,836**	**-4,140**	-1.8%
0	(Drawdown from) / Contribution to Public Health reserves	**-2,903**	**0**	**-2,903**	**-652**	**618**	-21.3%
0	**Total**	**414,671**	**-183,653**	**231,018**	**89,183**	**-3,523**	-1.5%

3.1.2 Growth in the first few months of the year for Older People services has been significantly below budget leading to a significant forecast underspend. This is a shift from the trends we had been seeing during, and in the period immediately following, the covid pandemic. A deep dive into this area is being undertaken to further understand the changes to flows of service users in recent months to inform both the in-year forecast and future demand projections.

3.1.3 The forecast underspend against the budget for Older People services is partially offset by pressures in services for people with learning difficulties and for mental health care costs, some of which relate to Older People. Plus, some of the savings built into the Business Plan for 2024-25 need further work to deliver.

3.1.4 The key factors that will impact the forecast position as the year progresses include:

- demand is difficult to predict and can vary significantly from month to month. This can be reflected both in numbers accessing services, and higher acuity of need of those accessing services;
- the Directorate has a challenging set of savings targets to deliver against in 2024-25. Progress against these targets is reported quarterly and whilst many are on track to deliver, in other areas the work to finalise delivery plans is still underway putting at risk the chances of full delivery of savings in the current financial year;
- recruitment remains challenging and vacant posts can lead to underspends against staffing budgets;
- staffing risks are particularly pertinent for the Public Health team in the short term as the separation from Peterborough City Council takes place; and
- pressures with the provider market continue to be felt, particularly related to increasing fee rates. Inflationary negotiations are ongoing with around 73% of package uplifts agreed to date. Providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The impacts of inflationary pressures are seen both in the uplifts required for existing care packages, and the price at which new packages are sourced; and
- the position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

3.1.5 As a result of these issues, close attention will be paid to changes in demand, costs and income as the 2024-25 financial year progresses, and forecasts will be updated accordingly.

3.1.6 There is further commentary on overdue debt with Health partners in section 3.3.1 below. Adults, Health and Commissioning overdue debt (excluding debt with Health partners) stood at £22.3m at the end of August, up from £21.7m at the end of July. Although the large majority of client contributions are paid on time, the complexity of people's individual care needs and personal finances will mean that some amounts are not immediately collectable: this can include amounts secured against properties or subject to probate. . The Council has established a focused programme of work to ensure that activity to collect amounts owed as client contributions keeps pace with increased levels of billing and that levels of aged and overdue debt are decreased with improved customer experience.

3.1.7 The Council's modelling suggests that without continuing mitigating actions the level of outstanding debt would rise further to £23.9m for client contributions as a result of inflation and reductions to waiting times for financial assessment. Our target is that by March 2025 the overdue amount is £20.7m. Up to July, performance was on track to meet this target, whereas a variation has emerged in August. A key reason for the variation relates to a small number of backdated bills which can prove harder to collect as well as a reduce level of lower value debt write off/corrections which we expect to be "caught up". In its business plan the Council has planned for a £0.5m reduction in its provision for doubtful debt in this area and we remain on course for this target at this stage (in relation to client contributions). In relation to amounts owed as at April 2024 (i.e. excluded the impact of newly raised debt), this has fallen from £24.9m to £16.9m over the subsequent four months, reflecting progress being made with debt improvement workstreams.

3.1.8 The summary position of the debt improvement programme is as follows:

- Social Care debt increase has slowed even though revenue raised is higher than 2023/24 forecast
- Backlog in financial assessments has been reduced and is moving towards business-as-usual levels
- Wide ranging process improvements have been identified and implemented or in the process of being implemented, this includes our handling of estates for deceased clients and where we are providing services for people who lack capacity to make decisions about their own property and finances
- Improved staff performance within the Council's Debt Team.
- Digitalisation and communication channel improvements considered and several options have been identified
- Increased resources have been funded and are either in place or currently being recruited
- Increased training, support and guidance across Council teams with involvement in client contributions

The Audit and Accounts Committee is due to receive a fuller update on the Council's overall debt management position at its meeting on 31 October 2024.

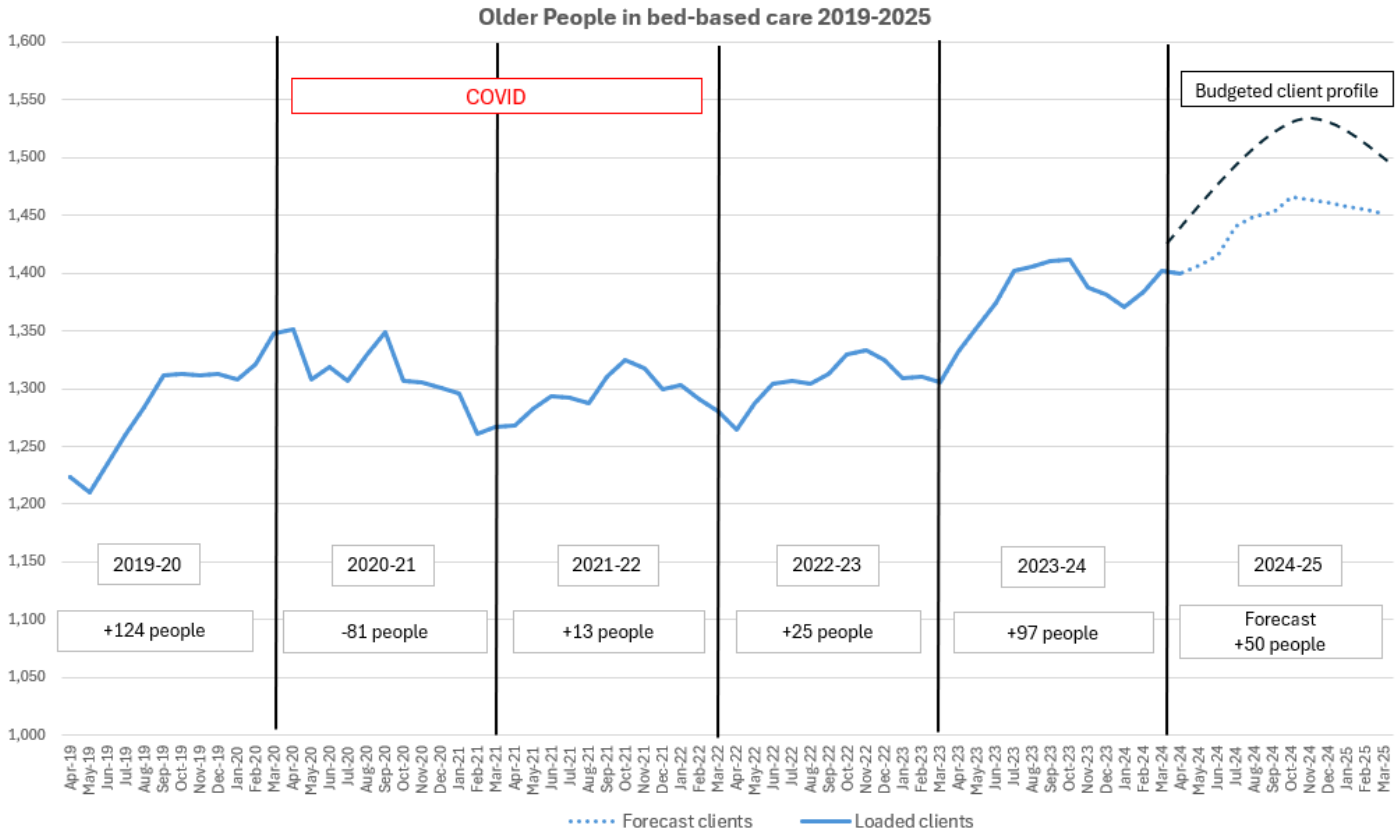
3.2 Deep dive into Older People services position

3.2.1 Older People's and Physical Disabilities services are forecasting a £10.97m underspend. Demand increased significantly during 2023-24, and this was reflected in the budget set for 2024-25. However, activity levels are significantly lower than expected for the year to date, especially for care homes and domiciliary care. This is the main component of the reported underspend position.

3.2.2 As a result of these significant shifts we have been seeing in the early months of 2024/25, further work has been done to understand the trends behind the numbers.

Bed Based care

3.2.3 Pre covid we were seeing increases in bed based growing faster than rates of increase in the older people population. The pandemic changed these trends and we saw little growth in bed based numbers across 2020-21 through to 2022-23. However, in 2023-24 we started to see net growth at levels similar to those seen before the pandemic as shown in the table below:



3.2.4 There are a number of factors playing in to the underspend position now being forecast for 2024-25 for bed based care:

i) there have been a lower number of started packages in 2024-25 - to August 2024 there have been 15 fewer starts compared to the same point last year;

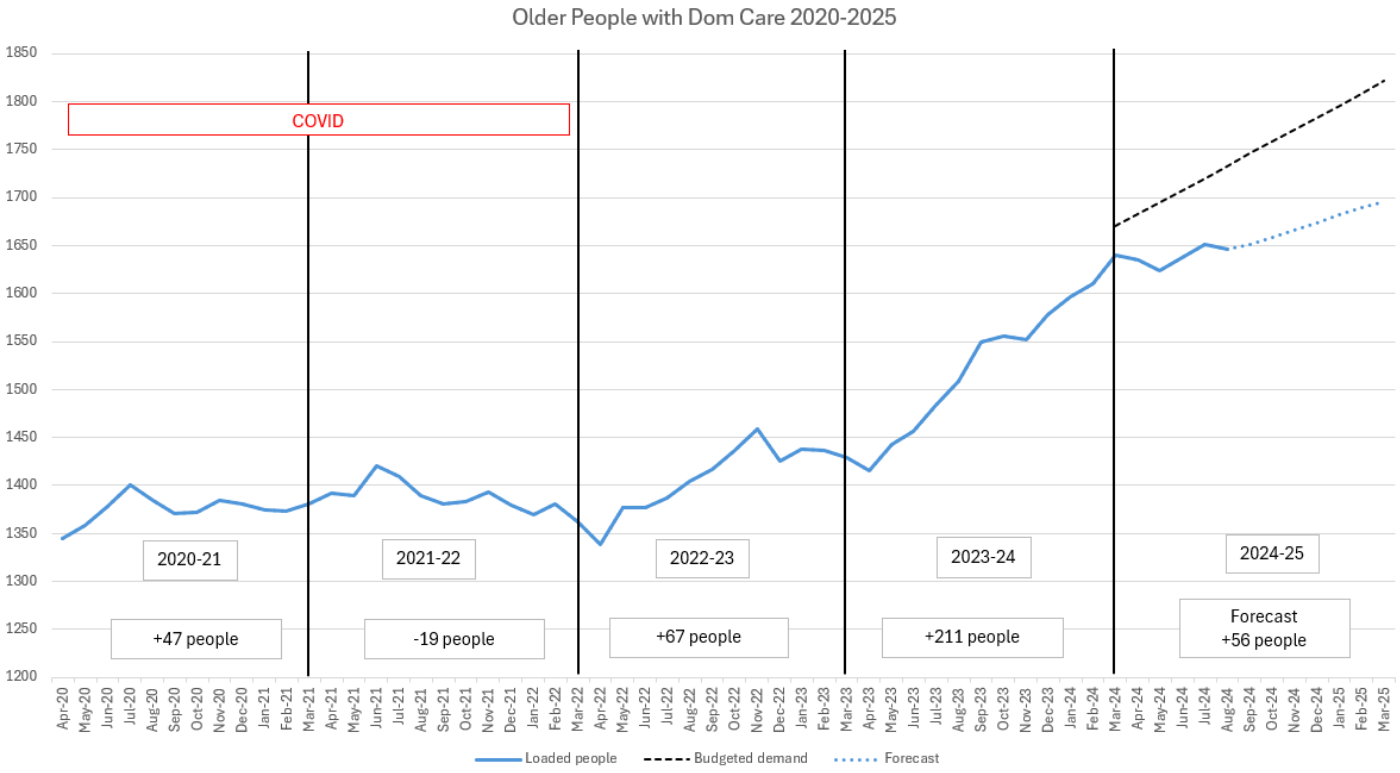
ii) concurrently, we have seen an increase in the number of ended packages. To August 2024 there have been 24 more ended packages than at the same point last year.

iii) Forecasts are based on packages loaded onto the finance system plus expectations of loaded packages to come which will be backdated. These packages increase the forecast from what is loaded on the system. The number of backdated packages has been less than forecast which means we started the year with a lower number of service users than forecast.

3.2.5 For bed based care ended packages, the cumulative number of people leaving the service in 2024/25 is higher than in previous years.

Home care

3.2.6 As with bed-based care, trend data for domiciliary care shows little net growth across the pandemic years. However, there was significant growth in domiciliary care in 2023/24 which continued to grow through the winter months when we would usually see a reduction in numbers. Again we have seen little net growth in 2024-25 to date.



3.2.7 As a result of the growth we were seeing in 2023-24, demand values for 2024-25 were increased. There are a number of factors playing in to the underspend position now being forecast for 2024-25 for home care:

i) we are seeing a broadly similar level of new packages being started compared to previous years;

i) we have seen an increase in the number of ended packages. To August 2024 there have been 62 more ended packages than at the same point last year. The number of ended packages has consistently exceeded the number of new starts in homecare in 2024/25.

ii) Forecasts are based on packages loaded onto the finance system plus expectations of loaded packages to change which will be backdated. For homecare we see more ended packages backdated than starting packages because we hold open homecare packages when a person goes into hospital for longer. The number of backdated reduced packages has been significantly more than forecast which means we started the year with a lower number of service users than expected.

3.2.8 The cumulative number of people leaving the service, in 2024/25 is higher than in previous years.

3.2.9 In addition to changes in numbers of care packages, there remains uncertainty regarding income from clients contributing to the cost of their care, which increased considerably over 2023-24. This appears to be continuing in the current year and is contributing £2.9m to the forecast underspend. Increases in the level of client contributions are driven by the rise in pension levels as well as by increases in the costs of care, there have been no changes to the charging policy.

3.3 Overdue debt with Health Partners

3.3.1 As stated in 3.1.6 above overdue debt with Health partners stood at £27.6m at the end of August. The Council has received confirmation that circa £17m of this relating to the Learning Disability Partnership will be paid in October 2024, this is a helpful development which focuses and narrows the areas of funding dispute. The committee is aware that the pooled budget arrangements for the learning disability partnership are due to end from April 2025. The dispute primarily elates to where funding responsibilities sit in the period up to March 2025.

3.4 Use of Public Health reserves

3.4.1 The position on Public Health reserves is set out in Appendix 5, section 5.3.2 of the Finance Monitoring Report.

3.4.2 For 2025/26 there is a very real risk in relation to grant monies received for Drug and Alcohol treatment services as the grant funding is due to end in March 2025. This is the subject of a separate paper on the agenda to this committee.£400k is requested from Public Health reserves to reduce the risks associated with the abrupt end of this funding and a deterioration in outcomes by using reserve funding in areas where the negative impact will be most acute. If further grant funding is announced in the coming budget then this reserve funding may not be needed.

3.4.3 Committee is asked to endorse the use of up to £400k of Public Health reserves to support the risks around Drug and Alcohol treatment funding for recommendation to Strategy, Resources & Performance Committee for approval. This will be funded from the contingency, from unallocated Public Health reserves and with some anticipation of the transfer of the in-year underspend to reserves at year end as spend will not be needed until 2025/26.

4. Significant Implications

4.1 Finance Implications

This report provides the latest financial information for the Adults, Health and Commissioning and Public Health Directorates and so has a direct impact on scrutiny and on wider decision making.

4.2 Legal Implications

There are no significant implications within this category.

4.3 Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

5. Source Documents

5.1 Finance Monitoring Reports are produced monthly, except for April, for all of the Council's services. Quarterly reports are uploaded regularly to the website below.

5.2 Finance and performance reports - Cambridgeshire County Council

6. Accessibility

6.1 The information contained in this report and appendix is available in an accessible format on request from the report author.

Directorate: Adults, Health and Commissioning
Subject: Finance Monitoring Report – August 2024 (period 5)

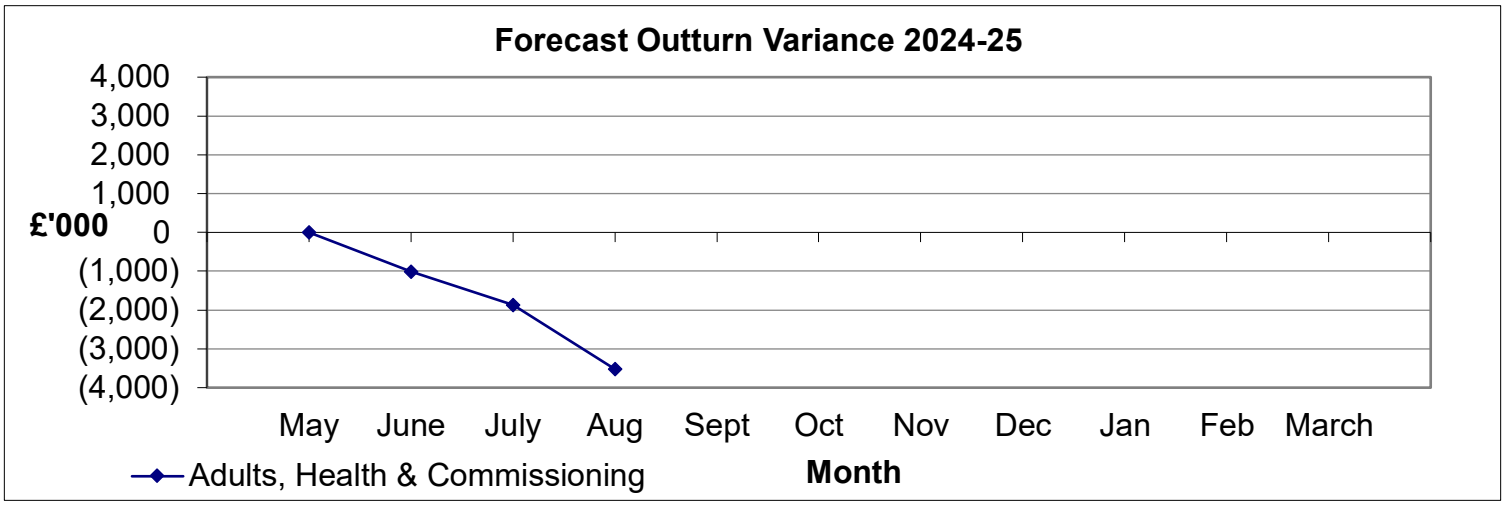
Contents

1. Revenue Executive Summary

1.1 Overall Position

At the end of August 2024, Adults, Health and Commissioning is projecting a forecast underspend of £3,523k. This includes the position for the Public Health service. There are a range of factors that will impact the forecast position as the year progresses which are set out in this report, but movements in the early months of the year are reflected in these forecasts. Close attention will be paid to changes in demand, costs and income as the 2024-25 financial year progresses, and forecasts will be updated accordingly.

1.2 Summary of Revenue position by Directorate



1.2.1 Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Service Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
4,040	Executive Director	20,769	-54,503	-33,734	-18,476	4,087	-12.1%
1,062	Learning Disability and Prevention	155,835	-37,137	118,698	53,277	1,327	1.1%
-8,653	Care and Assessment	146,046	-42,515	103,531	44,772	-10,911	-10.5%
1,675	Commissioning (incl Mental Health)	53,228	-10,706	42,522	16,887	1,974	4.6%
-475	Public Health	41,695	-38,792	2,904	-6,625	-618	-1.5%
-2,351	**Total Expenditure**	**417,574**	**-183,653**	**233,921**	**89,836**	**-4,140**	-1.8%
475	(Drawdown from) / Contribution to Public Health reserves	**-2,903**	**0**	**-2,903**	**-652**	**618**	-21.3%
-1,876	**Total**	**414,671**	**-183,653**	**231,018**	**89,183**	**-3,523**	-1.5%

1.3 Significant Issues

The overall position for Adults, Health and Commissioning budgets to the end of August 2024 is a forecast underspend of £3,523k (equivalent to 1.5% of the annual budget). In addition, there is a forecast underspend for Public Health of £618k (equivalent to 1.5% of the annual budget) which is assumed to be transferred to Public Health reserves at year end.

Growth in the first few months of the year for Older People services has been significantly below budget leading to a significant forecast underspend. This is a shift from the trends we had been seeing during, and in the period immediately following, the covid pandemic. A deep dive into this area is being undertaken to further understand the changes to flows of service users in recent months to inform both the in-year forecast and future demand projections.

The forecast underspend against the budget for Older People services is partially offset by pressures in services for people with learning difficulties and for mental health care costs, some of which relate to Older People. Plus, some of the savings built into the Business Plan for 2024-25 need further work to deliver.

The key factors that will impact the forecast position as the year progresses include:

- demand is difficult to predict and can vary significantly from month to month. This can be reflected both in numbers accessing services, and higher acuity of need of those accessing services;
- the Directorate has a challenging set of savings targets to deliver against in 2024-25. Progress against these targets is reported quarterly and whilst many are on track to deliver, in other areas the work to finalise delivery plans is still underway putting at risk the chances of full delivery of savings in the current financial year;
- recruitment remains challenging and vacant posts can lead to underspends against staffing budgets;
- staffing risks are particularly pertinent for the Public Health team in the short term as the separation from Peterborough City Council takes place; and
- pressures with the provider market continue to be felt, particularly related to increasing fee rates. Inflationary negotiations are ongoing with around 73% of package uplifts agreed to date. Providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The impacts of inflationary pressures are seen both in the uplifts required for existing care packages, and the price at which new packages are sourced; and
- the position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

As a result of these issues, close attention will be paid to changes in demand, costs and income as the 2024-25 financial year progresses, and forecasts will be updated accordingly.

Adults, Health and Commissioning overdue debt (excluding debt with Health partners) stood at £22.3m at the end of August, up from £21.7m at the end of July. In addition, overdue debt with Health partners stood at £27.6m at the end of August up from £21.1m at the end of July. Actions continue following a deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments. Debt over 90 days old was £17.1m at the end of August, which is up from £16.6m at the end of July. The level of aged debt has a knock-on impact on the bad debt provision and likelihood of write offs which will be monitored as the year progresses.

2. Capital Executive Summary

At the end of August 2024, no capital schemes have significant forecast variances against updated budgets.

Further details of the capital position can be found in Appendix 3.

3. Savings Tracker Summary

The savings trackers are produced quarterly to monitor delivery of savings against agreed plans and the first quarterly tracker is included at Appendix 4.

4. Technical note

On a quarterly basis, a technical financial appendix is included as Appendix 5. This appendix covers:

- Grants that have been received by the service.
- Budget movements (virements) into or out of the directorate from other directorates, to show why the budget might be different from that agreed by Full Council.
- Service earmarked reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

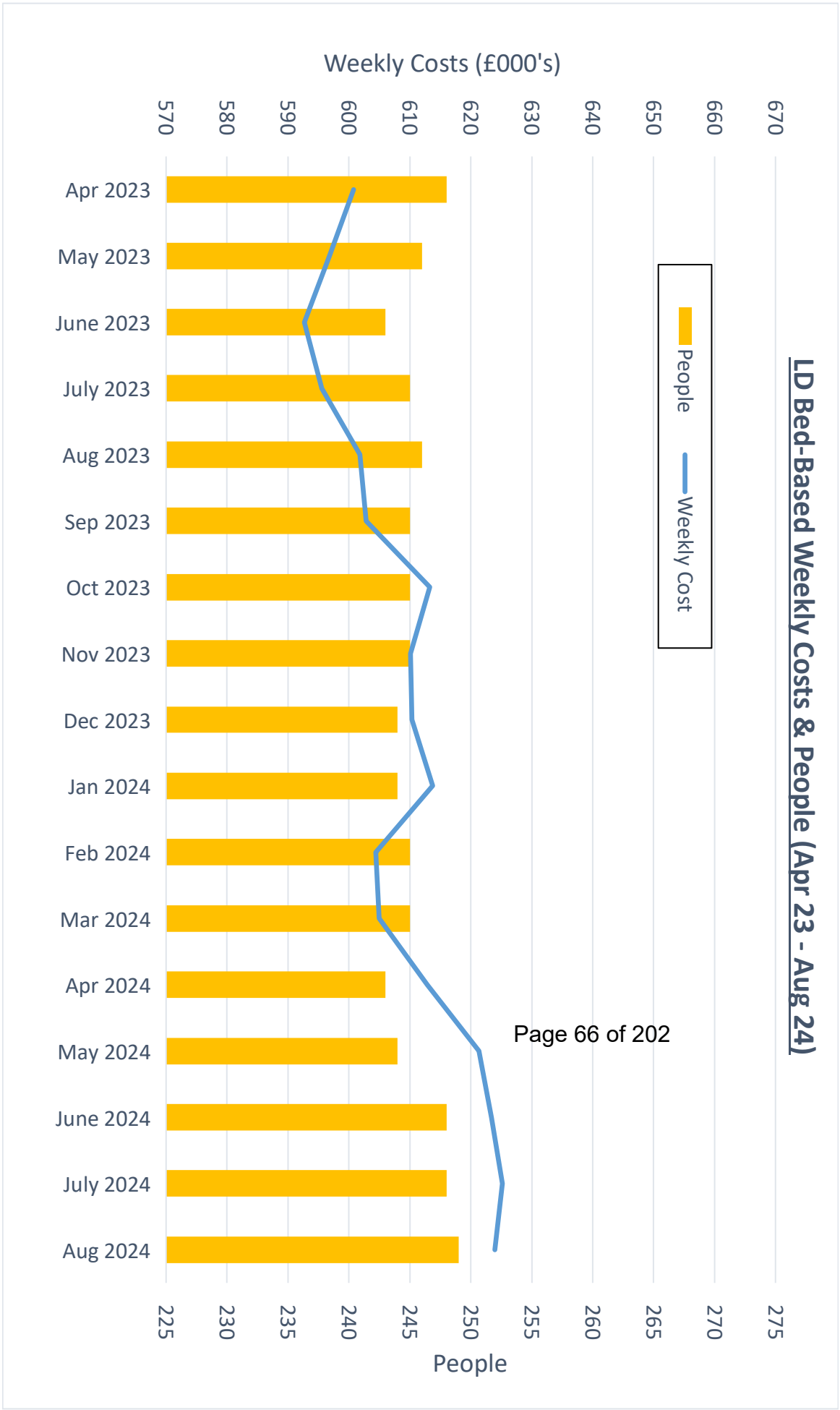
The first quarterly appendix is included within this report.

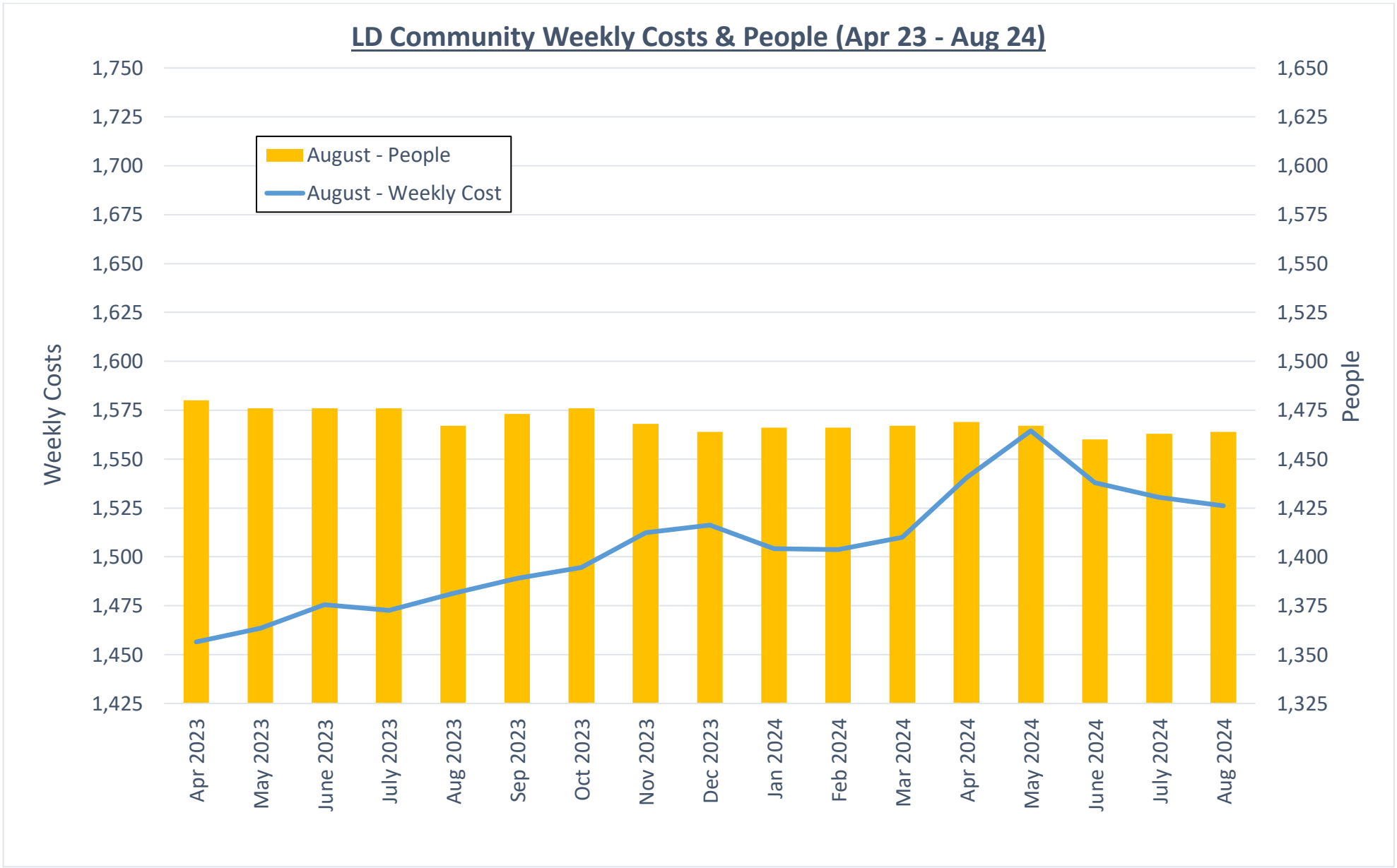
5. Key Activity Data

5.1 Key activity data to the end of August 2024 for Learning Disability Partnership is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (August 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	240	£2,602	£31,318k	242	↑	£2,434	↑	£32,697k	↑	£1,379k
~Nursing	10	£4,504	£2,352k	7	↓	£5,172	↑	£2,175k	↓	-£177k
~Respite			£403k		↔		↔	£426k	↓	£23k
Accommodation based subtotal	**250**	**£2,678**	**£34,073k**	**249**		**£2,511**		**£35,298k**		**£1,224k**
Community based										
~Supported Living	607	£1,760	£50,057k	596	↑	£1,752	↑	£51,498k	↑	£1,441k
~Homecare	407	£575	£12,059k	357	↓	£547	↑	£11,756k	↓	-£303k
~Direct payments	406	£608	£11,395k	406	↑	£590	↓	£11,510k	↓	£115k
~Live In Care	7	£1,926	£303k	7	↔	£1,762	↑	£341k	↓	£38k
~Day Care	652	£224	£5,575k	641	↓	£213	↑	£5,640k	↓	£65k
~Other Care	290	£132	£3,029k	290	↑	£126	↑	£2,864k	↑	-£164k
Community based subtotal	**2,369**	**£737**	**£82,419k**	2,297		£725		£83,609k		£1,191k
Total for expenditure	**2,619**	**£923**	**£116,492k**	**2,546**		**£899**		**£118,907k**	↑	**£2,415k**
Care Contributions			-£5,750k					-£5,929k	↑	-£179k

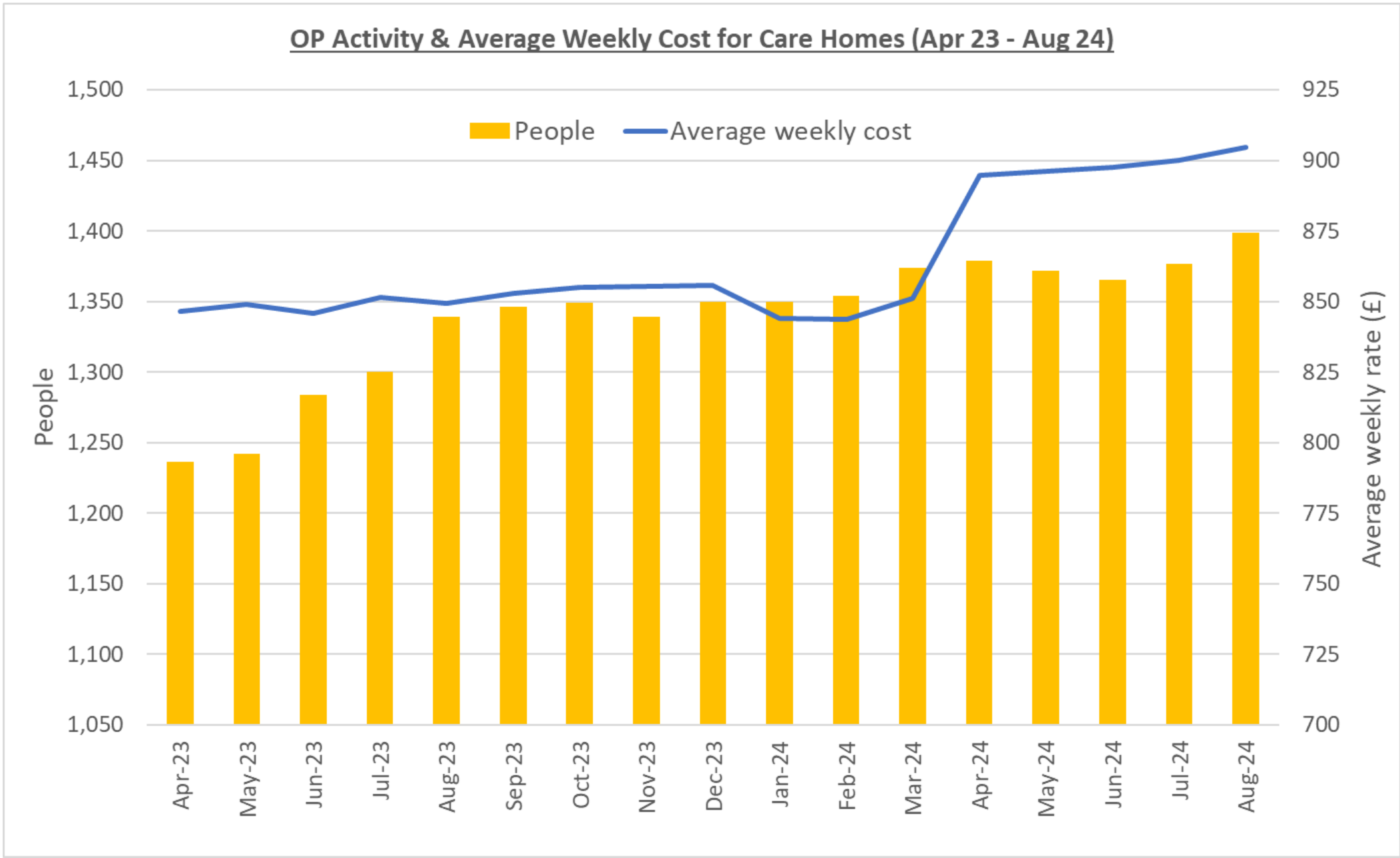
The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages.

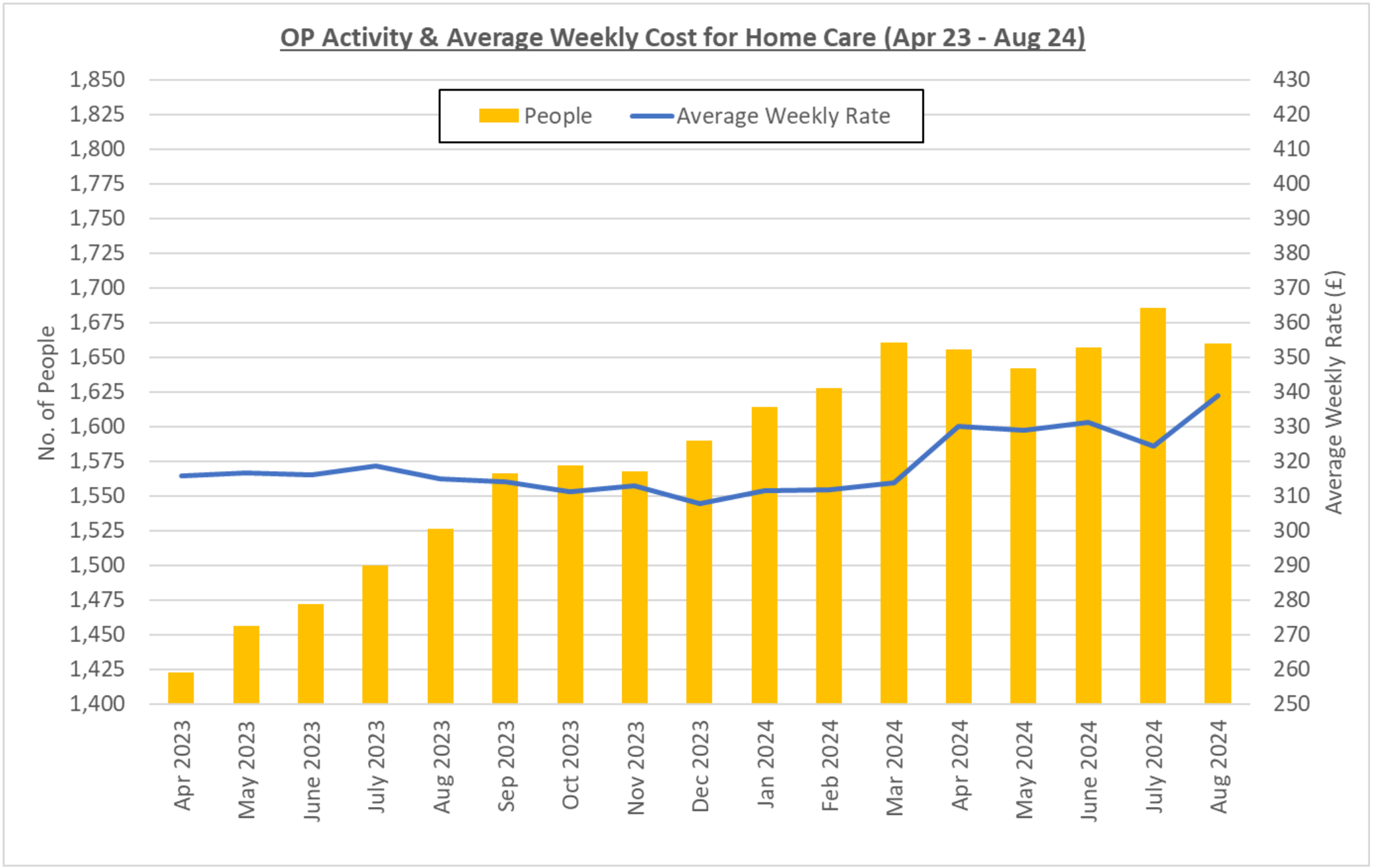

LD Bed-Based Weekly Costs & People (Apr 23 - Aug 24)
Weekly Costs (£000's)
570
580
590
600
610
620
630
640
650
660
670
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024
Apr 2024
May 2024
June 2024
July 2024
Aug 2024
People
Weekly Cost
225
230
235
240
245
250
255
260
265
270
275
People


LD Community Weekly Costs & People (Apr 23 - Aug 24)
August - People
August - Weekly Cost
Weekly Costs
People
1,750
1,725
1,700
1,675
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
1,375
1,350
1,325
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024
Apr 2024
May 2024
June 2024
July 2024
Aug 2024

5.2 Key activity data to the end of August 2024 for Older People's service is shown below:

Older People's Service	BUDGET			ACTUAL (August 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	425	£873	£20,509k	388	↓	£846	↑	£18,745k	↓	-£1,764k
~Residential Dementia	564	£883	£27,609k	541	↑	£854	↑	£26,391k	↑	-£1,218k
~Nursing	264	£1,003	£16,142k	255	↑	£970	↑	£14,807k	↓	-£1,335k
~Nursing Dementia	222	£1,091	£14,882k	215	↑	£1,060	↓	£13,638k	↓	-£1,244k
~Respite			£775k	70		£98		£643k	↓	-£133k
Accommodation based subtotal	**1,475**	**£933**	**£79,917k**	**1,469**		**£905**		**£74,223k**		**-£5,694k**
Community based										
~Supported Living	433	£127	£6,711k	419	↓	£117	↓	£6,224k	↑	-£487k
~Homecare	1,845	£342	£30,633k	1,660	↓	£339	↓	£28,612k	↓	-£2,021k
~Direct payments	144	£497	£3,843k	159	↑	£446	↓	£3,485k	↑	-£358k
~Live In Care	38	£1,063	£1,740k	26	↓	£1,018	↑	£1,425k	↓	-£315k
~Day Care	67	£64	£206k	58	↔	£78	↑	£156k	↑	-£50k
~Other Care			£108k	10	↑	£26		£121k	↑	£12k
Community based subtotal	**2,527**	**£318**	**£43,241k**	**2,332**		**£306**		**£40,023k**		**-£3,218k**
Total for expenditure	**4,002**	**£545**	**£123,158k**	**3,801**		**£537**		**£114,245k**	↓	**-£8,912k**
Care Contributions			-£40,211k					-£43,037k		-£2,826k


OP Activity & Average Weekly Cost for Care Homes (Apr 23 - Aug 24)
People
Average weekly cost
People
Average weekly rate (£)
1,500
1,450
1,400
1,350
1,300
1,250
1,200
1,150
1,100
1,050
925
900
875
850
825
800
775
750
725
700
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24


OP Activity & Average Weekly Cost for Home Care (Apr 23 - Aug 24)
People
Average Weekly Rate
No. of People
Average Weekly Rate (£)
1,850
1,825
1,800
1,775
1,750
1,725
1,700
1,675
1,650
1,625
1,600
1,575
1,550
1,525
1,500
1,475
1,450
1,425
1,400
430
420
410
400
390
380
370
360
350
340
330
320
310
300
290
280
270
260
250
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Mar 2024
Apr 2024
May 2024
June 2024
July 2024
Aug 2024

5.3 Key activity data at the end of August 2024 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (August 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	27	£1,227	£1,780k	30	↑	£1,193	↑	£1,912k	↑	£132k
~Residential Dementia	6	£940	£297k	6	↔	£920	↑	£295k	↑	-£2k
~Nursing	23	£1,308	£1,444k	22	↑	£1,299	↑	£1,480k	↑	£36k
~Nursing Dementia	0	£0	£k	2	↑	£1,215	↑	£126k	↑	£126k
~Respite			£52k	12	↑	£249	↑	£85k	↑	£33k
Accommodation based subtotal	**56**	**£1,229**	**£3,574k**	**72**		**£1,205**		**£3,898k**		**£325k**
Community based										
~Supported Living	39	£558	£724k	39	↑	£506	↓	£636k	↓	-£89k
~Homecare	453	£301	£6,406k	352	↓	£321	↑	£5,767k	↓	-£639k
~Direct payments	168	£470	£3,823k	171	↓	£455	↓	£3,805k	↓	-£18k
~Live In Care	21	£1,112	£1,191k	22	↑	£1,095	↑	£1,250k	↑	£59k
~Day Care	24	£110	£129k	20	↓	£137	↑	£142k	↓	£13k
~Other Care			£1k	6	↑	£146	↓	£10k	↑	£10k
Community based subtotal	**705**	**£373**	**£12,274k**	**610**		**£390**		**£11,611k**		**-£664k**
Total for expenditure	**761**	**£436**	**£15,848k**	**682**		**£477**		**£15,509k**	↓	**-£339k**
Care Contributions			-£1,870k					-£1,970k		-£100k

5.4 Key activity data at the end of August 2024 for Older People Mental Health (OPMH) is shown below:

Older People Mental Health	BUDGET			ACTUAL (August 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	38	£794	£1,302k	41	↑	£850	↑	£1,558k	↑	£256k
~Residential Dementia	50	£859	£1,820k	44	↓	£851	↑	£1,674k	↓	-£146k
~Nursing	35	£988	£1,492k	36	↑	£935	↓	£1,667k	↑	£175k
~Nursing Dementia	88	£1,158	£4,606k	87	↑	£1,150	↑	£4,952k	↑	£346k
~Respite	2	£82	£31k	1	↔	£86	↔	£10k	↓	-£21k
Accommodation based subtotal	**213**	**£993**	**£9,252k**	**209**		**£990**		**£9,862k**		**£610k**
Community based										
~Supported Living	8	£244	£72k	9	↑	£263	↑	£176k	↑	£104k
~Homecare	77	£297	£1,090k	73	↓	£296	↑	£1,099k	↓	£8k
~Direct payments	8	£1,376	£610k	8	↓	£1,391	↑	£654k	↓	£45k
~Live In Care	10	£1,100	£521k	11	↔	£1,080	↑	£635k	↓	£114k
~Day Care	6	£60	£3k	8	↔	£81	↑	£10k	↔	£7k
~Other Care	4	£11	£2k	4	↔	£51	↔	£5k	↑	£4k
Community based subtotal	**113**	**£418**	**£2,297k**	**113**		**£423**		**£2,579k**		**£282k**
Total for expenditure	**326**	**£788**	**£11,529k**	**322**		**£791**		**£12,441k**	↑	**£892k**
Care Contributions			-£2,011k					-£1,396k	↑	£615k

5.5 Key activity data at the end of August 2024 for Adult Mental Health (AMH) is shown below:

Adult Mental Health	BUDGET			ACTUAL (August 2024)				Forecast Outturn		
Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	58	£998	£3,046k	60	↑	£937	↑	£3,015k	↑	-£31k
~Residential Dementia	1	£690	£35k	1	↔	£683	↔	£37k	↓	£1k
~Nursing	9	£1,083	£508k	9	↔	£1,060	↔	£481k	↑	-£28k
~Nursing Dementia			£k	1	↓	£1,221	↓	£62k	↓	£62k
~Respite			£k	2	↔	£54	↓	£20k	↑	£20k
Accommodation based subtotal	**68**	**£991**	**£3,590k**	**73**		**£953**		**£3,613k**		**£23k**
Community based										
~Supported Living	152	£701	£4,741k	141	↔	£596	↑	£5,033k	↓	£292k
~Homecare	180	£140	£1,942k	197	↑	£135	↓	£2,202k	↑	£260k
~Direct payments	21	£241	£255k	19	↓	£237	↑	£225k	↓	-£31k
~Live In Care	2	£2,035	£210k	3	↔	£1,586	↔	£244k	↑	£33k
~Day Care	7	£70	£29k	7	↔	£70	↔	£29k	↓	£k
~Other Care	5	£970	£2k	4	↑	£40	↑	£30k	↑	£28k
Community based subtotal	**367**	**£398**	**£7,180k**	**371**		**£325**		**£7,762k**		**£582k**
Total for expenditure	**435**	**£492**	**£10,769k**	**444**		**£428**		**£11,375k**	↑	**£605k**
Care Contributions			-£539k					-£554k	↓	-£15k

5.6 Key activity data at the end of Aug 2024 for Autism is shown below:

Autism	BUDGET	ACTUAL (August 2024)	Outturn

Service Type	*Expected No. of Care Packages 2024-25*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	1	£1,409	£115k	0	↔	£0	↔	£27k	↓	-£88k
Accommodation based subtotal	**1**	**£1,409**	**£115k**	**0**	↔	**0**	↔	**£27k**	↓	**-£88k**
Community based										
~Supported Living	38	£1,165	£2,172k	32	↑	£857	↑	£1,964k	↓	-£208k
~Homecare	50	£231	£554k	37	↔	£218	↑	£465k	↓	-£89k
~Direct payments	55	£234	£690k	40	↓	£248	↑	£592k	↓	-£98k
~Day Care	38	£65	£119k	17	↓	£85	↑	£89k	↓	-£30k
~Other Care	10	£284	£134k	7	↔	£257	↔	£174k	↓	£40k
Community based subtotal	**191**	**£387**	**£3,669k**	**133**		**£366**		**£3,285k**		**-£385k**
Total for expenditure	**192**	**£393**	**£3,784k**	**133**		**£366**		**£3,312k**		**-£472k**
Care Contributions			-£138k					**-£157k**		**-£19k**

Appendix 1 – Adults, Health and Commissioning Detailed Financial Information

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
			Executive Director						
3,739	A&H	1	Executive Director - Adults, Health & Commissioning	17,249	-54,485	-37,236	-19,896	3,787	10%
301	A&H	2	Performance & Strategic Development	2,900	-17	2,883	1,113	301	10%
0	A&H		Principal Social Worker	620	0	620	307	0	0%
			Service Director – LDP and Prevention						
28	A&H		Service Director – LDP and Prevention	407	-92	315	-303	28	9%
-68	A&H		Prevention & Early Intervention	11,119	-410	10,709	5,126	-65	-1%
1	A&H		Transfers of Care	2,140	0	2,140	882	1	0%
-492	A&H	3	Autism and Adult Support	4,280	-175	4,105	1,267	-559	-14%
		4	**Learning Disabilities**						
0	A&H		LD Head of Service	6,815	0	6,815	3,129	0	0%
1,372	A&H		LD - City, South and East Localities	52,908	-2,991	49,917	24,525	2,185	4%
441	A&H		LD - Hunts and Fenland Localities	49,286	-2,310	46,976	22,382	942	2%
133	A&H		LD - Young Adults Team	18,391	-278	18,113	7,455	-753	-4%
130	A&H		LD - In House Provider Services	10,489	-206	10,283	4,152	130	1%
-483	A&H		LD - NHS Contribution to Pooled Budget	0	-30,675	-30,675	-15,337	-581	-2%
1,593			**Learning Disabilities Total**	**137,889**	**-36,460**	**101,429**	**46,306**	**1,923**	**2%**
			Service Director – Care & Assessment						
0	A&H		Service Director - Care & Assessment	1,019	0	1,019	313	0	0%
0	A&H		Assessment & Care Management	5,216	-44	5,172	2,038	0	0%
0	A&H		Safeguarding	1,591	0	1,591	672	0	0%
57	A&H		Adults Finance Operations	1,955	0	1,955	447	57	3%
		5	**Older People's and Physical Disabilities Services**						

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-4,533	A&H		Older Peoples Services - North	56,219	-19,485	36,734	15,661	-5,704	-16%
-3,906	A&H		Older Peoples Services - South	64,313	-20,862	43,451	19,166	-5,068	-12%
-190	A&H		Physical Disabilities - North	7,656	-1,048	6,608	3,149	-28	0%
-81	A&H		Physical Disabilities - South	8,078	-1,076	7,002	3,326	-168	-2%
-8,710			**Older People's and Physical Disabilities Services Total**	**136,267**	**-42,472**	**93,795**	**41,302**	**-10,968**	**-12%**
			Service Director - Commissioning						
177	A&H	6	Service Director - Commissioning	832	0	832	379	177	21%
0	A&H		Adults Commissioning - Staffing	2,792	0	2,792	1,115	0	0%
0	CYP		Children's Commissioning - Staffing	1,376	0	1,376	596	0	0%
-20	A&H		Adults Commissioning - Contracts	9,276	-3,947	5,330	-99	-58	-1%
-87	A&H		Housing Related Support	6,825	-596	6,229	3,000	-87	-1%
0	A&H		Integrated Community Equipment Service	5,015	-2,777	2,239	625	0	0%
		7	**Mental Health**						
-86	A&H		Mental Health - Staffing	3,904	-58	3,846	1,033	-78	-2%
0	A&H		Mental Health Commissioning	3,141	-532	2,609	1,152	0	0%
512	A&H		Adult Mental Health	8,713	-629	8,084	3,748	599	7%
1,178	A&H		Older People Mental Health	11,354	-2,168	9,186	5,339	1,420	15%
1,604			**Mental Health Total**	**27,111**	**-3,386**	**23,725**	**11,272**	**1,941**	**8%**

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual to date £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
			Public Health						
0	CYP		Children Health	14,934	-4,416	10,519	2,800	-1	0%
0	A&H		Drugs & Alcohol	6,746	-1,804	4,942	1,592	-3	0%
0	A&H		Sexual Health & Contraception	7,356	-1,867	5,489	1,636	-4	0%
0	A&H		Behaviour Change Services	3,961	-900	3,060	1,385	-3	0%
0	A&H		Smoking Cessation GP & Pharmacy	1,628	-886	742	-595	0	0%
0	A&H		NHS Health Checks Programme - Prescribed	854	0	854	191	0	0%
0	A&H		Other Health Improvement	147	0	147	66	-1	-1%
0	A&H		General Prevention Activities	1,013	0	1,013	-214	0	0%
0	A&H		Adult Mental Health & Community Safety	351	-107	244	3	0	0%
-475	A&H	8	Public Health Directorate	4,705	-28,812	-24,107	-13,488	-604	-3%
-475			**Public Health Total**	**41,695**	**-38,792**	**2,904**	**-6,625**	**-618**	**-2%**
-2,351			**Overall Adults, Health & Commissioning Total before Use of Reserves**	**417,574**	**-183,653**	**233,921**	**89,836**	**-4,140**	-1.8%
0			**Drawdown from Adults reserves**	**0**	**0**	**0**	**0**	**0**	**0%**
475			**Drawdown from Public Health reserves**	**-2,903**	**0**	**-2,903**	**-652**	**618**	-21.3%
-1,876			**Overall Adults, Health & Commissioning Total**	**414,671**	**-183,653**	**231,018**	**89,183**	**-3,523**	-1.5%

Appendix 2 – Service Commentaries on Forecast Outturn Position

Narrative is given below where there is a forecast variance greater than 2% of net budget or £100,000 whichever is greater for a service area, or where there is significant risk in delivery to budget for the year.

Note	Commentary vs previous month	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
1	Updated	Executive Director - Adults, Health & Commissioning	-37,236	3,787	10%	The Executive Director policy line holds a range of budgets applicable across the Directorate. This includes the following budgets with forecast variances: i) the savings target for review of in house provision for which the review work is underway but no firm plans are yet in place to deliver savings or additional income creating a £1m pressure in year; and ii) the Council's share of Learning Disability funding held outside of the pooled budget shared with Health. This includes a budget for an additional £2.6m of funding from the NHS as a contribution to LD costs. The work to confirm revised contributions to LD costs is progressing but no changes in funding arrangements will now take place until 25-26. The vacancy factor budget for the Adults, Health and Commissioning Directorate was previously forecast to over recover by £750k. However, based on vacancies in the first quarter this over recovery has been removed as vacant posts are running in line with budgeted levels in the early months of the year.
2	Existing	Performance & Strategic Development	2,883	301	10%	Current progress on the digital innovation savings strategy suggests that the saving linked to this project will be delayed and will under-deliver in 24-25. Work is ongoing to understand the size of the savings opportunity and some mitigation in year may be possible. This will be reflected as it is identified.
3	Updated	Autism and Adult Support	4,105	-559	-14%	The 24-25 budget for the Autism and Adult Support Service included additional demand funding in recognition of the fact the service has been clearing its substantial waiting list. However, the assessments and reviews completed so far indicate that fewer

Note	Commentary vs previous month	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
						people on the waiting list will require placements than was originally anticipated. Therefore, the projections for new demand in 24-25 have been revised down by £328k. Additionally, a number of placements have ended since the budget was set in February 2024, delivering a saving of ~£220k.
4	Updated	Learning Disabilities	101,429	1,923	2%	Learning Disability service is currently forecasting an overspend of £1.9m. The budget is pooled between the council and the NHS, with shares of 77% and 23% respectively. The service is currently going through the process of dissolving the pooled budget which could cause short term financial pressures. There is significant risk around the savings targets attached to the budget of £2.9m all of which have active workstreams and this is adding an estimated £500k to cost pressures at the current time. Cost pressures are also being shown through increase in need of current people receiving care over and above that expected, while demand for new people coming into service has also started to increase. Pressures within the provider market continue to be seen through some requests for higher than budgeted uplifts, negotiations are being managed with these providers on an individual basis.
5	Updated	Older People's and Physical Disabilities	93,795	-10,968	-12%	Older People's and Physical Disabilities services are forecasting a £10.97m underspend. Demand increased significantly during 2023-24, and this was reflected in the budget set for 2024-25. However, activity levels are significantly lower than expected for the year to date, especially for care homes and domiciliary care. This is the main component of the reported underspend position. The budget assumes in-year savings delivery of £2.3m. Current progress suggests we will underachieve against this savings target by £1.04m. There remains uncertainty regarding income from clients contributing to the cost of their care, which increased considerably over the past year. This appears to be continuing in the current year and we are forecasting an underspend of £2.9m. However, uncertainties remain regarding the potential impact of increasing levels of adult social care debt.
6	Existing	Service Director - Commissioning	832	177	21%	Timescales for the delivery of savings linked to the all age locality strategy have been updated in line with current progress. We are forecasting a £177k under-delivery against the savings target in 24-25. Further development of plans is required, based on an

Note	Commentary vs previous month	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
						independent review being undertaken. Progress will be monitored closely and the forecast updated accordingly.
7	Updated	Mental Health	23,725	1,941	8%	Mental Health services are forecasting an overspend of £1.941m for August. This is being driven by an increase in OPMH bed-based demand, compounded by a shift away from block-bed provision, and a small number of high-cost complex community-based cases. There is an additional pressure of £170k following closure of a supported living unit where clients were not able to be supported in similar provision due to complexity of need. The budget assumed £0.5m in-year savings delivery; an expected under-achievement of £350k is reflected in the forecast. There is a forecast overspend of £600k against income from clients contributing to the cost of their care, reflecting the expected impact of increasing levels of adult social care debt.
8	Updated	Public Health Directorate	-24,107	-604	3%	The reported underspend for the public health directorate is due to in year vacancies following the recruitment freeze during the restructure consultation and further staffing changes as a result of the separation of public health from a shared service. Internal processes have been followed and recruitment for business critical vacancies is underway. In addition, £400k of the 2024/25 grant uplift is committed in 2025/26 but remains unallocated for 2024/25 on a one off basis.

Appendix 3 – Capital Position

3.1 Capital Expenditure

Original 2024-25 Budget as per Business Plan £000	Committee	Scheme Category	Total Scheme Revised Budget £000	Total Scheme Forecast Variance £000	Revised Budget for 2024-25 £000	Actual Spend (Aug) £000	Forecast Outturn Variance (Aug) £000
10,384	A&H	Independent Living Service: East Cambridgeshire	22,200	-	500	-	-
5,070	A&H	Disabled Facilities Grant	55,300	-	5,530	-	-
400	A&H	Integrated Community Equipment Service	3,600	-	400	-	-
185	A&H	Capitalisation of interest costs	940	-	185	-	-
-1,558	A&H	Capital variations	-	-	-75	-	-
14,481		**TOTAL**	**82,040**	**-**	**6,540**	**-**	**-**

No schemes have significant forecast variances (>£250k) either due to changes in phasing or changes in overall scheme costs.

3.2 Capital Variations Budget

Variation budgets are set annually and reflect an estimate of the average variation experienced across all capital schemes, and reduce the overall borrowing required to finance our capital programme. There are typically delays in some form across the capital programme due to unforeseen events, but we cannot project this for each individual scheme. We therefore budget centrally for some level of delay. Any known delays are budgeted for and reported at scheme level. If forecast underspends are reported, these are offset with a forecast outturn for the variation budget, leading to a balanced outturn overall up to the point when rephasing exceeds this budget.

3.3 Capital Funding

Original 2024-25 Funding Allocation as per Business Plan £000	Source of Funding	Revised Funding for 2024-25 £000	Forecast Spend (Aug) £000	Forecast Variance (Aug) £000
5,070	Grant Funding	5,530	5,530	-
9,411	Prudential Borrowing	1,010	1,010	-
	Total Funding	**6,540**	**6,540**	**-**

Appendix 4 – Savings Tracker

4.1 Adults, Health and Commissioning Savings Tracker 2024/25 Quarter 1

					-17,286	-10,609	6,677	39%		
Directorate	**Committee**	**Type**	**Business Plan Reference**	**Title**	**Planned Savings 2024-25 £000**	**Forecast Savings £000**	**Variance from Plan £000**	**% Variance**	**RAG**	**Forecast Commentary**
AHC	A&H	2023-24 cfwd	A/R.6.188 (2022-23)	Micro-enterprises Support	-103	0	103	100%	Black	Initial estimates of cost savings were based on early capacity hours from a small-scale pilot undertaken. However, the ability to achieve these savings has been limited by the reducing uptake of direct payments which act as an access point to these services. Mitigations are being pursued to address this with the aim of realising savings from 2025/26 onwards
AHC	A&H	2023-24 cfwd	A/R.6.195 (2022-23)	Increased support for carers	-24	-24	0	0%	Green	Expecting to deliver to target
AHC	A&H	2023-24 cfwd	A/R.6.200 (2023-24)	Expansion of Direct Payments	-6	-6	0	0%	Green	Savings to be realised Q3 - Q4
AHC	A&H	2023-24 cfwd	A/R.6.206 (2023-24)	LD mid-cost range placement review (links to A/R.5.025)	-53	-53	0	0%	Green	Expecting to deliver to target
AHC	A&H	2024-25 saving	B/R.6.002	Expansion of Direct Payments	-32	-32	0	0%	Green	Savings to be realised Q3 - Q4
AHC	A&H	2024-25 saving	B/R.6.003	Decommissioning of block contracts for car rounds providing homecare	-2,473	-2,473	0	0%	Green	On track to deliver
AHC	A&H	2024-25 saving	B/R.6.004	Mental Health section 75 vacancy factor	-50	-50	0	0%	Green	Delivered
AHC	A&H	2024-25 saving	B/R.6.005	Learning Disability mid-cost range placement review	-264	-352	-88	-33%	Blue	Expecting to over deliver and contributing to other LD savings that are not forecast to deliver in full. Saving shared with the ICB
AHC	A&H	2024-25 saving	B/R.6.006	Mental Health supported accommodation	-137	-34	103	75%	Amber	There has been a delay in re-opening the framework which means the saving will only be partially delivered in 2024/25.
AHC	A&H	2024-25 saving	B/R.6.007	Learning Disability Voids Saving	-300	-387	-87	-29%	Blue	Expecting to over deliver and contributing to other LD savings that are not forecast to deliver in full. Saving shared with the ICB
AHC	A&H	2024-25 saving	B/R.6.008	Reduction in 1 day of care	-456	-456	0	0%	Green	Occurred February 2024. Saving shared with the ICB.

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2024-25 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2024-25 saving	B/R.6.009	Mental Health residential and community	-357	-171	186	52%	Amber	There has been a delay in establishing the new model of residential care and good homecare market capacity has meant that very limited off framework placements are being made reducing the in year savings opportunity
AHC	A&H	2024-25 saving	B/R.6.010	Block beds void management	-380	-190	190	50%	Amber	Further development of plans required to deliver saving. We expect to start improvements in Q2.
AHC	A&H	2024-25 saving	B/R.6.011	Reablement surplus following restructure	-91	-91	0	0%	Green	Saving delivered
AHC	A&H	2024-25 saving	B/R.6.012	Historic saving from ending of Lifelines service	-70	-70	0	0%	Green	Saving delivered
AHC	A&H	2024-25 saving	B/R.6.013	Prevent, reduce and delay needs presenting - reablement	-525	-330	195	37%	Red	The element of this saving that relates to services for Older People is expecting to deliver to target. However, further work is required on the element of the saving related to Learning Disabilities which is a saving shared with the ICB
AHC	A&H	2024-25 saving	B/R.6.015	Prevention Agenda - Digital Innovation	-300	0	300	100%	Black	Further development of plans required to deliver saving
AHC	A&H	2024-25 saving	B/R.6.016	Learning Disability Low Cost placement review	-169	-361	-192	-114%	Blue	Expecting to over deliver and contributing to other LD savings that are not forecast to deliver in full. Saving shared with the ICB
AHC	A&H	2024-25 saving	B/R.6.017	Learning Disability Vehicle Fleet Reduction	-50	-150	-100	-200%	Blue	Forecasting over delivery
AHC	A&H	2024-25 saving	B/R.6.018	Learning Disability Respite Utilisation	-247	-50	197	80%	Amber	Saving shared with the ICB; Revised process being co-produced with providers, improved utilisation will begin in Q2.
AHC	A&H	2024-25 saving	B/R.6.019	Learning Disability Negotiation with providers	-585	-290	295	50%	Red	Saving shared with the ICB; the volume of negotiations increases in Q2 and so we expect further benefits to be forecast next quarter.
AHC	A&H	2024-25 saving	B/R.6.020	Learning Disability Cambridgeshire Outreach	-260	-57	203	78%	Amber	Saving shared with the ICB; Approach is being finalised, forecast savings will be available in Q2
AHC	A&H	2024-25 saving	B/R.6.021	Learning Disability Enablement	-391	0	391	100%	Black	Pilot is due to start in September, initial pilot will be evaluated at the end of January 2025 to enable forecast savings going forward, which will be available in Q4. Saving shared with the ICB. Other LD savings which are overdelivering are in part setting off the shortfall in delivery of this saving.

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2024-25 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2024-25 saving	B/R.6.024	Prevention Agenda - All Age Locality Strategy	-177	0	177	100%	Black	Further development of plans required based on an independent review being undertaken
AHC	A&H	2024-25 saving	B/R.6.025	Mental Health Recommissioning Supported Accommodation	-75	0	75	100%	Black	The cost of alternative placements has outweighed the original saving identified due to level of assessed complexity.
AHC	A&H	2024-25 saving	B/R.6.027	Review discharge pathways - Pathway 3, Reduce bed based care	-400	0	400	100%	Black	Delivery of savings has been delayed and further work is required to secure the delivery of this saving. Forecast savings will be updated as work progresses.
AHC	A&H	2024-25 saving	B/R.6.028	Review discharge pathways - Pathway 3, Reduce homecare	-400	0	400	100%	Black	Delivery of savings has been delayed and further work is required to secure the delivery of this saving. Forecast savings will be updated as work progresses.
AHC	A&H	2024-25 saving	B/R.6.029	Review discharge pathways - Pathway 2, Reduce bed based care	-400	0	400	100%	Black	Delivery of savings has been delayed and further work is required to secure the delivery of this saving. Forecast savings will be updated as work progresses.
AHC	A&H	2024-25 saving	B/R.6.030	Review in house services - Cost avoidance / efficiencies and new opportunities	-300	0	300	100%	Black	Review of in house services is underway and expected to complete in September. Forecast savings will be updated based on the outcomes of the review work.
AHC	A&H	2024-25 saving	B/R.6.031	Review in house services - supported living	-400	0	400	100%	Black	Review of in house services is underway and expected to complete in September. Forecast savings will be updated based on the outcomes of the review work.
AHC	A&H	2024-25 saving	B/R.6.032	Review in house services - Respite / residential	-300	0	300	100%	Black	Review of in house services is underway and expected to complete in September. Forecast savings will be updated based on the outcomes of the review work.
AHC	A&H	2024-25 saving	B/R.6.033	Extra Care	-350	-700	-350	-100%	Blue	Delivered additional savings to plan
AHC	A&H	2024-25 saving	B/R.6.034	Advocacy contract recommissioning	-128	-128	0	0%	Green	Delivered
AHC	A&H	2024-25 saving	B/R.6.035	Care Home Trusted Assessor service	-69	-69	0	0%	Green	Delivered
AHC	A&H	2024-25 saving	B/R.6.036	Adults, Health and Commissioning vacancy factor	-560	-560	0	0%	Green	On track to deliver
AHC	A&H	2024-25 saving	B/R.6.037	Day Opportunities	-260	0	260	100%	Black	Saving shared with the ICB; Approach is being finalised, forecast savings will be available in Q2 from using current under-utilised capacity.

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2024-25 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2022-23 cfwd	A/R.7.113 (2022-23)	Learning Disability Partnership Pooled Budget - cost share	-1,125	0	1,125	100%	Black	For this year this saving will not be achieved as the end date of the Section 75 Agreement is end of March 2025
AHC	A&H	2024-25 income	B/R.7.005a	Learning Disability Partnership Pooled Budget - cost share	-1,469	0	1,469	100%	Black	For this year this saving will not be achieved as the end date of the Section 75 Agreement is end of March 2025
AHC	A&H	2024-25 income	B/R.7.005b	Increased ICB contributions - share of demand, inflation, investments and savings	-2,420	-2,420	0	0%	Green	Forecasting delivery against plan
AHC	A&H	2024-25 income	B/R.7.006	Increased income from reducing Financial Assessments backlog	-931	-931	0	0%	Green	Procurement of provider to outsource FA activity underway, support to begin April 2024.
AHC	A&H	2024-25 saving	F/R.6.001	Health in all Policies	-125	-125	0	0%	Green	Complete
AHC	A&H	2024-25 saving	F/R.6.002	Public Health savings	-27	-27	0	0%	Green	Complete
AHC	A&H	2024-25 saving	F/R.6.003	Savings from recommissioning of contracts	-22	-22	0	0%	Green	Complete
AHC	A&H	2024-25 income	F/R.7.200	Increased contribution from PCC	-25	0	25	100%	Black	Increased contribution will not be achieved following separation from PCC but nor will additional costs be incurred which it was due to fund.

Key to savings tracker:

Total saving	Over £500k	£100-500k	Below £100k
Black	100% non-achieving	100% non-achieving	100% non-achieving
Red	Percentage variance more than 19%	-	-
Amber	Under-achieving by 14% to 19%	Percentage variance more than 19%	Percentage variance more than 19%
Green	Percentage variance less than 14%	Percentage variance less than 19%	Percentage variance less than 19%
Blue	Over-achieving	Over-achieving	Over-achieving

APPENDIX 5 – Technical Note

5.1 The table below outlines the additional Adults, Health and Commissioning grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Grants as per Business Plan		
Public Health	DHSC	28,442
Improved Better Care Fund	Department for Levelling Up, Housing & Communities (DLUHC)	15,171
Market Sustainability and Improvement Fund	DLUHC	10,168
Disabled Facilities Grant	DLUHC	5,530
ASC Discharge Fund	DLUHC	3,545
Supplementary Substance Misuse Treatment Grant	Office for Health Improvement & Disparities (OHID)	1,098
Local Stop Smoking Services and Support Grant	Office for Health Improvement & Disparities (OHID)	886
Accelerating Reform Fund	DHSC	577
Rough Sleeping Drug and Alcohol Treatment Grant	DLUHC	515
Social Care in Prisons Grant	DHSC	331
Individual Placement & Support grant	Office for Health Improvement & Disparities (OHID)	122
Total Non-Baselined Grants 24-25		**66,384**

5.2 Virements and Budget Reconciliation (Adults, Health and Commissioning)

(Virements between Adults, Health and Commissioning and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**230,361**	
Post Business Plan, pre initial budget load adjustments		931	Post BP, pre initial budget load adjustments
Children's Advocacy	May	-194	Move of Children's advocacy budget from Adults, Health and Commissioning to Children's, Education and Families
Transfer of staffing budget to CEF	May	-73	Transfer of staffing budget to CEF following separation in 2023/24 of AHC and CEF
Transfer of budget to Learning & Development team	July	-7	Transfer of budget to Learning & Development team to cover cost of Deprivation of Liberty Standards Signatory Training 24/25
Budget 24-25		**231,018**	

5.3.1 Adults, Health and Commissioning Earmarked Reserve Schedule

£000	2024-25 Opening Balance	Movements in 2024-25	Balance at end Aug	Forecast at year-end	Remarks
Corporate risk reserves relating to services in this directorate:					
Adults Risk Reserves	7,511	-500	7,011	5,601	Includes Learning Disability and Debt reserve as well as main risk reserve held against the risk of demand for ASC services outstripping budget available.
Ringfenced Reserves:					
COMF grant reserve	1,070	-256	814	0	To be fully utilised by end September 2024
PH Grant reserve	4,912	-652	4,259	2,626	See further detail below
Earmarked Reserved Relating to AHC	**13,493**	**-1,408**	**12,084**	**8,227**	

5.3.2 Public Health Grant Earmarked Reserve

£'000	2024-25 Opening Balance	Movements in 2024-25	Balance at end Aug	Forecast at year-end	Reserve Description
Children's Public Health:					
Best Start in Life	116	-35	82	22	Contribution to Best Start in Life programme
Public Health Children's Manager	8	-3	5	0	Additional Staffing Capacity £78k total – to be spent over 2 years – commenced in 2022-23
Public Mental Health:					
Public Mental Health Manager	37	-3	33	0	Additional Staffing Capacity - Anticipated spend over 2 years
Support for families of children who self-harm.	26	-21	4	0	Rolling out pilot family self-harm support programme across Cambridgeshire
Training Programme Eating Disorders	10	0	10	5	Training Programme £78k total – to be spent over 2 years – commenced in 2022-23

£'000	2024-25 Opening Balance	Movements in 2024-25	Balance at end Aug	Forecast at year-end	Reserve Description
Adult Social Care & Learning Disability:					
Falls Prevention Fund	494	0	494	173	Partnership joint funded falls prevention project with the NHS, plus Enhanced Falls Prevention -
Public Health Manager - Learning Disability	42	-3	40	0	Additional Staffing Capacity - Anticipated spend over 2 years
Improving residents' health literacy skills to improve health outcomes	250	-150	100	100	Additional funding to existing Adult Literacy programme
PHI and Emergency Planning:					
Quality of Life Survey	216	0	216	112	Annual survey for 3 years to assess long term covid impact
Public Health Emergency Planning	9	0	9	0	Additional funds to respond to Health Protection incidents
Prevention and Health Improvement:					
Stop Smoking Service	27	-4	23	0	Additional Staffing Capacity - Focused on post to reduce smoking during pregnancy
Smoking in pregnancy	168	0	168	91	To fund work to decrease smoking in pregnancy
NHS Health checks Incentive Funding	407	-72	335	257	Funding to increase the number of health checks that can be undertaken to catch up with some of the missed checks during the pandemic.
Psychosexual counselling service	34	0	34	17	
Tier 2 Adult Weight Management Services	137	0	137	47	
Tier 3 Weight Management Services post covid	1,058	-160	898	308	To increase capacity of weight management services over 3 years
Social Marketing Research and Campaigns	293	0	293	53	Social marketing research and related campaigns
Support for Primary care prevention	400	0	400	0	Anticipated spend over 2 years
Service improvement activity for Stop Smoking Services and NHS Health Checks	80	0	80	80	Additional service funding for stop smoking and health checks
Children's obesity	339	0	339	339	New request approved by S,R&P Committee in December 23

£'000	2024-25 Opening Balance	Movements in 2024-25	Balance at end Aug	Forecast at year-end	Reserve Description
Traveller Health:					
Gypsy Roma and Travelers Education Liaison officer	1	-1	0	0	Additional Staffing Capacity -Anticipated spend over 2 years
Health in All Policies:					
Effects of planning policy on health inequalities	139	0	139	9	
Training for Health Impact Assessments	45	0	45	22	
Miscellaneous:					
Health related spend elsewhere in the Council	200	-200	0	0	Agreed as part of 2022-23 Business Plan to be spent over 3 years to 2024-25
Public Health contingency (@1% of annual grant amount)	300	0	300	300	Contingency held against reducing PH grants – particular concern for 2025/26 about the ending of the Supplementary Substance Misuse Treatment grant. Contingency will allow a smoother transition to new service model if the grant is ended.
Uncommitted PH reserves	75	0	0	75	
Year end transfer of underspend to PH reserve	0	0	0	618	Assumed transfer of in year forecast underspend to reserves at year end
TOTAL EARMARKED RESERVES	**4,912**	**-652**	**4,259**	**2,626**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

5.3.3 Adults, Health and Commissioning Capital Reserve Schedule

£'000	2024-25 Opening Balance	Movements in 2024-25	Balance at end Aug	Forecast at year-end	Reserve Description
Head of Integration	33	0	33	0	Capital grant funding for AHC IT Systems
TOTAL EARMARKED RESERVES	**33**	**0**	**33**	**0**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

Agenda Item No: 7

Adults Corporate Performance Report - Quarter 1 - 2024/25

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From:	Executive Director, Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not Applicable
Executive Summary:	This report provides an update to the Committee on the performance monitoring information for the 2024/25 quarter 1 period, covering April 1st to June 30th.
Recommendation:	The Committee is asked to: a) note performance information and act, as necessary.

Officer contact:
Name: Sarah Bye
Post: Head of Performance and Strategic Development
Email: sarah.bye@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This report analyses the key performance indicators (KPIs) which directly link to Ambition 4: People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs. Due to the complex nature of KPIs, some indicators may also impact other ambitions.

2. Background

2.1 The Performance Management Framework sets out that Policy and Service Committees should:

- Set outcomes and strategy in the areas they oversee.
- Select and approve the addition and removal of Key Performance Indicators (KPIs) for the committee performance report.
- Track progress quarterly.
- Consider whether performance is at an acceptable level.
- Seek to understand the reasons behind the level of performance.
- Identify remedial action.

2.2 This report, delivered quarterly, continues to support the committee with its performance management role. It provides an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees.

2.3 The report covers the period of Quarter 1 2024/25, up to the end of June 2024.

2.4 The most recent data for indicators for this committee can be found in the dashboard at Appendix 1. The dashboard includes the following information for each KPI:

- Current and previous performance and the projected linear trend.
- Current and previous targets. Please note that not all KPIs have targets, this may be because they are being developed or the indicator is being monitored for context.
- Red / Amber / Green / Blue (RAGB) status.
- Direction for improvement to show whether an increase or decrease is good.
- Change in performance which shows whether performance is improving (up) or deteriorating (down).
- The performance of our statistical neighbours. This is only available, and therefore included, where there is a standard national definition of the indicator.
- KPI description.
- Commentary on the KPI.

2.5 The following RAGB criteria are being used:

- Red – current performance is 10% or more from target.
- Amber – current performance is off target by less than 10%.
- Green – current performance is on target or better by up to 5%.
- Blue – current performance is better than target by 5% or more.
- Baseline – indicates performance is currently being tracked in order to inform the target setting process.

- Contextual – these KPIs track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.
- In development - KPI has been agreed, but data collection and target setting are in development.

3. Main Issues

3.1 Current performance of available indicators monitored by the Committee is as follows:

An overview of the current performance monitored by the Committee is as follows:

- New contacts for Adult Social Care remain high per 100,000 of population but the conversion rate to people requiring formal care and support is low indicating an effective prevention, information and advice offer.
- All safeguarding indicators (Indicators 105, 229 and 236) have all shown an improvement this quarter ensuring this remains an effective area of practice.
- Reablement continues to deliver successful outcomes with improving performance this quarter ensuring people are able to regain or maintain their independence and reducing the number of people requiring longer term care and support.
- Despite a slight decrease in performance the number of people who have not received a review of their long-term care and support needs within the last 12 months remains at a lower level then statistical or national comparators.
- Almost 2000 Carer conversations were carried out in the first Quarter of 2045/25.
- Cambridgeshire supports a high number of adults within the community compared to national and statistical neighbour averages.
- The number of people receiving a Direct Payment has remained static throughout 23/24 although reducing as a percentage of Adult Social Care service users. Work continues to improve this area of performance with a range of initiatives.

Targets and indicators will be reviewed as part of the Council's Performance Framework if approval of the framework is agreed at the Strategy, Resources and Performance Committee in October 2024.

3.2 There are 5 indicators that have improved this quarter.

Indicator 230: Number of new client contacts for Adult Social Care per 100,00 of the population

The rate of new client contacts per 100,000 of the population was slightly lower in each quarter of 2023/24 compared to the equivalent quarters in 2022/23. In Q1 2024/25 the rate of new client contacts was 1188.6, slightly higher than in Q1 2023/24 (1060.9).

Although the level of new contacts remains at a relatively high level many of the contacts are managed through the provision of information, advice and guidance to support people to access universal and community services in their communities. The conversion rate of contacts to formal care and support remains low. Work is on-going to ensure that the Council continues to improve its information and advice offer and that practitioners have the resources they require to support individuals to access a wide range of universal services to meet their needs.

Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported. This data is collected as part of the statutory Safeguarding Adults Collection.

The % of enquiries where outcomes have been partially or fully achieved was just below 96% in Q1 2024/25. This is consistent with performance throughout the 2023/24 financial year, and remains above the national and regional averages from 2022/23.

Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed

Reablement interventions continue to provide successful outcomes, improving independence and preventing people from requiring longer term care and support. This indicator provides detail about the number of people who do not need long term care and support following a period of reablement and are able to regain or maintain their independence.

The percentage of people who did not require long term support after reablement in Q1 2024/25 was 88.1%, which is higher than both the year end percentage for 2023/24 (85.3%) and the equivalent Q1 period for 2023/24 (87.8%).

Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked

It is important when undertaking a safeguarding enquiry that the person to whom it relates is engaged and is able to say what they want as an outcome, where they have capacity to do so. This indicator monitors how well we are involving people in this way.

Performance in this area continues to be high compared to national and statistical neighbour averages. In Q1 2024/25 outcomes were asked in 93.9% of enquiries, which is similar to the 2023/24 financial year as a whole, but slightly lower than in the equivalent Q1 2023/24 period (96.4%).

The high % of enquiries where outcomes were asked suggests the making safeguarding personal approach is fully embedded into working practise.

Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed

This indicator should be reviewed in line with Indicator 105 and Indicator 236 where practitioners are asking Making Safeguarding Personal questions and over 95% people are able to fully or partially achieve their desired outcomes around their safeguarding issue. Both of these indicators (105 and 236) have also improved in this quarter.

The proportion of safeguarding enquiries where the risk was reduced or removed in Q1 2024/25 was 91.4%. The improved performance percentage for 2023/24 is due to an amendment to the methodology to align with the approach in the year end statutory return.

Detailed commentary and summary of each indicator can be found in Appendix 1.

3.3 There are 6 indicators that have declined this quarter. Below are some examples.

Indicator 126: Proportion of people using social care who receive direct payments.

The percentage of people receiving direct payments in Q1 2024/25 continues to be low, reflecting the challenge in making direct payments an attractive solution. The decrease in percentage compared to 2022/23 is predominantly due to increasing service user numbers, whilst the number of clients with direct payments has remained relatively stable.

There is a programme in place which is focussed on supporting improvements to the proportion of people receiving direct payments and the outcomes people achieve through self-directed support. The programme will focus on improved training, information and process to encourage direct payment performance which we hope to see improving through a series of initiatives over the next 6-12 months. We continue to develop community micro enterprises to build more opportunities for people to use direct payments to access care and support opportunities local to them.

Indicator 232: Proportion of people receiving long term support who had not received a review in the last 12 months, % of all people funded by ASC in long-term

Over recent years there has been a significant focus on completing overdue reviews with an investment in additional capacity to support this work. The increase in the number of reviews completed has led to a comparatively low percentage of clients who had not received a review in the last 12 months at year-end 2023/24. In Q1 2024/25, 28.4% of clients had not received a review in the last 12 months, a decline in performance compared to the previous year as whole and the equivalent point last year. However, performance remains above the latest published data (2022/23) for England and statistical neighbours.

Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of the population

Support for carers should be viewed across a range of areas which not only includes statutory assessments and reviews but also carers conversations and triage activity which offers timely and constructive support to carers known to the Council. Although the number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours this is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations, which would not be counted in the above measure. Work continues to develop our approach to supporting Carers in line with the All-Age Carers Strategy.

During Q1 2024/25 (YTD cumulative) we have completed:
• 98 carers assessments
• 8 carers reviews

• 1890 carers conversations considering the carers needs whilst supporting the person being cared for

A review of the indicators monitoring our performance in this area is underway as part of the new Performance Framework.

Indicator 234: % total people accessing long term support in the community aged 18-64

This indictor has shown a slight decline in the quarter from 91.6% at the end of Quarter 4 in 2023/24 to 91% in Quarter 1 of 2024/25. Overall the local performance data displays a fairly static rate across 2023/24 and the first quarter of 2024/25, with the current rate at 91% this remains a positive picture with an increase from the same period in 2023/24.

Published data for 2022/23 displays a slightly higher percentage of 18-64 clients in the Community for Cambridgeshire, compared to the statistical neighbour and national averages.

Indicator 235: % total people accessing long term support in the community aged 65 and over

The percentage of clients aged 65+ accessing long term support in the community increased during the course of 2023/24. In Q1 2024/25 the percentage accessing support in the community was 62.4%, which is lower than the full year percentage for 2023/24 (65.5%), but higher than the equivalent Q1 2023/24 rate (60.7%).

Community settings include sheltered housing and extra care housing as well people being supported in their own homes.

Detailed commentary and summary of each indicator can be found in Appendix 1.

4. Conclusion and recommendations

4.1 5 indicators have seen an improvement in performance from this quarter to last quarter.

6 indicators have seen a decrease in performance from this quarter to last quarter.

4.2 This Corporate Performance paper is a monitoring paper. There are no recommendations for this quarter.

5. Significant Implications

5.1 This report monitors quarterly performance. There are no significant implications within this report.

6. Source Documents

6.1 None

Produced on: 09 September 2024

Performance Report

Quarter 1

2024/25 financial year

Adults and Health Committee

Governance & Performance
Cambridgeshire County Council
governanceandperformance@cambridgeshire.gov.uk

Key

Data Item	Explanation
Target / Pro Rata Target	The target that has been set for the indicator, relevant for the reporting period
Current Month / Current Period	The latest performance figure relevant to the reporting period
Previous Month / previous period	The previously reported performance figure
Direction for Improvement	Indicates whether 'good' performance is a higher or a lower figure
Change in Performance	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
Statistical Neighbours Mean	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
England Mean	Provided as a point of comparison, based on the most recent nationally available data
RAG Rating	• **Red** – current performance is off target by more than 10% • **Amber** – current performance is off target by 10% or less • **Green** – current performance is on target by up to 5% over target • **Blue** – current performance exceeds target by more than 5% • **Baseline** – indicates performance is currently being tracked in order to inform the target setting process • **Contextual** – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target. • **In Development** - measure has been agreed, but data collection and target setting are in development
Indicator Description	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
Commentary	Provides a narrative to explain the changes in performance within the reporting period
Actions	Actions undertaken to address under-performance. Populated for 'red' indicators only
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Indicator 230: Number of new client contacts for Adult Social Care per 100,000 of the population

Return to Index

September 2024

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	1188.6	4319.5	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
4498.8	4471.4	In Development

Indicator Description

Effective community prevention and information services should minimise the number of people needing to contact adult social care directly. A marked growth in the number of contacts might show that universal community services are not meeting need. Conversely a marked reduction might suggest that we are not providing the right pathways into adult social care for those who do need it.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

(X/Y)*100,000

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

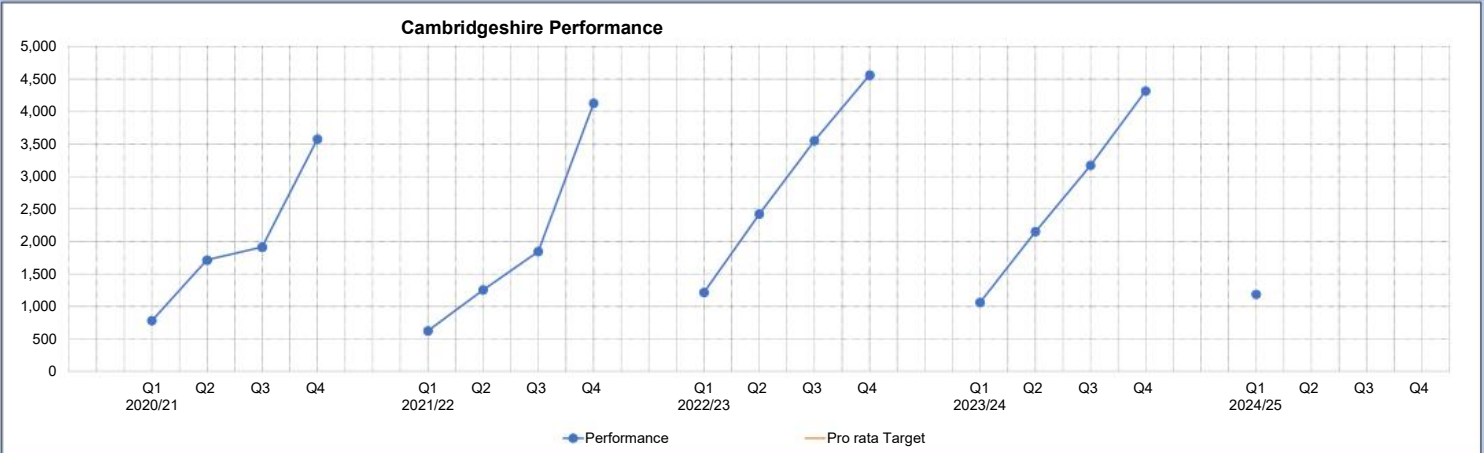
Y = 18+ population

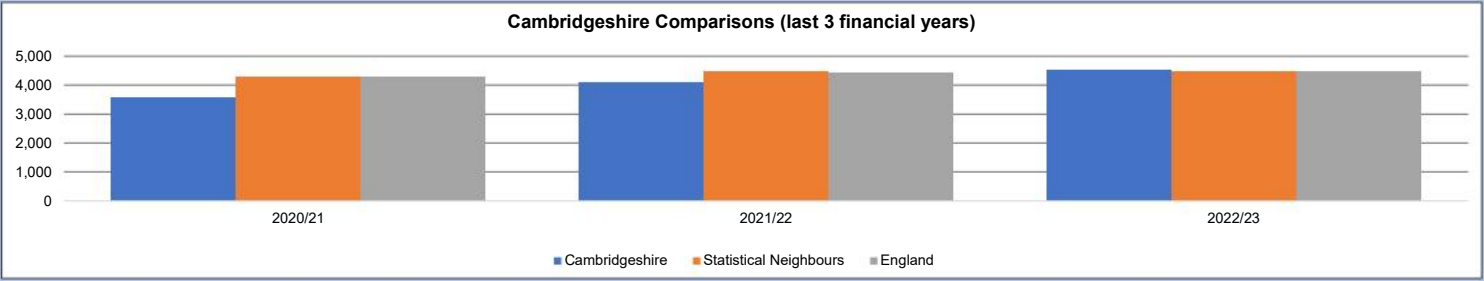
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

The rate of new client contacts per 100,000 of the population was slightly lower in each quarter of 2023/24 compared to the equivalent quarters in 2022/23. In Q1 2024/25 the rate of new client contacts was 1188.6, slightly higher than in Q1 2023/24 (1060.9).

Actions

Indicator 231: % of new client contacts not resulting in long term care and support

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	89.5%	89.5%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
91.4%	91.5%	In Development

Indicator Description

This indicator is important to look at in line with indicator 230 as it shows whether change in contact numbers are from people needing long term care, or people whose needs could be met with preventative or low level community support. It helps us understand what might be driving a growth or reduction in contacts.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

(X/Y)*100

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b) that do not result in the need for long term care and support

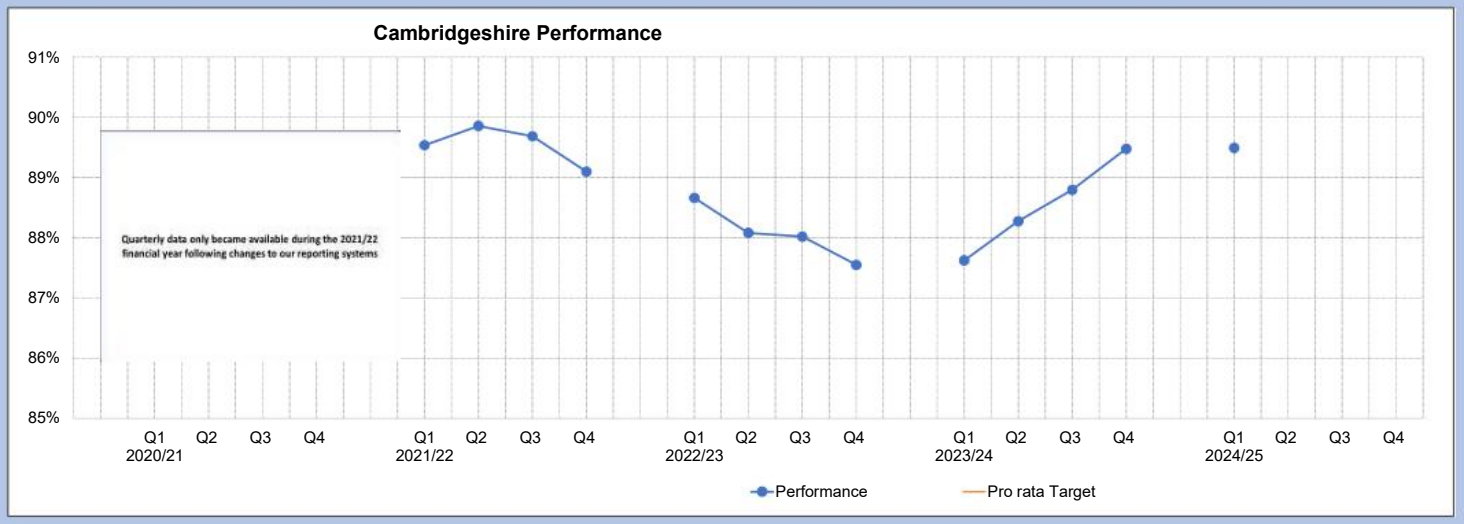
Y = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

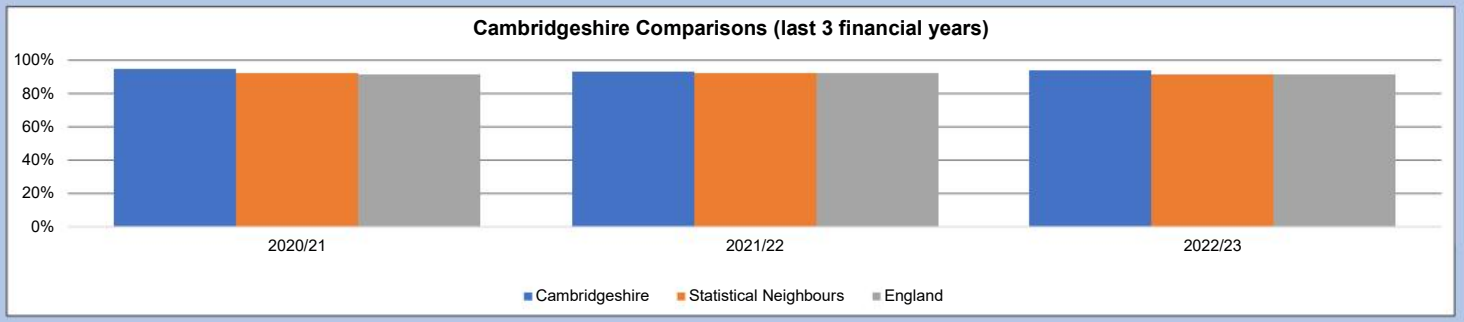
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

2022/23 year end comparisons with statistical and national averages showed Cambridgeshire had a slightly higher % of contacts which didn't lead to long term support. Data for the 2023/24 financial year has not yet been published. Cambridgeshire performance has remained between 87% and 90% over the past three years. When interpreted in line with indicator 230, which presents slightly more contacts for Q1 2024/25 compared to Q1 2023/24, the overall picture is that the need for Long Term services remains high, but with a lower % resulting in Long Term support than in the equivalent point last year.

Actions

Indicator 232: Proportion of people receiving long term support who had not received a review in the last 12 months, % of all people funded by ASC in long-term

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↓	28.4%	26.0%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
34.6%	43.0%	In Development

Indicator Description

It is a statutory duty to review long term care and support plans at least once a year. Regular reviews can help safeguard from risk, but also support personalisation by continuing to support people to connect to their communities and make the most of the local assets.

Calculation:

(X/Y)*100

Where:

X = Number of people receiving long-term support for over 12 months who had not received a review in the last 12 months

Y = Total number of people receiving long-term support for over 12 months at the end of the period

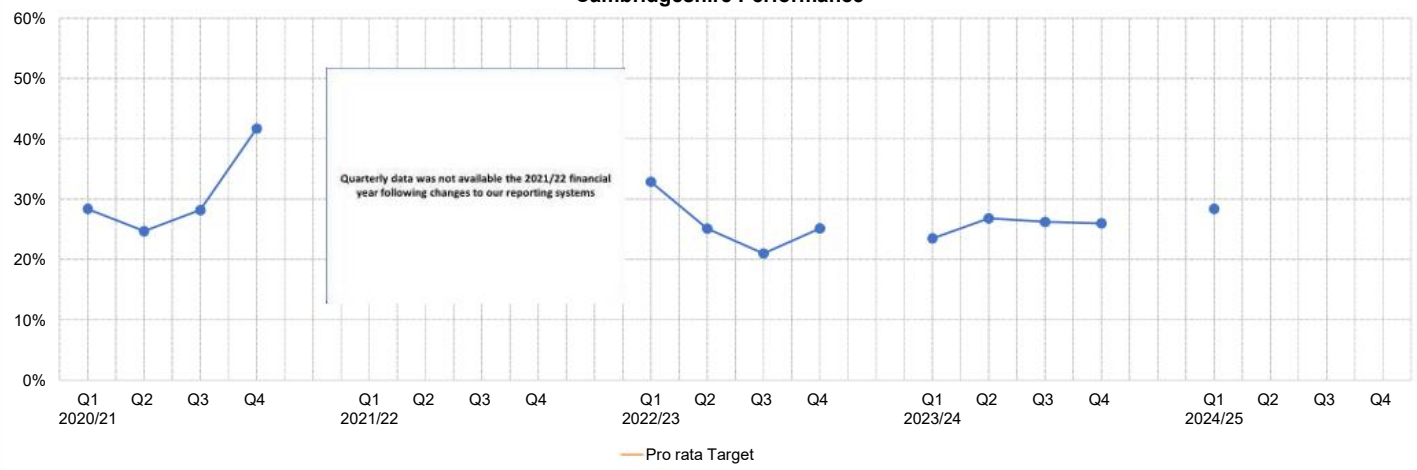
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

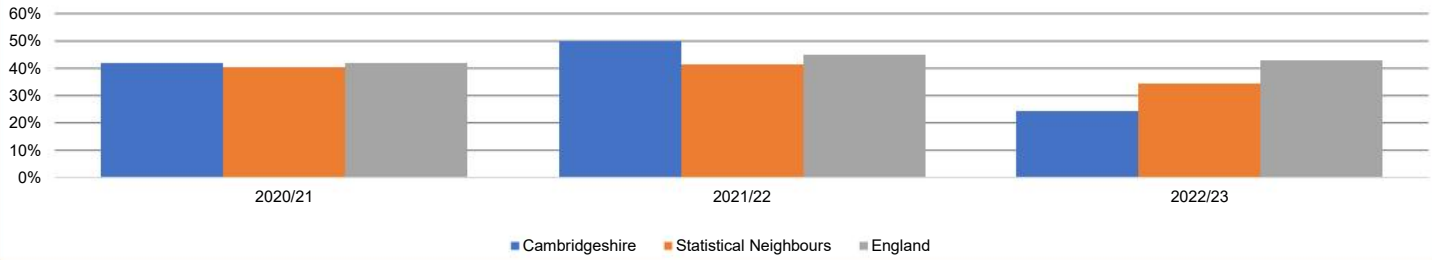
The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

Cambridgeshire Performance



Cambridgeshire Comparisons (last 3 financial years)



Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

During 2022/23, there was a significant level of activity undertaken to clear review backlogs that built up during the pandemic. An external agency was commissioned from March 2022 to work through the backlog of reviews for clients receiving long-term services. This additional capacity significantly increased the number of reviews being completed; in 2021-22 there was an average of 294 reviews completed per month, increasing to an average of 472 reviews for the completed financial year 2022-23. During 2023/24, there were 474 reviews completed on average per month, partly due to the continued involvement of the ASC external team. This increase in reviews has led to a comparatively low percentage of clients who had not received a review in the last 12 months at year-end 2023/24. In Q1 2024/25, 28.4% of clients had not received a review in the last 12 months, a decline in performance compared to the previous year as whole and the equivalent point last year. However, performance remains above the latest published data (2022/23) for England and statistical neighbours.

Actions

Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of the population

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	19.2	52.1	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
487.3	478.0	In Development

Indicator Description

Reviews are also an important time to make contact with carers to check that they remain able to offer their critical support. Assessments and reviews can be done jointly or separately from the cared for person. It is an opportunity to support carers to continue their caring role but also to plan for the future.

Calculation:

(X/Y)*100,000

Where:

X = Total number of carers with a carers assessment or review in the period

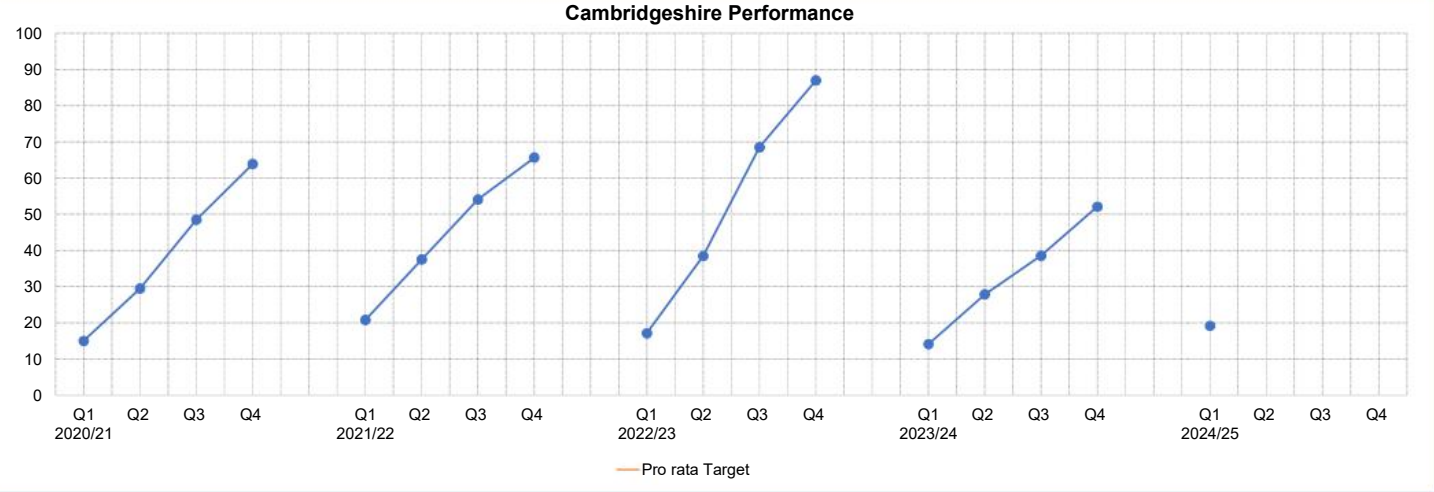
Y = 18+ population

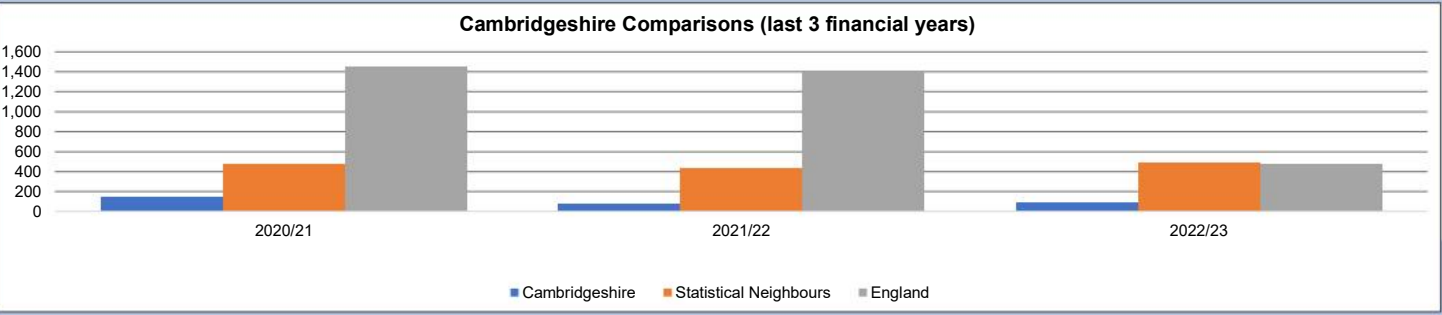
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.
A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity.
During Q1 2024/25 (YTD cumulative) we have completed:
• 98 carers assessments
• 8 carers reviews
• 1036 carers conversation steps (often completed when assessing the cared-for service user - see bullet point below)
• 1890 carers conversations considering the carers needs whilst supporting the person being cared for

The number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours. This is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations, which would not be counted in the above measure.

Actions

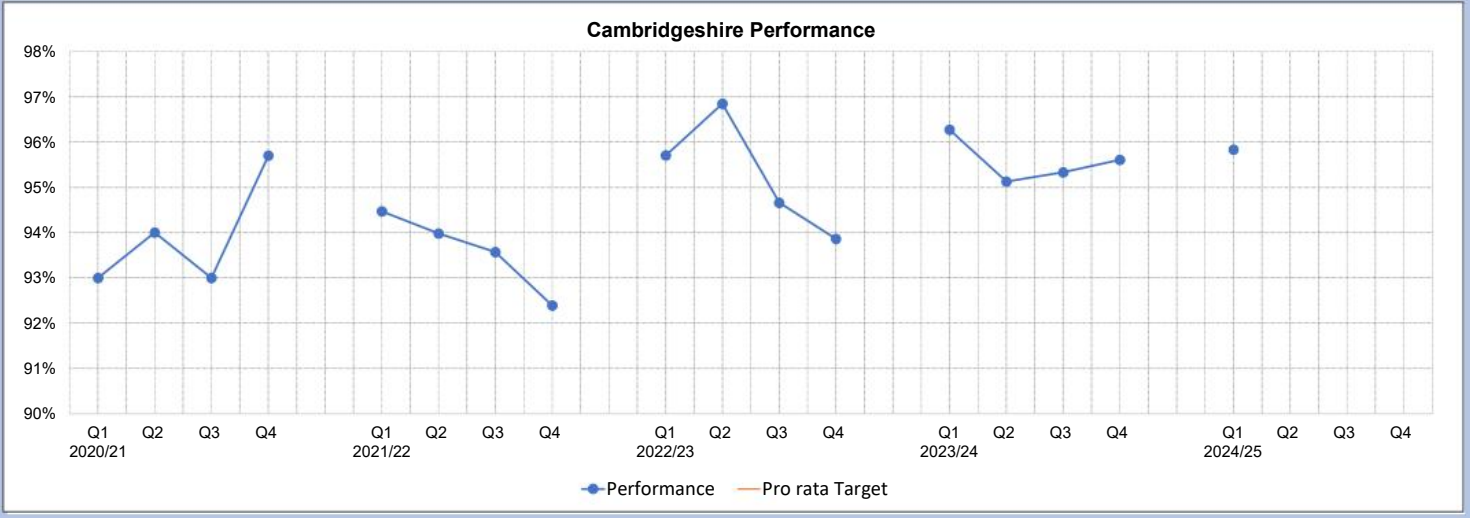
Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

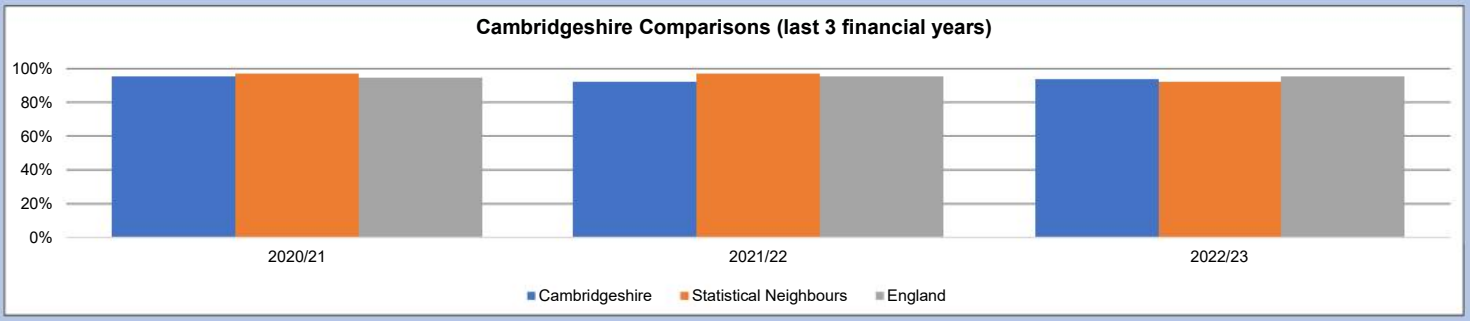
Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	95.8%	95.6%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
91.9%	94.9%	In Development





Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported. This data is collected as part of the statutory Safeguarding Adults Collection.

This indicator links to indicator 236 and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.

Calculation:

(X/Y)*100

Where:

X = The number of concluded enquiries where outcomes were either achieved or partially achieved.

Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

The % of enquiries where outcomes have been partially or fully achieved was just below 96% in Q1 2024/25. This is consistent with performance throughout the 2023/24 financial year, and remains above the national and regional averages from 2022/23.

Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 126: Proportion of people using social care who receive direct payments

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	15.8%	16.3%	Declining

Statistical Neighbour Mean	England Mean	RAG rating
27.1%	26.2%	In Development

Indicator Description

Direct payments provide people with more choice and control over how they meet their care and support needs.

The scope of this indicator is limited to people who receive long term support only. These include people whose self directed support is most relevant. This will better reflect the council's progress in delivering personalised services for users and carers.

Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:

(X/Y)*100

X = The number of users receiving direct payments and part direct payments at the end of the period.

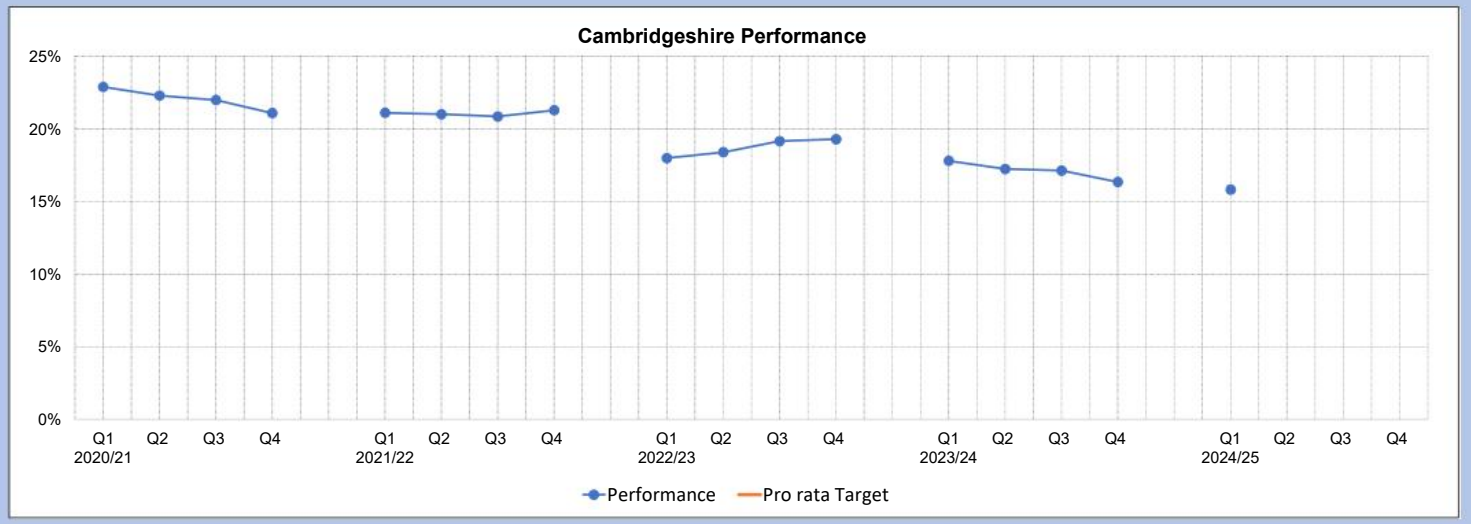
Y = Clients aged 18 or over accessing long term support at the end of the period.

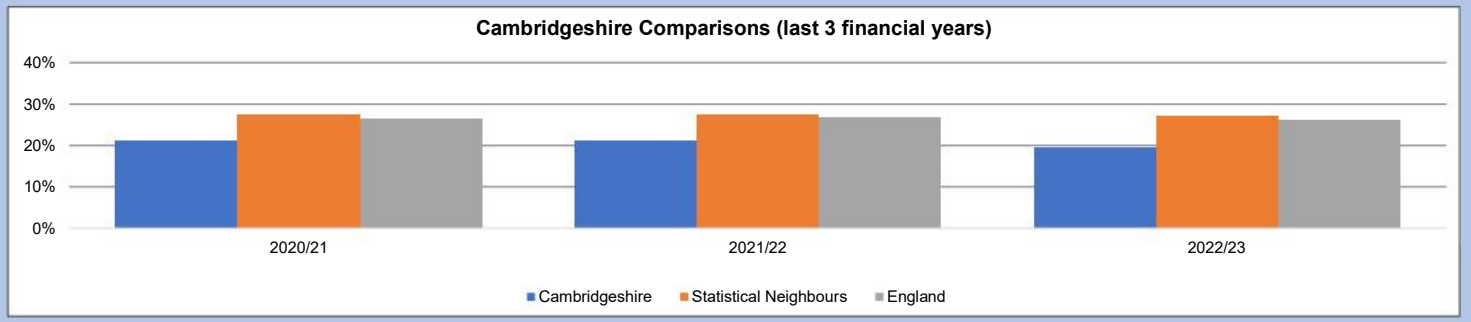
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

The percentage of people receiving direct payments in Q1 2024/25 continues to be low, reflecting the challenge in making direct payments an attractive solution. The decrease in percentage compared to 2022/23 is predominantly due to increasing service user numbers, whilst the number of clients with direct payments has remained relatively stable.

Our work with Community Catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.
The council has recently introduced Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to develop place based micro-enterprises within the Care Together programme should help to build on the range of options available.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	88.1%	85.3%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
81.3%	77.5%	In Development

Indicator Description

This indicator shows the proportion of new clients who received short term services during the year, where no further request was made for ongoing support. Reablement support has best results for those who can be prevented from requiring long term care and support. However, it can also benefit people in receipt of long-term care and support by supporting improvement and enhancing their level of independence. Setting a target too high on this indicator can be a perverse incentive to reduce the service for those with more complex needs. A target should be set that reflects a balance of use. This indicator can be viewed alongside the trends on new clients with long term service outcomes (indicator 231) to ensure that more complex cases are not being diverted straight into long term care.

Short term support is designed to maximise independence. Therefore, it will exclude carer contingency and emergency support. This stops the inclusion of short term support services which are not reablement services.

Calculation:

(X/Y)*100

Where:

X = Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support", "Short Term Support (Other)", "No Services Provided - Universal Services/Signposted to Other Services", or "No Services Provided - No identified needs".

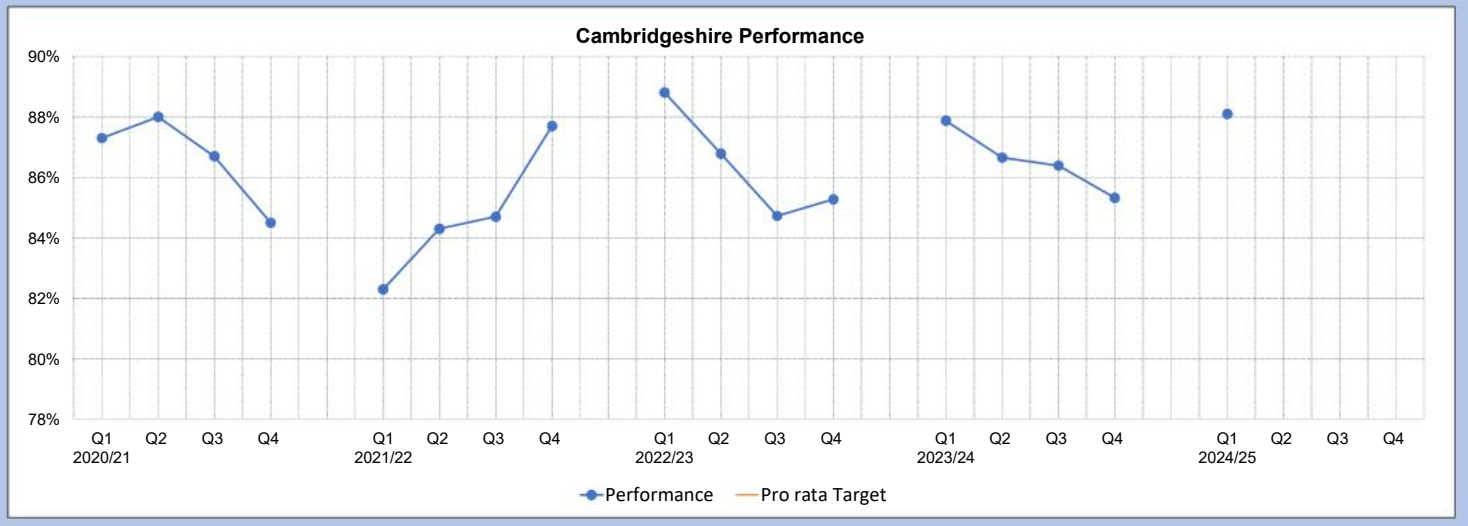
Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

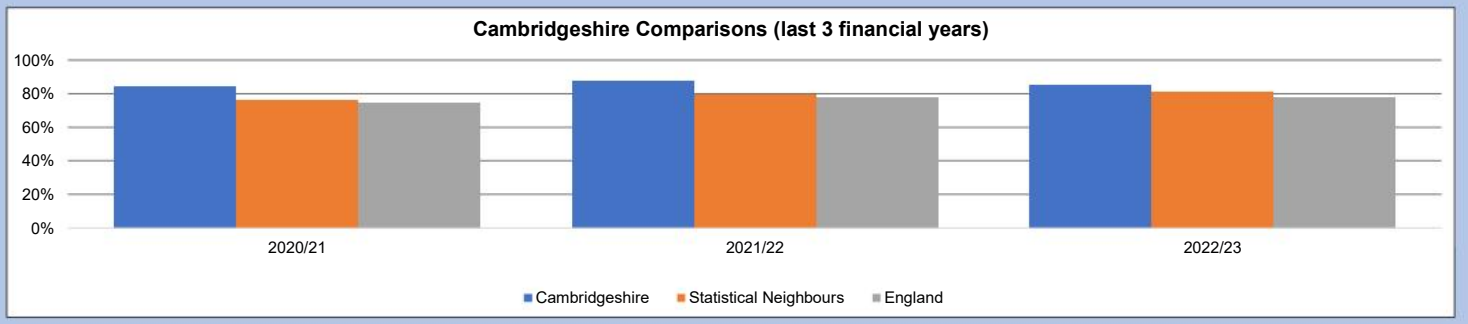
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

The percentage of people who did not require long term support after reablement in Q1 2024/25 was 88.1%, which is higher than both the year end percentage for 2023/24 (85.3%) and the equivalent Q1 period for 2023/24 (87.8%).

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 234: % total people accessing long term support in the community aged 18-64

Return to Index September 2024

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
In Development	↑	91.0%	91.6%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
83.2%	85.1%	In Development

Indicator Description

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

(X/Y)*100

Where:

X = Total number of people accessing long-term support in the community aged 18-64

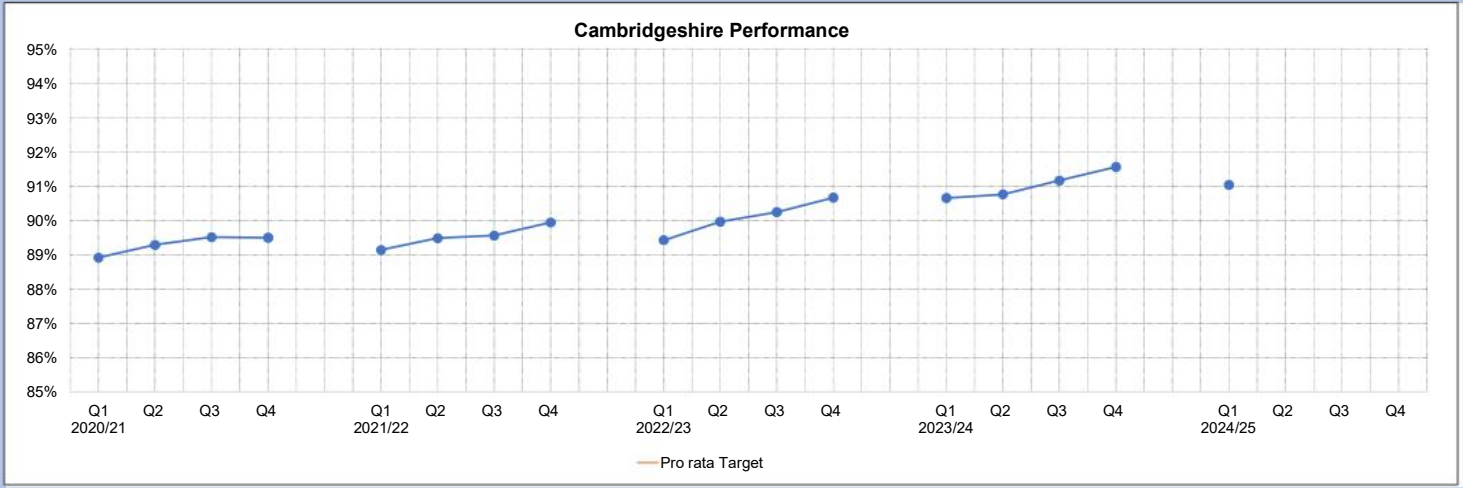
Y = Total number of people accessing long-term support aged 18-64

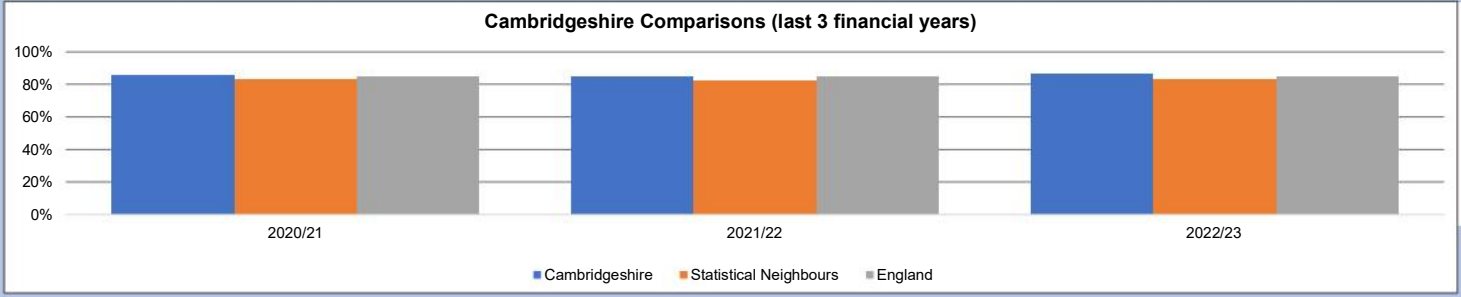
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

Published data for 2022/23 displays a slightly higher percentage of 18-64 clients in the Community for Cambridgeshire, compared to the statistical neighbour and national averages. The local performance data displays a fairly static rate across 2023/24 and the first quarter of 2024/25, with the current rate at 91%.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 235: % total people accessing long term support in the community aged 65 and over

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	62.4%	65.5%	Declining

Statistical Neighbour Mean	England Mean	RAG rating
58.9%	61.8%	In Development

Indicator Description

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

(X/Y)*100

Where:

X = Total number of people accessing long-term support in the community aged 65 and over

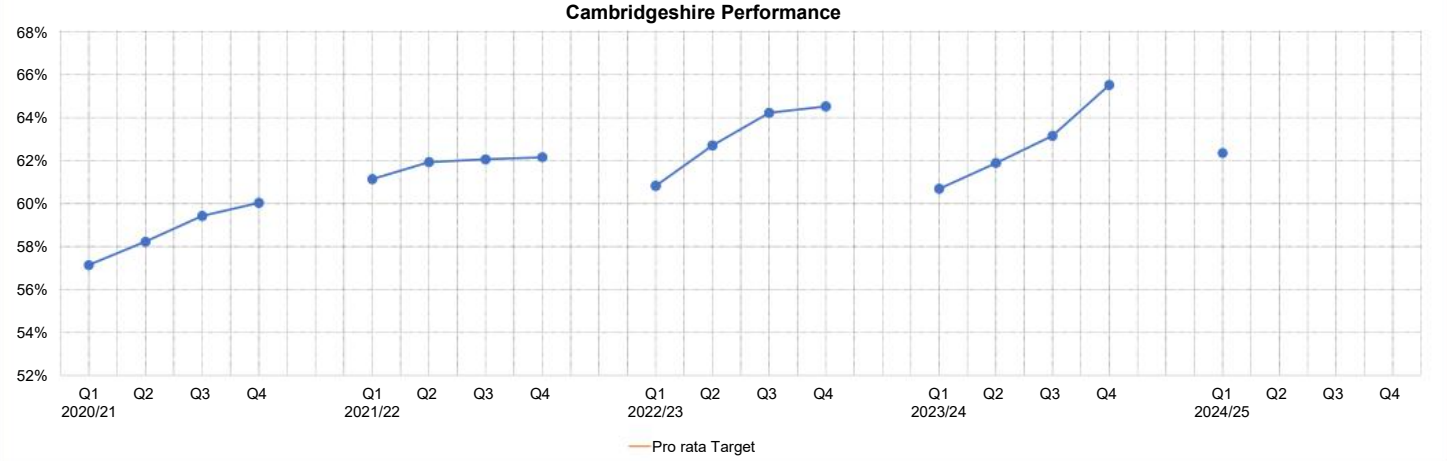
Y = Total number of people accessing long-term support aged 65 and over

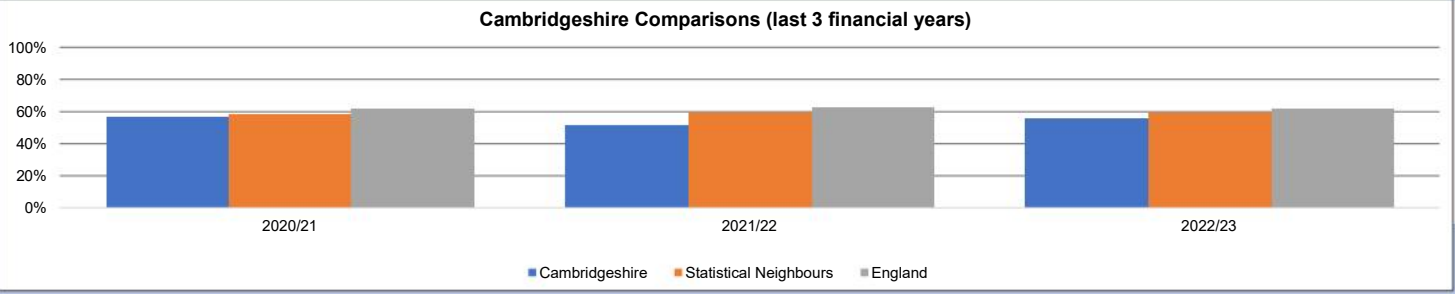
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

The percentage of clients aged 65+ accessing long term support in the community increased during the course of 2023/24. In Q1 2024/25 the percentage accessing support in the community was 62.4%, which is lower than the full year percentage for 2023/24 (65.5%), but higher than the equivalent Q1 2023/24 rate (60.7%) .

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	93.9%	93.8%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
81.8%	81.2%	In Development

Indicator Description

It is important when undertaking a safeguarding enquiry that the person to whom it relates is engaged and is able to say what they want as an outcome, where they have capacity to do so. This indicator monitors how well we are involving people in this way.

Calculation:

(X/Y)*100

Where:

X = The number of concluded enquiries where the adult or adult's representative was asked what their desired outcomes were

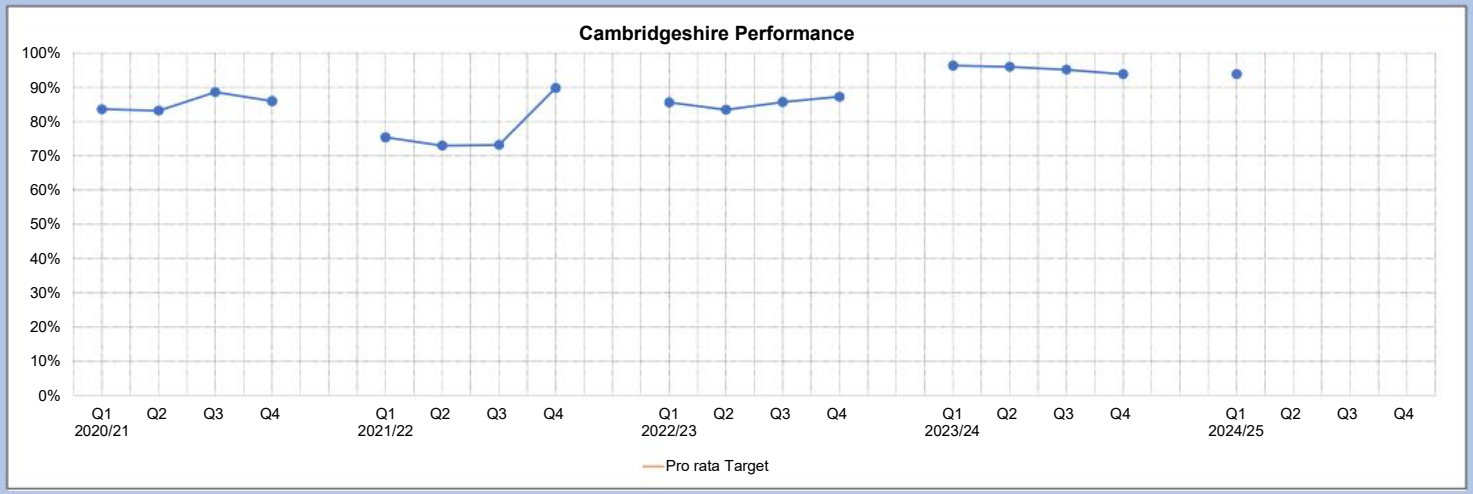
Y = The number of concluded enquiries

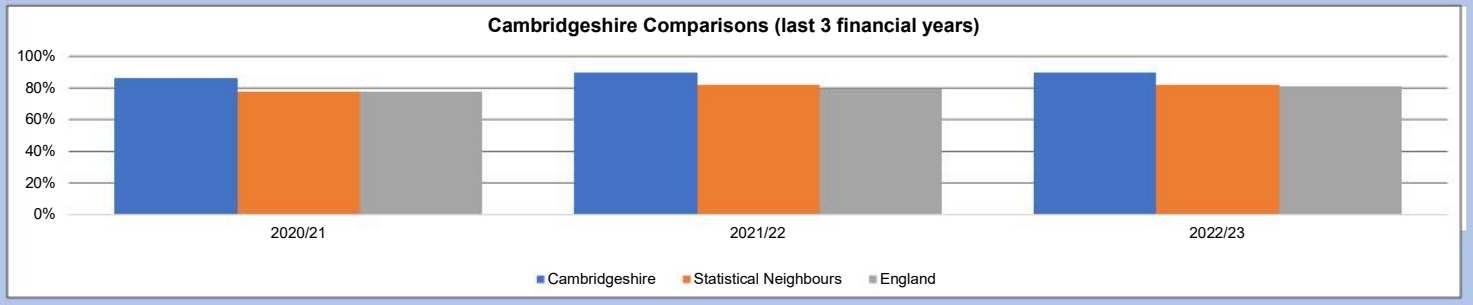
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

Performance in this area continues to be high compared to national and statistical neighbour averages.

In Q1 2024/25 outcomes were asked in 93.9% of enquiries, which is similar to the 2023/24 financial year as a whole, but slightly lower than in the equivalent Q1 2023/24 period (96.4%).
The high % of enquiries where outcomes were asked suggests the making safeguarding personal approach is fully embedded into working practise.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed

Return to Index September 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	91.4%	87.3%	Improving

Statistical Neighbour Mean	England Mean	RAG Rating
90.4%	91.0%	In Development

Indicator Description

This indicator tracks the effectiveness of safeguarding enquiries in reducing or removing risk. It should be viewed alongside indicators 236 and 105, which reflect the desired outcomes of the person at risk. This is to ensure that there is not a perverse incentive to go against the person's wishes and eliminate risk when that person has capacity to decide on a level of risk that is acceptable to them.

Calculation:

(X/Y)*100

Where:

X = The number of enquiries where the risk had been reduced or removed when the enquiry concluded

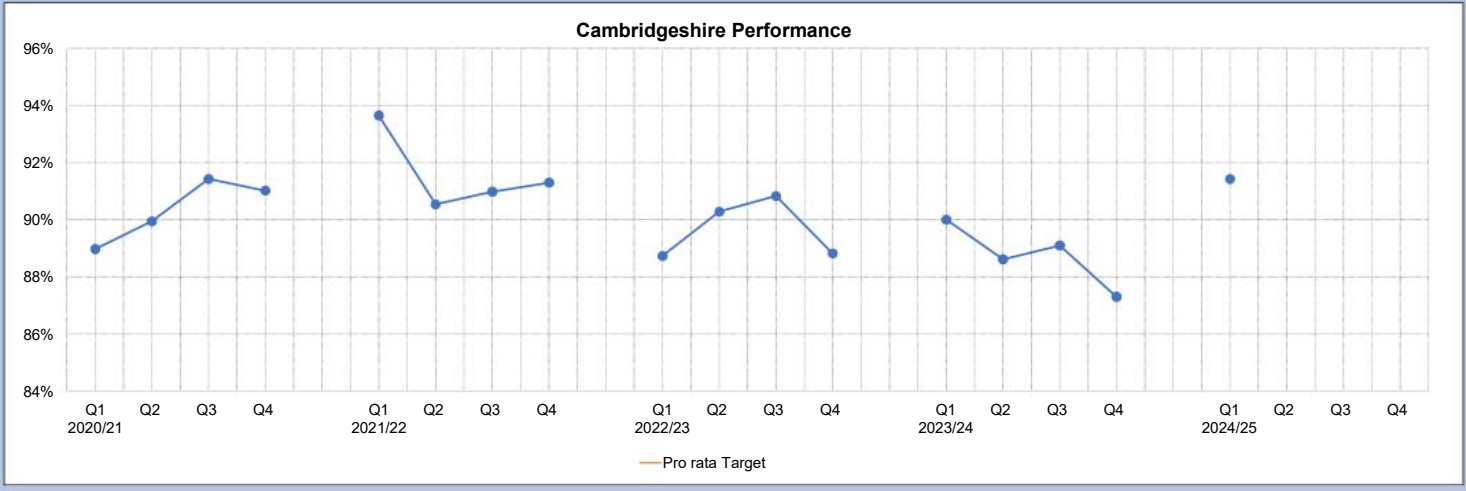
Y = The number of concluded enquiries where a risk was identified

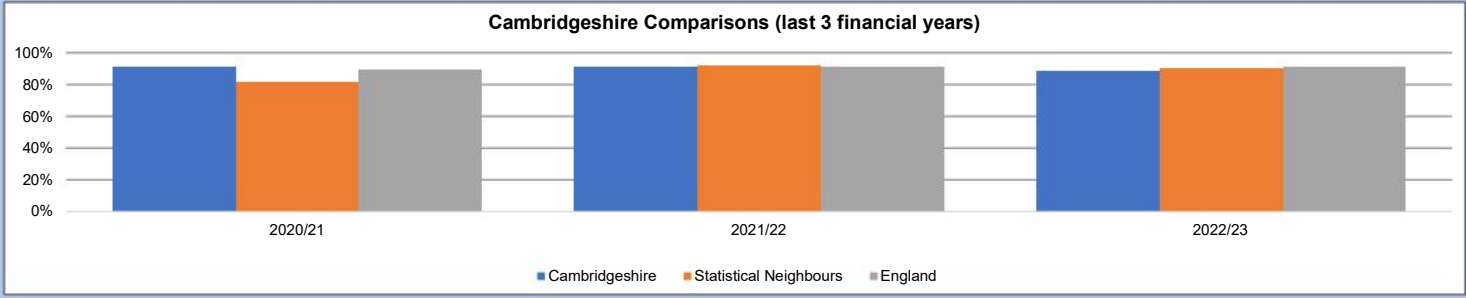
Useful Links

Measures from the Adult Social Care Outcomes Framework from NHS Digital

The local area benchmarking tool from the Local Government Association

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:





Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire changed from the 2022/23 financial year.

The proportion of safeguarding enquiries where the risk was reduced or removed in Q1 2024/25 was 91.4%. The improved performance percentage for 2023/24 is due to an amendment to the methodology to align with the approach in the year end statutory return.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q1 2024-25 onwards

Public Health Performance Report: Quarter 1 2024/25

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From	Executive Director of Adults, Health, and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not Applicable

Executive Summary: The Report describes the performance of the main Public Health commissioned services for quarter 1 2024/25.

Recommendation: The Committee is asked to:

a) acknowledge the performance and achievements.

b) support the actions undertaken where improvements are necessary.

Officer contact:
Name: Val Thomas
Post: Acting Director of Public Health
Email: val.thomas@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 Public Health commissioned services reflect the seven strategic ambitions to varying degrees. There is strong alignment with ambitions addressing health inequalities, supporting people to have healthy, safe, and independent lives, and supporting children to thrive.

1.2 This Report reflects the Council's seven ambitions.

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

- There are implications with the introduction of virtual and digital services into commissioned services, but these are not covered in this performance report.

Travel across the county is safer and more environmentally sustainable.

- There are implications with the introduction of virtual and digital services, but these are not covered in this performance report.

Health inequalities are reduced.

- The Service does address health inequalities and included interventions to address groups that experience poorer sexual and reproductive health outcomes.

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

- The services do support people to enjoy healthy, safe, and independent lives through timely support most suited to their needs, but this is not detailed in the report.

Helping people out of poverty and income inequality.

- The services do impact upon poverty and income inequality, but this is not detailed in the report.

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

- There are implications for places and communities, but these are not covered in this performance report.

Children and Young People have opportunities to thrive.

- The services do support children to thrive, but this not detailed in this report.

2. Background

2.1 The Performance Management Framework sets out that Policy and Service Committees should:
- Set outcomes and strategy in the areas they oversee
- Select and approve addition and removal of Key Performance Indicators (KPIs) for the committee performance report
- Track progress quarterly
- Consider whether performance is at an acceptable level
- Seek to understand the reasons behind the level of performance
- Identify remedial action

2.2 This report presents performance against the selected KPIs for Public Health commissioned services at the end of Quarter 1, 30th June 2024.

Indicators are 'RAG' rated where targets have been set.
- **Red** – current performance is off target by more than 10%.
- **Amber** – current performance is off target by 10% or less.
- **Green** – current performance is on target by up to 5% over target.
- **Blue** – current performance exceeds target by more than 5%.
- **Baseline** – indicates performance is currently being tracked against the target.

2.3 These performance indicators are for the Public Health high value contracts that are preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are key performance indicators for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the Children and Young People's (CYP) Committee they are included here as priority indicators. There are nine indicators described in this report.

3. Main Issues

3.1 In summary the distribution of rag ratings for the performance of services described in the Report were as follows.

- Blue: 1
- Green: 2
- Amber: 3
- Red: 3

3.2 The key areas which have seen substantial improvement are NHS Health Checks and the Healthy Child Programme, with NHS Health Checks exceeding its target for the first time. Tier 2 Weight Management Services continue to achieve above target, driven by a very high demand for services. Currently measures are being taken to manage this high level of demand which exceeds current resources.

3.3 The main area of concern is Stop Smoking Services. Smoking rates have fallen considerably in recent years. In Cambridgeshire currently 11.1% of the population are estimated to smoke. The model for stop smoking services has traditionally been driven by referrals from health services primarily GP practices. However, there are population groups with much higher rates who do not always present in GP practices. For example, the homeless rate is 75%, manual and routine 27%.

3.4 New national additional funding has been allocated to local authorities for expanding and developing stop smoking and the wider tobacco control services. These are currently being developed and there will be a focus on population groups that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

Drug and Alcohol Services

Indicator	FY 2021/22	National average (latest Q)	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
201: % Achievement against target for drug and alcohol service users -Treatment Progress Measure **(benchmarked against national average)**	**48.3%**	**47.1%**	**48.7%**	**48.2%**	**49.1%**	**48.6%**	**Green**
Please note that performance data is extracted from the National Drug Treatment Monitoring System (NDTMS). The 2023/24 & 2024/25 drug/alcohol treatment data are restricted statistics and as such must not be released into the public domain until an agreed published date. Recent performance data is available to commissioners and is used for local performance monitoring and service planning. This indicator has changed from 'Successful completions' to 'Treatment progress measure' which is the new national outcome measure and is more reflective of progress over the treatment journey. This measure includes both successful completions (excluding those that have acute housing problems), those that are drug free in treatment or have a sustained reduction in drug/alcohol use. The Q1 24/25 data available to commissioners for this indicator remains strong and the Cambridgeshire service, provided by Change Grow Live (CGL), is performing in line with national average.							

Health Behaviour Change Services

Indicator	Full Year 2023/24	Quarter 1 24/25	Quarter 2 24/25	Quarter 3 24/25	Quarter 4 24/25	Status
82: Tier 2 Weight Management Services: % achievement of the target for users who complete the course and achieve a 5% weight loss. **Target: 30% of those in the service.** **Consistently well above target.**	**48%**	**50%**				**Blue**
237: Health Trainer: (Structured support for health behaviour change): % achievement against target referrals to the service received from deprived areas. **Target: 30%** **Below target for Q1.**	**34%**	**28%**				**Amber**

Indicator	Full Year 2023/24	Quarter 1 24/25	Quarter 2 24/25	Quarter 3 24/25	Quarter 4 24/25	Status
56: Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. **Annual Target: 1906 quitters.** **Below target**	**796 quits. (42% of annual target)**	**252 quits. (53% of quarterly target)**				**Red**
53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against local target set for completed health checks. The ambition is to work over the next three years to meet the national target of 37,000 p.a. **Target: 23,500** **Above target**	**20,216 (101% of annual target)**	**5,633 (96% of quarterly target)**				**Amber**

Commentary on performance:

Indicator 82: Tier 2 Adult Weight Management.
As seen throughout 23/24, referral numbers into the tier 2 services continue to be very high with 1,234 referrals received in Quarter 1 against a target of 586 (211% of target). This continued higher than expected referral rate is due to the NHS enhanced specification whereby GP practices receive a financial incentive for a referral to weight management services. In addition to this, introduction of weight loss medications (Semaglutide/Wegovy) has increased demand for both tier 2 and tier 3 services.

The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 50% achieving a 5% weight loss in Quarter 1.

Indicator 237: Health Trainer.
The number of referrals into the Health Trainer service for people from deprived areas was just below target for Quarter 1 (92% of target). To improve this, practitioners have attended events in Fenland to raise awareness of the service and the support it can provide.

Indicator 56: Stop Smoking Services
The Stop Smoking service intervention takes two months in total for a service user to complete from initiation date. As a result, the complete data return for all starters in quarter 4 of the 23/24 fiscal year was not available in the previous report.

During Quarter 4 23/24 the Behaviour Change Service/Stop Smoking Service achieved 54% of its quarterly 4-week quitter target, showing some improvement over the year. During Quarter 1 24/25 this decreased to 53%.

GP practices continue to face demand pressures and find it challenging to provide stop smoking services. Additionally, the withdrawal of two main smoking cessation pharmacotherapies (Champix and Zyban) due to safety concerns has impacted overall 4-week quit numbers.

During Q1 24/25 the Allen Carr Easyway to Stop Smoking method has been introduced offering NICE approved smoking cessation seminars in person and online to smokers in Cambridgeshire, which has been promoted through GP's, Integrated Neighbours and partner organisations in addition to paid social media marketing undertaken by Allen Carr Easyway. There is a high demand for this method of support.

The pilot Fenland Stop Smoking Service specifically targeting the local homeless population which has high smoking rates. This initiative, delivered within the Closer to Communities programme, involves NHS Neighbourhood Managers promoting and developing new face-to-face clinics in collaboration with GP practices to send bulk text messages to smokers.

Locally, several national campaigns are to be actively promoted:

- Stoptober in October
- New Year Quit in January
- National No Smoking Day in March

The "Swap to Stop" initiative provides quitters with a free starter vape kit under the national programme and is popular with smokers making a quit attempt. New funding associated with the Smokefree Generation legislation will be at targeted smokers who are homeless, have poor mental health and those misusing drugs and alcohol, groups that have rates of smoking and poor health outcomes.

Indicator 53: NHS Health Checks

NHS Health Checks are mainly delivered in GP practices, alongside a supplementary, targeted provision provided through our behaviour change service - Healthy You. In 2023/24, 101% of the target was met. In 2024/25, the target has been increased from 20,000 NHS Health Check completed to 23,500, an increase of 17.5%.

The service has responded well to this step-change increase in target during Q1 2024/25, with 96% of the quarterly target achieved, this represents a 42% increase of the performance from Q1 last year.

The award of additional funding from the Department of Health and Social Care for 500 workplace NHS Health Checks through the use of digital technology supported by the Behaviour Change Service, will further support the achievement of the increased annual target.

Healthy Child Programme

Indicator	Full Year 23/24	Quarter 1 24/25	Quarter 2 24/25	Quarter 3 24/25	Quarter 4 24/25	Status
59: Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor. **Local target: 95% (National Benchmark 79.9% in 22/23)** **Below target but improved and better than National**	84%	86% (96% including those completed after 14 days)				**Amber**
60: Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks. **Local target: 95%. (National Benchmark 79.6% in 22/23)** **Below target but improving quickly and better than National**	69%	82% (95% including those completed after 8 weeks)				**Red**
62: Health visiting mandated check - Percentage -of children who received a 2-2.5-year review. **Local target: 90%. (National Benchmark 74% in 22/23)** **Below target similar to 23/24 and National 22/23**	73%	72% (80% including those after 2.5 years old)				**Red**
57: % of infants breastfeeding at 6 weeks **Local Target: 56%** Need to achieve 95% coverage to pass validation **Local target achieved**	60%	62%				**Green**

Commentary on performance:
Indicators 59 & 60: Health visiting mandated checks (New Birth Visit & 6-8 check). Performance of the Health Visiting service in Cambridgeshire has improved over the last year, which is reflected in the percentage of mandated checks now being completed within timescale. In Q1, 86% of new birth assessments were completed in 14 days (1% increase in comparison to 23/24) as well as 82% of 6–8-week reviews. (7% increase in comparison to 23/24). When including checks completed outside of timeframes, performance data shows that 96% of families received a New Birth Visit and 95% a 6–8-week check. Recruitment to the revised skill mix model in the 0-5 pathway has continued to progress. There are no vacancies for Health visitors in the north or south localities and staff sickness rates have slightly decreased since last quarter which has contributed to the improvements. **Indicator 62: Health visiting mandated check (2.2.5-year review).** The improvements on the delivery of this contact that were seen throughout 23/24 have been maintained during Q1 of 24/25. The provider is trying to identify more efficient delivery methods, including the use digital methods. **Indicator 57: % of infants breastfeeding at 6-8 weeks.** The overall breastfeeding prevalence of 62% is higher than the national average of 49% and East of England Regional average (53.4%) and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county. Broken down by districts, breastfeeding rates for 2024/25 Q1 stand at 80% in Cambridge City, 72% in South Cambridgeshire, 60% in East Cambridgeshire, 56% in Huntingdonshire, and 39% in Fenland. We continue to move forward on the actions identified in the Infant Feeding strategy which we report on as part of the Family Hubs transformation programme.

4. Alternative Options Considered

Not applicable

5. Conclusion and reasons for recommendations

5.1 The performance of the Public Health commissioned services described in this paper is generally positive. The key areas of improvement are NHS Health Checks exceeding its target for the first time and the Healthy Child Programme. Tier 2 Weight Management Services continue to overachieve against their target driven by a very high demand. Currently measures are being taken to manage this high level of demand which exceeds current resources.

The main area of concern is Stop Smoking Services Recent national additional funding has been allocated for expanding and developing stop smoking and the wider tobacco control services. These are currently being developed and there will be focus on population groups

that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

6. Significant Implications

6.1 Finance Implications

This performance report does not include a financial analysis of the services commissioned.

6.2 Legal Implications

There are no current legal implications in this report.

6.3 Risk Implications

The key risk is the poor performance of the Stop Smoking Services. The measures that are being taken to address these risks are indicated in the report.

6.4 Equality and Diversity Implications

Any equality and diversity implications will be identified before any service developments are implemented.

6.5 Climate Change and Environment Implications (Key decisions only)

All commissioned services are required to ensure that their services minimise any negative impacts and support positive climate and environmental improvements.

7. Source Documents

7.1 None

8. Accessibility

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

Agenda Item No: 9

Adults, Health and Commissioning Risk Register Update

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From:	Executive Director, Adults, Health & Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	Adults and Health Committee are briefed on the risks in relation to Adults, Health and Commissioning, including Public Health.
Recommendation:	The Adults and Health Committee is recommended to note the updated Adults, Health and Commissioning, including Public Health Risk Register.

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1. Background

1.1 It is a requirement to present Risk to Committee on a recommended quarterly basis and this report focuses on the Adults, Health and Commissioning, including Public Health, risks.

2. Main Issues

2.1 Cambridgeshire County Council has a clear and approved Risk Management framework, policy and procedures which set out the key aspects of identifying, assessing and mitigating risks for the Council which includes:

- Rating of risks are based upon their probability and their impact from a scale of 1-5 (5 being the highest level of concern) and multiplied to gain a risk score.

- Impact of risks are scored against five categories:
    - Legal and Regulatory
    - Financial
    - Service Provision
    - People and Safeguarding
    - Reputation

- The Council tolerable level of risk is set at 16, where all risks of 16 or above will be escalated for further action / decision as required. This could mean; accepting the risk rating at that time; applying additional mitigating actions and/or other actions to lower the risk level as appropriate.

2.2 The Adults, Health and Commissioning, including Public Health risk register contains the main strategic risks across the whole Directorate, which includes all adults' operational services, commissioning and public health. The risk register is regularly reviewed and updated by the Adults Leadership Team.

3. Alignment with ambitions

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

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.3 Health inequalities are reduced.

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.5 Helping people out of poverty and income inequality.

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.7 Children and young people have opportunities to thrive.

There are no significant implications for this ambition.

4. Significant Implications

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

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

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

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

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

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

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

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

5. Source documents guidance

5.1 None.

6. Accessibility

6.1 The information contained in the appendix to this report is available in an accessible format on request from the report author.

ADULTS, HEALTH & COMMISSIONING, INCLUDING PUBLIC HEALTH RISK LOG

The below table is taken from the Corporate Risk Management Policy and outlines how risks are scored on the likelihood and impact of each risk. Scores of 16 or above are in excess of the Council's tolerated risk level and will be highlighted as a red risk; any red risks must be escalated to CLT.

VERY HIGH	5	10	15	20	25
HIGH	4	8	12	16	20
MEDIUM	3	6	9	12	15
LOW	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT / LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

ADULTS, HEALTH & COMMISSIONING, INCLUDING PUBLIC HEALTH MATRIX OF RISKS

The below matrix provides an overview of the current risk scores for all risks relating to Adults Services. The letters indicate which risk it relates too.

VERY HIGH		4	13		
HIGH	9	1, 2, 8,	3, 6, 10, 12		
MEDIUM			5, 7	11	
LOW					
NEGLIABLE					
IMPACT / LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

The Risk	**1: Joint Commissioning arrangements and services are adversely impacted as a result of partner organisation financial failure.**			
Risk owner/s	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Will Patten, Service Director for Commissioning			
Residual Risk level:	Likelihood: 2	Impact: 4	Score: 8	Direction of risk: Remains the same
Triggers:	• Financial Instability of partner organisation resulting in unilateral and rapid cuts in services and spend • S.114 being declared • Political instability of partner organisation			
Controls	1. Close Monitoring and Oversight	• Maintain close monitoring and oversight of joint contracts to ensure any risks and issues arising are identified and managed at the earliest possible point		
	2. Review current commissioning arrangements and risks	• Review all jointly commissioned arrangements and identify potential financial and service risks. • Work in a prioritised way to either contractually mitigate risks and/or develop alternative commissioning arrangements		
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024			
Next review date:	January 2025			

The Risk	**2: A serious incident occurs, preventing services from operating and/or requiring a major/ critical incident response**			
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning			
Residual Risk level:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: Remains the same
Triggers:	• Loss of large quantity of staff or key staff • Loss of premises (including in-house Provider services) • Loss of IT equipment, data or access • Cyber attack • Back up digital recovery solution fail • Loss of a key Provider or Partner • Loss of utilities or fuel • Major incident e.g. flood, fire, public health pandemic • Partnership responsibilities within major incidents aren't fully understood leaving gaps in responses			
Controls:	1. Business Continuity Plans	• All services and teams have up to date BCP's in place which provide a clear plan for how services will respond in the event of a critical incident		

		• BCP's are reviewed and updated annually - to comply with new corporate templates and process • BCP templates for Mosaic are available in the event of system downtime • Adults on-call rota is in place with updated contact details available – under review • All managers to attend appropriate BCP training including regular refreshers
	2. IT Systems	• ASC Lead working with corporate System Lead at times of stability and challenge to mitigate system issues and impacts to workforce • ASC Systems and digital board in place where corporate partners collaborate and are held to account for IT systems delivery • BCPs are enacted including manual recording processes
	3. Response to Provider Failure	• Tried and tested response to provider failure is in place and has mitigated risks to individuals and the council • Cross system response available to support clinical need of individuals displaced by provider failure • Contract Monitoring and proactive support to providers with oversight of an operational leadership team comprising of Health and Social care staff is in place
	4. Adults with care and support needs list	• BI report for people with care and support needs who may be at risk is available in the event of a critical incident • On-call managers are able to locate and download the people who draw on services who may be at risk list • Plan to test use of people at risk list in simulation exercise
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**3: Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement**			
Risk owner/s:	Patrick Warren Higgs, Executive Director for Adults, Health and Commissioning			
Residual Risk level:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: Remains the same
Triggers:	• Social care are paying for health services due to the unresolved issue around the ICB's contribution to the pooled budget that funds the Learning Disability Partnership. • We are not achieving best outcomes for people with learning disabilities and autism as governance arrangements between the council and health do not support the right conversations and decision making. • Notice has been served on the section 75 arrangement. • Not yet established with the ICB the future state of the service, nor milestones and timescales to do so.			

	• We may not be able to put a new set of financial arrangement in place to ensure we can make the correct contribution to care cost and pay providers • Final decisions regarding delivery and funding models cannot be reached in a timely way which results in uncertain funding and relationships between commissioning authorities.	
Consequences:	• LDP services are unsustainable	
Controls:	1) Action via the s75 agreement	• Notice period end date agreed with ICB. • Legal advice in place to support ending agreement. • Cross system governance arrangement agreed to establish oversight of the exit process. • Internal programme board established with senior representation from several Council departments
	2) External review	• Review by Red Quadrant complete indicating that the current split needs to be substantially changed in order to accurately reflect our respective responsibilities. • The Council and ICB have separately commissioned organisation to independently carry out 600 partly or fully funded Health packages
	3) Internal preparation and readiness	• Dedicated programme and project resources in place • Internal programme Board established and associated workstreams well established • Further defining of financial implications is ongoing as reviews of health/social care funded package are completed • Mechanism for monitoring actions, risks and outcomes in place • Ongoing engagement with people with lived experience
	4) Ongoing relationship building with health colleagues	• Strategic group chaired by Exec DASS and Chief Nurse (ICB) is established to support joined up decision making about the future model • Working hard with partners including the ICB, acute and place based accountable bodies in the North and South, as well as CPFT to build stronger relationships. • Seeking appropriate advice and agreed approach to the Council's position in relation to LDP decoupling to avoid/manage escalation wherever possible • Escalation through the Council's Chief Execute to ICB Chief Executive, alongside NHSE on specific issues as appropriate. • Working closely with providers to give clarity on future models, and demand for services. • Maintaining regular communications with people who use services and their families/carers, to provide assurance on continuity of care
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**4: Potential reputational damage and legal challenge when the Council cannot always intervene to prevent / mitigate harm, due to legal and ethical limitations of working with adults.**			
Risk owner/s:	**Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Kirstin Clarke, Service Director for Adult Social Care.**			
Residual Risk level:	Likelihood = 2	Impact = 5	Score = 10	Direction of risk: Remains the same
Triggers:	• Capacity to meet incoming demand of safeguarding activity is lacking creating delays in responsiveness within the ASC system to safeguarding concerns. • Individual choice and control to continue to live with risks. • Assessment and legislative routes, processes and forms create delays in implementing potential risk mitigations. • Legal routes and process create delay in implementing potential mitigations.			
Consequences:	• An adult with mental capacity who has care and support needs experiences or continues to experience harm, abuse, or neglect as they refuse to engage in or accept potential mitigation options. • An adult with care and support needs experiences abuse and or neglect which results in fatality or severe injury that the Council is unaware of until after the serious incident occurs. • Negative impacts to Council reputation. • Negative CQC rating and ongoing impacts of this.			
Controls:	1. Comprehensive and robust safeguarding training.	• The ASC workforce has access to safeguarding training (appropriate to individual roles) which includes training around inherent jurisdiction and capacitated adults, which is reviewed annually as a minimum to ensure the ASC workforce can recognise and respond to safeguarding concerns. • ASC has robust processes and assurance in place that are regularly reviewed. • Safeguarding training opportunities and mandatory requirements are clear and monitored across ASC. • There are informal and formal opportunities for staff, through regular supervisions, CPD (Continuing Professional Development) sessions, practice workshops, facts sheets, to build knowledge and confidence around safeguarding procedures and practice. • Continued learning from Safeguarding Adult Reviews and internal/external Serious Incidents Effectiveness: Good		
	2. Front Door and Immediate Responsiveness	• Robust and responsive front door • Responsive Prevention and Early Intervention offer • Community Duty Teams in place for urgent, same day responses. • MASH able to triage new safeguarding concerns daily and implement immediate safety planning. High risk cases that meet the three-stage statutory test are allocated an enquiry lead, to complete safeguarding enquiry and implement ongoing safety plan where required. • Ability of ASC system to move assessment and care management capacity to meet demand.		

		Effectiveness: Good
	3. Quality Assurance	• Robust process of internal quality assurance (QA framework) including safeguarding case auditing and monitoring of practice and processes. • Safeguarding Adult Board (SAB) monitors effectiveness of partnership safeguarding practice and process via the Quality Effectiveness Group. Effectiveness: Good
	4. Multi Agency Safeguarding Hub (MASH)	• The MASH provides a robust single point of access for incoming safeguarding activity across ASC and system partners, providing a consistent response to SA (Safeguarding Adult) concerns and enquiries. Effectiveness: Good
	5. People in Position of Trust policy	• Clear 'People in Position of Trust' policy and guidance in relation to adults Effectiveness: Good
	6. Practice processes and procedures.	• Robust safeguarding procedures and practice guidance in place which clearly depict the customer journey for those adults with care and support needs that are at risk of abuse and or neglect. • For those adults with care and support needs that do not meet the three-stage statutory safeguarding test system partners are able to use the Multi-Agency Risk Management (MARM) process to discuss and engage individuals at risk and agree risk mitigation plans and safety plans. • ASC have fortnightly provider Temperate Check meetings where concerns relating to care providers are shared, actions are discussed and agreed to mitigate the identified risks. • ASC has a continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Safeguarding Adult Reviews. Effectiveness: Good
	7. Provider Monitoring.	• Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place. • ASC have a structure in place to raise, discuss and address provider quality concerns across the health and social care system. If improvements are not made, escalation routes are in place and progress and risks are continually shared with the CQC regulator. Effectiveness: Good
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**5. Relationships and governance across Integrated Care System (ICS) do not support the best outcomes for our population**			
Risk owner/s:	Patrick-Warren Higgs, Executive Director for Adults, Health and Commissioning			
Residual Risk level:	Likelihood = 3	Impact = 3	Score = 9	Direction of travel: Remains the same.
Triggers:	• The reorganisation of the health system in ICS may impact on the way our services work with NHS services and current integrated arrangements. • Governance arrangements do not support effective decision making. • Challenging finances across the system lead to a reduction of preventative investments. • Inability to achieve joined up data sharing agreements across the local health system and lack of resource (analytical and leadership time) to implement shared work using shared data. • Separation of CCC and PCC Public Health Teams has destabilised some of the system wide work.			
Consequences:	• Impact of this implementation changes the way LA services work currently. • Impact on capacity and workload for senior managers. • Worse population health outcomes. • Opportunities for prevention are missed leading to escalating need for health and social care.			
Controls:	1. Attendance at Boards	• CEO and Director of Public Health representation at ICS Board. • Ensure LA priorities are fed into ICS governance/boards at all levels • Work to ensure the correct representation on other Boards on going. • Participation in system-wide boards and groups to promote public health as a system priority and support the wider work of the healthcare system.		
	2. Working Relationships	• Building positive working relationships across all levels continues • Some progress is being made to clarify governance and decision making • Local Authority considerations have been discussed with Members. • ICS implemented from 1st July 2022 - LA engaging with key ICS implementation and strategic meetings. • Proactive working being undertaken beneath Board level to drive progress in key work streams i.e. Hospital Discharge and CHC • CCC continues to invest in relationship building in the ICS/ICB		
	3. Ensuring that the two local authority Public Health teams in Cambridgeshire and Peterborough continue to adopt a system wide	• Identifying how Public Health teams across both Cambridgeshire and Peterborough collaborate, where relevant, to support the system most effectively.		

	approach where appropriate to improving health outcomes.	
	4. Produce MOUs	• Ongoing work to produce MOUs to clarify roles and responsibilities between the local authority and partner organisations.
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**6. Providers leave the market and are unable to continue services leading to insufficient availability and capacity**			
Risk owner/s:	**Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Will Patten, Service Director for Commissioning**			
Residual Risk level:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: Remains the same.
Triggers:	• Continued increase in financial pressures for providers (i.e. Significant inflation (CPI, NLW) and costs of fuel/energy, workforce and managing preventative controls) - Providers unable to continue to operate, due to the increased costs • Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers • There is a risk that ASC Reform changes, inflationary rises and the Fair Cost of Care Review, alongside the rates the Local Authority are able to afford will result in providers withdrawing from the market. • Increased complexity and population growth. • Provider failure due to inability to recruit an appropriately trained workforce. • Competition amongst different partners for workforce with similar skills.			
Consequences:	• Shortage of operators at reasonable rates • Inflationary pressures leading to increased costs for providers and therefore becoming unaffordable to either operate or commission • Additional pressure on the wider health and social care system.			
Controls:	1. Appropriate monitoring and plans	• Data regularly updated and monitored to inform service priorities and planning • Working with Providers to develop action plans • Maintain an effective range of preventative services across all age groups and service user groups including adults and older people • Directorate Performance Board monitors performance of service provision		

		• Capacity Overview Dashboard in place to capture market position • Regular engage with commissioners and providers to put action plans in place to resolve workforce issues • Robust monitoring procedures • Active involvement by commissioners in articulating strategic needs to the market • Increased engagement with CQC for market oversight • Market sustainability plan
	2. Development of Provider action plans	• Continued work with Voluntary & Community Sector (VCS) for preventative actions • Market shaping activity - including maintaining good relationships with providers, so support can be provided where needed • Strong contract management • Uplift strategy
	3. Funding	Use additional national funding to mitigate cost pressures, we do this by: • Take flexible approach to managing costs of care • Risk-based approach to in-contract financial monitoring • Coordinate procurement with the ICS to better control costs and ensure sufficient capacity in market
	4. Market Shaping	• Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation work • Programme to increase the number of affordable care homes beds at scale and pace. • Development of a Home Care Strategy
	5. Joint commissioning models that utilise scarce workforce resources most effectively.	• Recommissioning opportunities and place-based working will facilitate more effective use of scarce workforce resources.
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**7: Council overall financial position is adversely impacted by continued increase in Adult Social Care Debt volume and amounts.**			
Risk owner/s:	Patrick-Warren Higgs, Executive Director for Adults, Health and Commissioning and Kirstin Clarke, Service Director for Adult Social Care			
Residual Risk level:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: Remain the same.
Triggers:	• Majority of debtors are "won't pay," with no adverse consequence as Care Act prevents services being withdrawn, therefore Dunning cycle (letter before action) is ineffective.			

	• Invoicing is 4-week in arrears, which can cause confusion for clients/families where debt accrues. • Delays in (residential) Financial Assessments generate arrears invoices reconciled back to start of care, which are then disputed by clients/families. • Delays in Financial re-assessment process lengthen period of dispute, frustrating income recovery. • Limited Self–Serve options available in CCC for financial assessment or welfare checks for residents. • Increased level of debt owed from health impacts ASC debt recovery position. • Delays in Probate causing increase in volume and value of Deceased debt. • Court of Protection delays (client/family does not have access to funds) adversely impacts ASC debt position, causing "Funding Without Prejudice" case as care cannot be withdrawn.	
Consequences:	• Customers are distressed, more likely to complain, contact the press, elected members or ombudsman and our reputation is compromised and public confidence impacted.	
Controls:	1. ASC Operations	• ASC Team Managers monthly meeting with Debt Team to work on un-blocking the top 10 high-cost debt cases within the ASC system. • ASC Operations and Financial Assessments (with Debt team) weekly meetings to address complex cases for the prevention and treatment of debt. • ASC exploring ways to increase capacity on debt focus, through temporary utilisation of resource from the Payable team. • Action Plan from Direct Payment Audit, to prevent creation of debt. • Development of Threshold Policy, for smoother transitions from Self-Funders to LA-funding and invoicing client contributions • Development of Waiver Standard Operating Procedure, for formal decision making of complex cases and financial hardship. • Development of Funding Without Prejudice correspondence and agreements, to improve 'security' of debt recovery when access to funds made available. • Temporary funding approved to assist with the backlog & FABU. This will also enable capacity to upskill staff for complex cases. Additional resources will commence in March and be used as appropriate throughout 24/25 • Awaiting Service Response data is understood, actions assigned and themes for improvement identified • Legal Library to be developed to capture best practice to reduce minor cases being referred to Legal unless necessary. • Financial Assessment Portal to be embedded within practice • Full cost and full cost nil-disclosure to be coded separately to help identify true debt • Debt awareness training is being delivered to the team managers, fact sheets are being updated and clearer guidelines on good case notes will be developed. Changes have been proposed to Mosaic to make financial notes easier to identify.

	2. Debt Improvement Project.	• Debt recovery “Statement style” letters in place, with historical debt cases starting to receive statement style letters explaining current position. Early indication is that these are supporting Debt resolutions. • A deep debt dive has been conducted alongside CCC key partner Head of Finance Operations Payable & Debt Recovery Team to explore ASC debt reduction, as debt recovery sits outside of ASC control and within this service. The Deep Dive identified several improvement areas which have been developed into a project, to ensure robust governance, track delivery and ensure benefits are realised (and this risk reduced) • Work has commenced over the last two months to understand key drivers that impact ASC Debt position. This activity is being managed based on a prioritised approach that focuses on the main categorised areas of debt for ASC which are, Court of Protection, Deceased Debt, Awaiting Service response (63% of all ASC Debt). • Debt portfolio management improvements have been made with further improvements planned. • Standard Operating Procedures have been developed for many customer circumstances to ensure consistency and efficiency. • COP and deceased deep dives with associated action plans in place. • ·Review is currently underway to assess and agree changes and costs in respect of dedicated resource, with sole focus to reduce period between Health & Welfare MCA and Finance MCA. • Engage Legal to support production of Standard Operating Procedure for actions available to Operations and Debt Recovery (e.g. court) that comply with the Care Act, and criteria required to invoke them. • Implementing new telephony capability for Debt Recovery Team; telephony data will be reviewed to understand areas for improvement • Business case approved to increase resource in Debt Recovery team.
	3. Digitalisation	• Financial Assessment Portal to be embedded within practice • MSIF (Market Sustainability & Improvement Fund) has been secured for on-line self-serve benefits check tool (Entitled To). • Halo to be implemented within the Debt Team to improve communication, SLA’s to be included to improve performance • Complaint codes have been reviewed and further improvements planned • Increasing Direct Debits is included within the Debt Improvement Project, with plans in pace to increase the uptake and improve the web presence. • Changes proposed to Mosaic to make financial notes easier to identify. • Power BI dashboard is being implemented for Financial Assessments, this will help track progress and help identify themes for further review.
	4. Financial Assessment	• Due to on-going challenges with recruitment and retention focus continues early ability to digitalise Financial Assessment Activity, which will also improve timescales for customers.

		• Workforce benchmarking will take place regarding FA Team salaries to determine if salaries are impacting recruitment and retention. Output of Deep Dive activity. • Continuous open recruitment to meet establishment vacancies. • Procure outsourcing of financial assessment backlog cases- due to commence March 2024. This will also free up capacity so upskilling permanent staff can take place. [Completed and operational] • Business Process Redesign in Financial Assessment team to improve efficiency and effectiveness of existing resources, with development "sprints" for improvement ideas.
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**8: Increasing demand for Adult Social Care decreases responsiveness of Adult Social Care services and places pressure on the financial envelope of the Council.**			
Risk owner/s:	Patrick-Warren Higgs, Executive Director for Adults, Health and Commissioning and Kirstin Clarke, Service Director for Adult Social Care.			
Residual Risk level:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: Remain the same.
Triggers:	• Demand into ASC overtakes growth assumptions within allocated financial envelopes. • New customers in without prior ASC support continues to grow and preventative options do not meet individual need. • Complexity of needs places pressure on costs per package and areas such as bed-based care. • Partnership Agency changes can adversely impact ASC budgets for example ICB and D2A processes into bed-based care or FNC (Funded Nursing Care) application or Police and Right Care, Right Person.			
Consequences:	• Poor experience of ASC experienced by individuals with care and support needs or unpaid carers. • Increasing waiting lists and wait time within Adult Social Care. • Increase in complaints. • Poor CQC rating because of poor responsiveness and wait lists • Provider Failure/Closure diverts ASC resources away from core ASC activity.			
Controls:	1. Data Analysis, Reporting, Prediction and System Assurance.	The organisation engages in the on-going process of data analysis and review to understand current and predict future trends to support good assurance such as: • Oversight via Finance and Performance Board which meets monthly to review waiting list performance and agree any actions required • Data Delivery Board meets monthly, to ensure data reporting meets requirements and sets priorities. • Forecasting ASC spend monthly monitors trends and growth in service provision and projects future in year financial spend providing early warning to changing trends and growth.		

		Regular reporting and monitoring provide leaders with the data to amend in year and future year plans to ensure responsive services and decrease potential pressure on the financial envelope. Effectiveness: Good
	2. Systems and Process in Place.	• Robust arrangements in place to respond to provider failure which has mitigated risks to individuals and the council • Cross system response available to support clinical need of individuals displaced by provider failure • Contract Monitoring and proactive support to providers with oversight of an operational leadership team comprising of Health and Social care staff is in place • System wide Provider Monitoring processes in Place (Operational Leadership Team) to share intelligence and ensure wider system quality and safety. Effectiveness: Good
	3. Utilising funding streams available to maximise capacity to meet demand.	• Utilising available one-off grants to support wait times and waiting list numbers, ASC and Commissioning have drawn up plans to use one off grant monies such as the MSIF to support the reduction of waiting lists and waiting numbers across the ASC system. • Teams and Services utilise their capacity to ensure responsiveness is equitable across the County. • There is a specific improvement plan and funding secured and in place for the DOLs (deprivation of liberty) backlogs that has had oversight from CLT. Effectiveness: Good
	4. Data reporting, management and Improvement Plans	• Waiting list data on all areas of operation is monitored monthly via Operational Meetings. • AAT team additional resourcing and oversight of prioritisation by Service Director is in place 2024/25. • DoLs (deprivation of liberty) additional resource signed off by Committee. • Tracking data improved for LDP Health waiting list via Power BI dashboards • Reviews waiting list project and use of an agency has been undertaken to improve overdue review position. • Use of Market Sustainability and Improvement plan to secure resource to address wait lists • Improvement plan also includes threshold assessments for people in care, OT waiting list, LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment, and financial data entry delays

		• Strengthening of Early Intervention and Prevention offer via initiatives to secure the right staffing resource and review of customer journey to increase our ability to prevent or delay the need for long term services • Continue demand Management at the front door using VS and universal preventive services e.g. Community Navigators to reduce the pressure. Effectiveness: Good
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**9: The Workforce across Adults, Health and Commissioning is under capacity, and may not have the level of maturity of experience to deliver business needs.**			
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning			
Residual Risk level:	Likelihood = 1	Impact = 4	Score = 4	Direction of risk: A decrease in likelihood score from 2 to 1.
Triggers:	• We do not have and/or are unable to recruit enough staff to fulfil our statutory responsibilities • A lack of qualified workers in the job market • Decrease in employee retention • Low levels of employee engagement • Ineffective workforce planning • Receive a poor rating in CQC enhanced assurance. • Insufficient strategic management control and planning • No capacity or correct skills to manage organisational change • Long standing vacancies in Health roles where LA holds responsibility under Section 75 agreement • Insufficient number of AMHPs to provide a safe services and cover rota • The separation of the public health directorate leading to 50% reduction in workforce and skills gaps.			
Consequences:	• Insufficient workforce to adequately meet quality and demand • Unable to respond to public health emergency • Unable to support delivery of the HWB Strategy • Unable to support partnership working • Loss of Public Health training site accreditation for Public Health registrars			
Controls:	1. Employee Engagement	• Exit interviews to capture information about why people leave • Establishment of a staff engagement group in response to staff feedback as part of external assurance activity • Welcome induction sessions with the Executive Director for all new starters • Communication channels in place – Practice newsletter, Fortnightly update from ED, Regular Teams Live events for all adults' employees		

		• Staff Survey results to be analysed and action plan produced to increase staff satisfaction and therefore retention • Care Professionals Academy has been launched for adult social care providers and professionals to access training, benefits and information from the council which supports staff with training and qualifications.
	2. Health/LA agreement	• Review of Section 75 arrangements
	3. Induction, Training and Development	• Increased number of Apprenticeship supported for OT and SWs • Commitment to 6 protected CPD days for professionally registered staff • Insufficient consultant capacity to supervise public health registrars
	4. Retention	• Retention payment scheme in place for hard to recruit teams • ASYE Scheme in place to support newly qualified social workers • Apprenticeship Schemes supported and expanded. • 20 apprentice Social Worker opportunities have been launched. • Establishment of a staff engagement group in response to staff feedback as part of external assurance activity • Comprehensive wellbeing offer • Use of ringfenced grants to secure the workforce, such as supporting enhancements for 7 day working through the hospital discharge fund • Twice yearly Pay Progression Panel for social workers. • Use of secondments, interims, agency workers etc, to fill any remaining vacancies.
	5. Vacancy Tracker	• Oversight of vacancies via a recruitment tracker and HR data completed monthly with oversight from Adults Leadership Team and FAP.
	6. Workforce Strategy	• Funding secured to develop an ASC specific workforce strategy, forecasting future need, setting out recommendations and actions to retain, succession plan and ensure pipelines of future workers – due to deliver summer 2024 • Horizon scanning and review of other LA offers as part of recruitment campaigns • Keeping up to date on national/ local trends & through ADASS network for hard to recruit professions
	7. Recruitment	• In the process of recruiting to an AMHP Manager secondment. • Re-evaluation of consultant salary scales to ensure competitive benchmarking with other local authorities and health organisations
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	
The Risk:	**10. Adults, Health and Commissioning unable to deliver commissioned services within budget**	
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Will Patten, Service Director for Commissioning	

Residual Risk level:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: Remains the same.
Triggers:	There is a continued risk across the whole of ASC to manage budgets and deliver savings, because of: • reliance on government funding grants such as MSIF to deliver BAU • growing demand on services • significant inflationary and workforce pressures on the provider market, impacting on the cost of care • Some capacity constraints, resulting in higher costs to place care, particularly in relation to specialist care • key partners are also under significant strain, which may impact on AHC directorate if demand management is not managed or increases • Fair cost of care funding cut during the MTFS cycle. • We cannot provide appropriate accommodation, or the right level of care and support be identified in a crisis for the most challenging individuals, this includes a lack of LD hospital beds. • Individuals are placed in settings that are not able to fully meet their needs, including extended use of section 136 suite or other place of safety, including extended use of section 136 suite or other place of safety.			
Consequences:	• Poorer outcomes for adults			
Controls:	1. Additional Funding	• Continue to raise with Central Government regarding additional funding required in Adults Services • Work is ongoing on resolving issues with ICP over jointly funded packages of support (Continuing health care (CHC), section 41 and section 117). Further action will be taken if back payments cannot be secured. • Work is ongoing with the ICP to review the arrangements associated with the Learning Disabilities (Pool) and associated risk share agreements.		
	2. Finance, Activity & Performance Board	• Performance & Activity is under regular review alongside financial data and savings delivery • CCC Commissioning Board in place to review commissioned services and services planned to be re-commissioned. • Uplift Board in place to manage uplift requests from providers		
	3. Managing Demand	• Transformation projects will contribute to making investment to save, this will include programmes such as the Adults Positive Challenge Programme / Demand Management / Front Door / Health and Social Care Integration • Early Help Services are operating more effectively to meet demand		
	4. Robust Business Planning Process	• ALT development of Adults Business and Service Plans • ALT dedicated Business Planning Sessions planned		
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024			
Next review date:	January 2025			

The Risk:	**11. Insufficient Resource to maintain service levels**			
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Val Thomas, Acting Director of Public Health			
Residual Risk level:	Likelihood: 4	Impact: 3	Score: 12	Direction of risk: N/A – New risk
Triggers:	• Future Public Health grant allocations are insufficient to cover inflationary pressures. • Insufficient internal staffing capacity to meet current service levels, ambitions of the health and wellbeing strategy, and sufficiently monitor contract performance. • Inability to sustain current staffing due to ending of short-term grant funding or cessation of externally funded posts. • Increase in reserves due to de-coupling process could lead to reduction in future grant allocations.			
Consequences:	• Worse health outcomes for service users if there is a reduction in services offered due to insufficient funding. • Population health outcomes do not improve and potentially worsen • Additional pressures on the wider health and social care system. • Health inequalities are not reduced and could widen further.			
Controls:	1. Management of reserve spend	Description: Active management of reserve spends to reduce the risk of significant underspend. Effectiveness: Good Critical success factors: Reserves fell across 23/24		
	2. Ongoing Work with service providers	Description: Working with service providers to identify more efficient service delivery, e.g., hybrid/digital delivery models, revised skill mix. Effectiveness: Good Critical success factors: Efficiencies found in some areas, for example the healthy child programme.		
	3. Public Health prioritisation tool	Description: PH Prioritisation tool will be used to assess internal commissions both current and future to ensure value for money as requested by OHID & CLT. Effectiveness: Good Critical success factors: Prioritisation tool in place.		
	4. Appointment of substantive Director for Public Health	Description: Following appointment of substantive DPH, the service will be reviewed to support delivery of public health objectives. Effectiveness: Reasonable Critical success factors:		
	5. Working with partners	Description: Working with partner organisations to maximise the added value of service provision. Effectiveness: Good		

		Critical success factors: Additional funding secured from the ICB, for services across public health including Weight management the MASH, shared analyst posts, Probation service etc.
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**12. There is a risk that the council and partnership response to future outbreaks/pandemics (including new variants of Covid-19) of infectious disease will be insufficient.**			
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Val Thomas, Acting Director of Public Health			
Residual Risk level:	Likelihood: 3	Impact: 4	Score: 12	Direction of risk: N/A – New risk
Triggers:	• Insufficient comprehensive CPLRF lessons learnt process is conducted. • Insufficient national steer as to the expectations of local authorities regarding health protection moving forward. • Insufficient system resilience and system resource to respond to a future outbreak. • Insufficient resource within the local authority to mobilise quickly in the event of a future outbreak. • Reduction in resource in UKHSA has resulted in reduced leadership for outbreak management.			
Consequences:	• Worse health outcomes for the population of Cambridgeshire if another outbreak of a pandemic pathogen occurs. • Avoidable morbidity and mortality occur. • Increased pressure on the wider health and social care system and other partner organisations who would be affected.			
Controls:	1. Lessons learned exercise	Description: Support for and participation in CPLRF lessons learned exercise. Effectiveness: Good Critical success factors:		
	2. Resource allocation	Description: Allocation of resource for resilience measures, such as FFP3 fit testing capacity. Effectiveness: Good Critical success factors:		
	3. Portal registration	Description: CCC registered with UKHSA's data sharing 'All Hazards Portal' Effectiveness: Good Critical success factors:		
	4. Planning exercises	Description: Participation in system-wide planning exercises. Effectiveness: Good Critical success factors:		

	5. Production of a local Pandemic Plan	Description: Pandemic Plan approved and adopted by CPLRF Effectiveness: Good
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

The Risk:	**13. There are reputational and legal impacts when the Council's arrangements for Safeguarding Adults with Care and Support needs fail.**			
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Kirstin Clarke, Service Director for Adult Social Care			
Residual Risk level:	Likelihood = 3	Impact = 5	Score = 15	Direction of risk: Remains the same
Triggers:	1. Inability to recruit, train and retain the level of skills required across the workforce to support safeguarding activity. 2. Governance arrangements for safeguarding are not robust or fail. 3. There is non-compliance within safeguarding practice guidance or processes. 4. Assurance measures fail or are not robust. 6. Internal organisational change impacts system safety. 7. External system/regulatory changes impact system safety. 8. Major incident results in spike in demand for services and/or inability to access Council systems, records, or buildings. 9. Commissioned Services fail placing increased demand on the system and safety is compromised			
Consequences:	1. Negative consequences are experienced by those with care and support needs and unpaid carers. 2. People lose trust in Council services and/or commissioned services. 3. Council is deemed to have failed in statutory duties. 4. CQC rating is impacted. 5. Decrease in government funding.			
Likelihood factors:	Vacancy Rates Volume of safeguarding referrals Safeguarding Adults Board Internal Process Change	Vacancy rates in Safeguarding and Operational teams impacting on capacity to undertake safeguarding activity. Increasing volume of safeguarding referrals, some of which are inappropriate, requiring triage and management. Partnership agencies may change systems or process which impacts adversely on ASC such as Right Care Right Person, impacting on increased activity within ASC and lack of available Police response to those living risky lives.		
Controls:	1) 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.		

		Critical Success Factors: Regular reporting and providing practitioners with tools and support for following best practices are critical success factors. Regular reporting includes monthly highlight reports that are shared with the Head of Service, MASH governance reports that are submitted to the SAB Board, weekly summary information on the MASH status which are shared with the Head of Service, annual Safeguarding Adults statutory return. Annual self-assessments are submitted to the SAB Board which cover all safeguarding. We have the thematic audit cycle completed by QSPT and reported to PGB, each team has service level improvement plans, and we have monthly managerial audits with a quarterly report and action plan - all held by QSPT and team managers are accountable for these. These are reported to PGB. Adult Social Care Practice Update newsletter is circulated fortnightly and is sent out to all staff within the Adults, Health and Commissioning directorate, keeping staff up to date with relevant information to support them and those they work with. Assurance: Good assurance of effectiveness comes from the Eastern Region Sector Led Improvement Programme, Adults practice governance board, LGA (Local Government Association) Peer Review with associated improvement plans, and preparations for CQC readiness over the next 12 months. Effectiveness: Good
	2) 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. Critical Success Factors: A dedicated safeguarding training resource, with robust training programmes, annually reviewed, available multi-agency policies, themed audits are undertaken, robust training programs available, and an adult practice governance board provide assurance and oversight. The CCC Safeguarding training strategy outlines the training offered along with safeguarding training that is essential to each role across adult social care. Work is being completed on monitoring training compliance rates, and teams are asked to complete a manual check of all MCA / Safeguarding training. Assurance: There is a dedicated resource for safeguarding training within Learning and Development, Safeguarding has a focused training strategy document which is refreshed annually linking in operational / practice needs with Learning and Development colleagues. The Principle Social Worker has close oversight of this.

		Effectiveness: Good
	3) Multi Agency Safeguarding	Multi-agency Safeguarding Boards and Executive Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity. Coordinated work between multi-agency partners. Police, County Council, Health and other agencies who are key members of the Board and subgroups. Critical Success Factors: Regular reports are submitted to the SAB Board including MASH Governance reports, QEG reports (including a data set submitted every 3 months) and annual self-assessments and shared working outcomes Assurance: SAB annual report highlighting progress against priority areas shared with Adults & Health Committee. Effectiveness: Good
	4) Internal Quality Assurance	Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance. Critical Success Factors: Regular auditing and reporting. Ability to highlight good practice and areas for improvement, robust service level improvement plans developed as needed. Annual safeguarding thematic audit, monthly managerial audits and quarterly reports to PGB. Team level action plans held by managers and meet with PSW to discuss on a quarterly basis. Assurance: Monthly Management Audits. Annual programme of Themed Audits. Adults practice governance board. Agreed Improvement Plan with Senior Responsible Leads. Effectiveness: Good
	5) 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. ASC have a structure in place to raise, discuss and address provider quality concerns across the health and social care system. If improvements are not made, escalation routes are in place and progress and risks are continually shared with the CQC regulator. Critical Success Factors: Regular auditing and reporting. Ability to support providers at risk. Assurance: Contracts monitoring team, care home support team & provider of concern process. Effectiveness: Good

	6) Coordinated work with system partners and agencies	Coordinated work between multi-agency partners for both Adults and Children's. Police, County Council, and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the Safeguarding Boards. Critical Success Factors: Effective and safe implementation. We have a number of task and finish groups - for example transitional safeguarding, MCA we have regular system wide groups - QEG. Assurance: SAB and key statutory partners. Effectiveness: Good
	7) Information Sharing with regulatory bodies.	Continue to work with the CQC to share information. Critical Success Factors: Regular reporting. Assurance: Contracts monitoring team. Effectiveness: Good
	8) Manage demand	Managing increasing demand and acuity to ensure adults receive right support at the right time. Regular DMT's to discuss and escalate issues. Critical Success Factors: Daily monitoring of referrals and waiting time is in place to reduce waiting times and review priority levels to provide proportionate and time critical responses to those at risk. Assurance: Escalation to CLT as required. Effectiveness: Good.
Review date:	Quarterly review by the Adults Leadership team took place on 24th September 2024	
Next review date:	January 2025	

Adults and Health Policy and Service Committee Agenda Plan

Published 1st September 2024
Updated 19th September 2024

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.
* indicates items expected to be recommended for determination by full Council.
+ indicates items expected to be confidential, which would exclude the press and public.

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log
- Agenda Plan, Training Plan and Appointments to Outside Bodies and Internal Advisory Groups and Panels

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
10/10/24	Mental Health S75 Agreement extension	M Hill	KD2024/063	27/09/24	02/10/24
	Drug and Alcohol Treatment Services Additional Grant Funding	V Thomas	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Adults Performance Monitoring Report Quarter 1	S Bye	Not applicable		
	Public Health Performance Monitoring Report Quarter 1	V Thomas	Not applicable		
	Adults, Health and Commissioning Risk Register	P Warren Higgs	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Health Scrutiny items				
	Maternity Services at Cambridge University Hospitals NHS Foundation Trust	R Greenhill	Not applicable		
	The Re-Development of Hinchingbrooke Hospital	R Greenhill	Not applicable		
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		
12/12/24	Care Together - Place Based Homecare Phase 1	J Melvin / A Belcheva	KD2024/006	29/11/24	04/12/24
	Market Position Statement	L Sparks	KD2024/048		
	Charging Review	P Warren-Higgs	KD2024/087		
	Finance Monitoring Report	J Hartley	Not applicable		
	Adults, Health and Commissiong - Performance Monitoring Report – Quarter 2	S Bye	Not applicable		
	Health Scrutiny items				
	Cambridgeshire and Peterborough NHS Foundation Trust Mental Health Services	R Greenhill			
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
23/01/25	Re-Commissioning Drug and Alcohol Treatment Services for Adults and Children and Young People	V Thomas	KD2025/005	10/01/25	15/01/25
	Scrutiny of Draft Business Plan and Budget	P Warren-Higgs	Not applicable		
	Re-commissioning Behaviour Change Services	V Thomas	KD2025/006		
	Health Scrutiny items				
	Health Inequalities	R Greenhill	Not applicable		
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		
06/03/25	Finance Monitoring Report	J Hartley	Not applicable	21/02/25	26/02/25
	Adults, Health and Commissiong - Performance Monitoring Report – Quarter 3	S Bye	Not applicable		
	Health Scrutiny items				
	Dental Provision in Cambridgeshire				
	Approval Process for Responses to NHS Quality Accounts 2024/25	R Greenhill	Not applicable		
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		
19/06/25	Notification of the Chair and Vice Chair of the Adults and Health Committee 2025/26	R Greenhill	Not applicable	06/06/25	11/06/25

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Appointment of Co-opted Members for Health Scrutiny Business Only	R Greenhill	Not applicable		
	Finance Monitoring Report	J Hartley	Not applicable		
	Adults, Health and Commissioning - Performance Monitoring Report – Quarter 4	S Bye	Not applicable		
	Health Scrutiny items				
	Health scrutiny work plan	R Greenhill	Not applicable		
	Health scrutiny recommendations tracker	R Greenhill	Not applicable		

Please contact Democratic Services democraticservices365@cambridgeshire.gov.uk if you require this information in a more accessible format.

Adults and Health Committee Training Plan

Date	Timing	Topic	Present	Location	Notes	Attendees
On Request **Monday 20th June** Amundsen House 10.00 – 12.00 Scott House 13.00 – 15.00	1 day or 2 half days	**CCC** Overview of the Adult Care Customer Journey including Prevention & Intervention Services and Term Complex Services. At this session you will the day at Amundsen and be introduced to our Prevention & Early Intervention services, where many of our customers start their journey. You will have the opportunity to listen into live calls and get to know more about Adult Early Help, Reablement and Technology. In the afternoon, you will visit our Social Work Teams for Older People and the Learning Disability partnership in Scott House	Head of Prevention & Early intervention, Head of Assessment & Care Management, Social Work Teams	Amundsen House & Scott House	**ASC** Maximum attendance of 4 Members & can be arranged on request	Attended by Cllr Richard Howitt Cllr Susan van de Cllr Claire Daunton (am only) Cllr Graham Wilson

Friday 11th November 2022 10am - 4pm		**PCC** Overview of the Adult Social Care Customer Journey including Prevention & Early Intervention Services and Long- Term Complex Services.	Operations Manager and Head of Housing & Health Improvement	Sand Martin House		Cllr John Howard
Thursday 21st September 2023 (reserve committee date)	2.00pm to 5.00pm	Health Scrutiny training and development session	David McGrath, Link UK LTD	Red Kite Room, New Shire Hall* *Members are encouraged to attend the session in person if possible, but a Zoom link will be available if needed	Open to all members and substitute members of A&H	**Scrutiny Training** Cllr Howitt Cllr van de Ven Cllr Howell Cllr Costello Cllr Hay Cllr Slatter Cllr Daunton Cllr Black Cllr Seeff Cllr Bulat Cllr Shailer Cllr Dr Nawaz - FDC Cllr Horgan - ECDC Cllr Garvie – SCDC **Social Value Development Session** As above but apologies from Cllr Daunton and Slatter

21 Feb 2024 – 12.30-1.30 via teams		How care packages - are worked out (in terms of need), - Are costed, - And the payments for which are agreed with service users, - Are invoiced to service users	Kirsten Clarke Service Director, Adult Social Care			

***Please note that the training plan is currently under review**

Maternity Services at Cambridge University Hospital Foundation Trust (CUHFT)

To:	Adults and Health Committee
Meeting Date:	10th October 2024
From:	Roland Sinker Chief Executive, CUHFT
Electoral division(s):	Trumpington

1. Background

The Rosie is part of Cambridge University Hospitals, within the Cambridgeshire and Peterborough (C&P) Integrated Care System (ICS), supporting circa 5,500 births per annum. The Rosie serves the local community as well as being a regional tertiary centre for complex pregnancies, with a tertiary neonatal unit.

The Care Quality Commission (CQC) inspected two domains Safe and Well Led in May 2023. Safe care was rated as 'Requires Improvement', with Well Led domain receiving 'Good'. The CQC issued one must do and 13 should do actions.

The report below is structured in response to the areas of focus highlighted, and specific questions raised, by the Adults and Health Committee – and is not intended to be a comprehensive report on maternity services.

2. Main Issues

2.1 Safety

2.1.1 *Current completion rates for safeguarding children and adults training amongst Maternity Services staff*

Training compliance – Maternity services staff Position on 11th September 2024	
Safeguarding adults Level 1	96.9%
Safeguarding adults Level 2	96%
Safeguarding adults Level 3	73.3% (up from 17% and 34% for medics and midwives)
Safeguarding children Level 1	98.6%
Safeguarding children Level 2	97%
Safeguarding children Level 3	90%

Source: DOT Training database, includes all staff Obstetrics, gynaecology, and midwifery staff. Trust target is 90% for all training

Safeguarding training for Maternity staff is compliant with Trust targets in all areas with the exception of safeguarding adults' level 3.This was new training implemented in 2023 and is actively being improved. The Trust has a safeguarding team for Maternity services as well as a corporate team for support and advice. All safeguarding referrals in Maternity have been managed in line with policy.

2.1.2 *What monitoring arrangements are in place to ensure compliance with the Trust's policies on safeguarding children and adults training going forward?*

Training compliance is monitored at divisional level with oversight at monthly Executive Divisional Meetings. Safeguarding training compliance is overseen by the Trust's Joint Safeguarding Committee reporting directly to the Management Executive and Board sub committees. For all staff, mandatory training is monitored as part of their annual appraisal cycle.

2.1.3 Whether medical staffing in triage has been reviewed and improved to deliver care in safe time frames.

A full medical workforce review was undertaken following the CQC inspection. An investment was made for six additional junior Doctors and six Consultants. With the new juniors in post, medical capacity has been increased to support cover for triage during daytime hours Monday to Friday, now rostered for triage 8-5:30pm. An additional Doctor is now rostered on night shift to cover all areas including triage. A second review of medical workforce is now underway, forecasting future needs.

2.1.4 NHS England support- has Maternity been enrolled on the nation Maternity improvement programme?

A Maternity Oversight Board has been established with NHSE Regional Chief Midwife and ICS Chief Nurse in attendance. A programme of enhanced visits from both the region and ICS is in place to allow scrutiny in practice with supportive feedback to team on further improvements .CUHFT has not been required to enrol on the NHS England Maternity Safety Support Programme.

2.2 Workforce

2.2.1 *Current figures for staffing of CUHFT's Maternity Services, including vacancy levels and use of agency staff, and to ascertain whether there are enough suitably qualified competent staff to meet the needs of the service.*

Current Midwifery vacancy as of July 2024 is 7.3% against Trust target of 5% (pipeline data of new starters planned from October will result in full establishment). Bank staff are used to cover any shortfalls, no agency Midwives are used.

The Obstetric Consultant vacancy in July 2024 was 17%, (three whole time equivalent against establishment of 18 Obstetric Consultants) with further appointments due to be made. There is one substantive vacancy in the senior Doctor rota, and two vacancies in the junior Doctor rota with appointment offers made. The Foundation year one/two Doctor rota is now at full complement.

Locum Doctor shifts are all filled internally by existing staff. There are two long-term agency locums which have been in the Trust for over a year. There are no short-term locums in the department.

2.2.2 Whether wait times for medical reviews have been reduced. The CQC found that lack of adequate staffing levels sometimes meant that service users had to wait for medical reviews

Timely assessment of women attending Triage is essential to ensure safe care.

A significant and sustained improvement was seen in the percentage of women receiving initial triage (midwife review in 15 minutes) within a month of the CQC Inspection in May 2023 (see Appendix 1). This figure increased from 55% in April 2023 to consistently above 70%. The latest data in July 2024 reports a rise to 90%.

Medical cover for triage was increased in the Doctor rota from August 2024 and the impact is currently being measured. Service users triaged by Midwives as most urgent (red category) are seen immediately and treated by an appropriate Doctor.

2.2.3 What steps have been taken to address the CQC's finding that Maternity staff felt respected, but did not always feel supported and valued?

The service leadership (Perinatal Quadrumvirate) are participating in the Perinatal Culture and Leadership Programme. This involves diagnostic analysis around the culture within the Rosie which will result in an organisational development plan to address themes and issues. The Trust has commissioned external expertise to support this. Monthly all staff listening events are held, in addition to regular senior leadership and Board Safety Champion walkarounds speaking to staff to understand their lived experiences of working in the teams.

There is enhanced support for junior Doctors, including monthly Chief Resident Meetings with visits from the Speak up Guardians and Psychology staff. Feedback is discussed at the weekly Consultant Meetings for shared learning and action. Joint culture and leadership multi professional sessions were delivered by the Midwifery and Medical regulatory bodies.

2.3 Service Users' Feedback

2.3.1 Steps taken to actively encourage service users and families to feedback on their experiences.

The Maternity and Neonatal Voices Partnership (MNVP) runs rolling surveys to gather feedback from service users about their experiences of maternity, neonatal and bereavement care. These run alongside targeted surveys on topics such as diabetes and mental health. The Trust shares data from the Friends and Family Test and CQC surveys with the MNVP to support triangulation of service user feedback and identifies opportunities for improvement.

The MNVP holds regular outreach events as well as community-specific engagement events. Alongside this the MNVP visits parent and baby provision such as the Young Parents' Group at Romsey Mill, Children's Centre parent and baby groups and community events. The MNVP runs a 121-listening service for parents wanting to feedback about their care. It also runs quarterly 15 Steps ward walks where service users are encouraged to give a 'fresh eyes' view of the environment.

2.3.2 Processes in place for service user feedback to inform and influence improvement

The embedding of service user feedback within the trust plans was noted as an area of outstanding practice in the CQC report. Feedback from surveys and outreach events is compiled into reports for the Trust, along with action plans (15 Steps reports) and key points for consideration. This feedback is combined with other service data and quality metrics and integrated into the Maternity Improvement Plan and workstream action plans.

Senior staff and the Non-Executive Director (NED) attend quarterly MNVP meetings to discuss how the feedback can be further addressed and acted upon.

Trust guidelines and patient information leaflets are shared with the MNVP for feedback. The lead representative provides input on behalf of the group, while more detailed feedback on guidelines and patient information leaflets is gathered from a panel of service user representatives. Ongoing co-production projects include a redesign of the bereavement suite, delivery unit lighting, communications guide, induction of labour information and consent and choice policy and information.

2.3.3 Current service user satisfaction rates in 2023 (post CQC inspection) compared to 2024

NHS Friends and Family test (see Appendix 2) show consistent scores above 80% since CQC visit, with no significant change. The complaints received for Maternity services reduced between 2022/23 and 2023/24 (see table below).

Complaints data

	2022/23	2023/24
Division E (Women & Children)	187	166
Maternity	91 (plus 1 maternal medicine)	68 (plus 1 maternal medicine)

2.4 Partnership working:

2.4.1 Whether learning is being taken from other system partners. We understand NWAFT Maternity services were also inspected in April 2023 as part of the CQC's national Maternity services inspection programme and received an upgraded rating of Good.

The Directors of Midwifery (DoMs) from CUH and NWAFT are members of the Local Maternity and Neonatal System Board, where learning is shared. Additionally, both DoMs also sit as members of both Trusts Improvement Boards. CUHFT DoM also chairs the Shelford Group Maternity Community of Practice meeting where members of the 10 largest teaching hospitals come together to share best practice.

2.4.2 Is CUHFT's learning being actively shared with system partners?

There are regular system and regional meetings attended by members of the Midwifery Leadership Team, where learning is shared amongst peers from other units. There are monthly Head of Midwifery/Director of Midwifery meetings with input from the NHS England regional team. The Director of Midwifery joined an enhanced visit at the North West Anglia Foundation Trust (NWAFT) to observe practice and share learning. CUHFT have shared learnings on best postpartum haemorrhage practice with the regional Clinical Reference Group in March 2024.

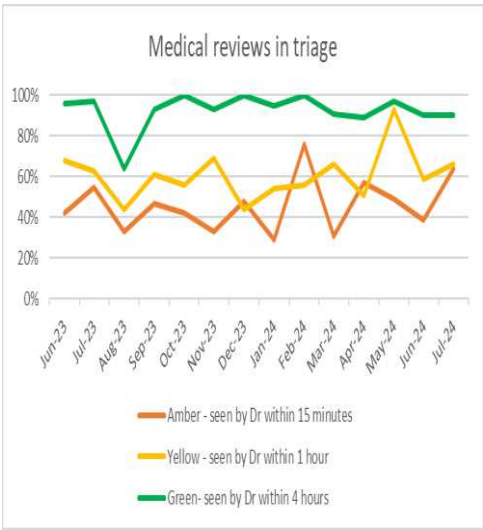
2.4.3 Provide anonymised case studies illustrating changes to practice in response to the CQC's findings.

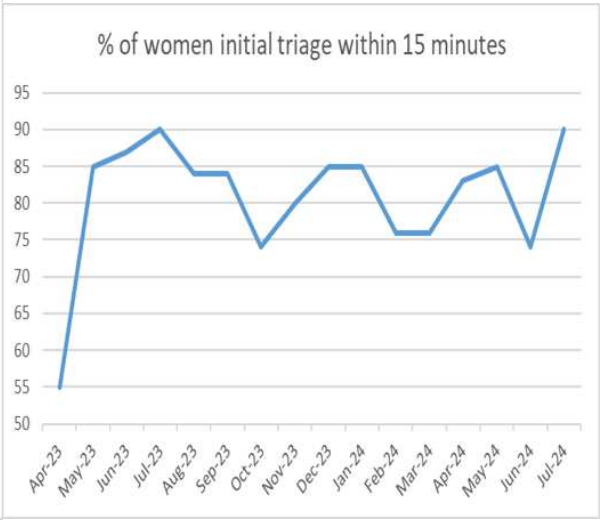
Examples of changes in process include design of a framework (ROBUST) to guide clinicians on managing postpartum haemorrhage and the implementation of escalation and communication around induction of labour, meaning service users consistently know what to expect and when.

3. Accessibility

3.1 The information contain in this report is available in ana accessible format on request. Please contact democraticservices365@cambridgeshire.gov.uk

Appendix 1





Appendix 2

FFT result for Maternity (4 touch points combined)	Good Score	Poor Score
January 2023	97.3%	1.4%
February 2023	93.3%	3.00%
March 2023	95.5%	2.2%
June 2023	97.0%	0.0%
July 2023	99.20%	0.80%
August 2023	93.00%	3.00%
September 2023	90%	5.50%
October 2023	89.50%	3.20%
November 2023	85.40%	6.70%
January 2024	82.80%	10.20%
February 2024	92.60%	3%
March 2024	87.50%	8%
April 2024	90.70%	5%
May 2024	87.50%	9%
June 2024	90.0%	6.7%
July 2024	86%	7.50%

Hinchingbrooke Hospital Redevelopment Programme Update

To: Adults and Health Committee

Meeting Date: 10 October 2024

From: Deborah Lee, Senior Responsible Officer (SRO), Hinchingbrooke Hospital Redevelopment Programme (HHRP)
Louis Kamfer, Deputy Chief Executive Officer (DCEO) Managing Director of Strategic Commissioning Cambridgeshire & Peterborough Integrated Care System (ICS)

Electoral division(s): Huntingdon North and Hartford
Huntingdon West

Officer contact:
Name: Deborah Lee
Post: Senior Responsible Officer, Hinchingbrooke Hospital Redevelopment Programme

1. Background

1.1 The purpose of this report is to provide the Committee with an update on the plans to provide a new hospital, on the existing Hinchingbrooke Hospital Site, by 2030 and to respond to the specific questions asked by Committee Members in advance of the meeting.

1.2 There has been a longstanding recognition of the need to provide a new hospital for the people of Huntingdonshire and surrounding areas. The Committee was updated in 2022 on the organisations vision for a new hospital and its plans to begin the development of a Strategic Outline Case. In 2023, it was announced that the North West Anglia Foundation Trust was to be included in the Government's New Hospital Programme and funds were earmarked to enable a complete rebuild of the Hinchingbrooke Hospital. The drivers for this change and the vision for the new hospital are set out in the accompanying presentation.

1.3 The new Government recently requested a review of the New Hospitals' Programme and the outputs of this review are awaited. However, the seven RAAC hospitals have been excluded from this review and are thought not to be at risk given the imperative to replace them as quickly as possible. The Trust has had a clear steer from both NHP and NHSE to continue at pace to develop it's Outline Business Case.

1.4 In September 2024, the Strategic Outline Case was approved by both the Trust Board and the Cambridgeshire and Peterborough Integrated Care Board and has now been submitted to the New Hospitals Programme and NHS England East of England for the approvals which are expected to be concluded in January 2025. Meanwhile, work has commenced on the development of the Outline Business Case. Currently, the programme remains on track to open the new hospital in late Autumn 2030.

2. Main Issues

2.1 In addition to the update accompanying this report, the Committee has asked for further information on how the Trust will ensure patient safety is maintained during the redevelopment and what has been the approach to ensuring staff, patients, the public and local communities are at the heart of the planning for the new hospital.

2.2 Patient and Staff Safety

Since the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) the Trust has had a programme of works to ensure these risks are managed and mitigated in so far as is possible. All staff have been trained to understand the risks and their role in ensuring staff and patient safety is maintained at all times.

2.3 The Trust undertakes surveys of RAAC panels on an annual basis. The surveying is undertaken by specialist engineers with significant experience of RAAC and the Hinchingbrooke site. The outputs of the surveys are used by the Trust's RAAC Team to determine the nature and scale of remedial works required to ensure failsafe measures and structural intervention are carried out. These works are planned to minimise the impact on clinical service delivery. A risk assessment is maintained of all RAAC panels in the hospital. The Trust provides regular reports to the RAAC Programme Board (joint NHS England RAAC Team and Trust RAAC Team) on the risk assessment and management of the programme of fail-safeing and structural intervention which is funded by the national RAAC

Team. The Regional RAAC Teams shares with the Trust national RAAC policy requirements and the experience of other RAAC hospital as well as national research on RAAC.

2.4 Hinchingbrooke Hospital staff are trained to respond to the impact of adverse on RAAC areas and there is a hospital evacuation training programme in the event of a significant RAAC failure. The Trust focuses on ensuring the concerns of staff are managed with a comprehensive programme of communication. The Trust's Emergency Planning Resilience and Response Team (EPRR) is centrally involved in planning for a major RAAC issue, both internally within Hinchingbrooke Hospital and across the Trust, with business continuity plans in place. The EPRR and RAAC Teams are also regularly involved in region-wide service transition and recovery planning exercises with other RAAC hospitals in the East of England, with a RAAC Immediate Response Plan established.

2.5 The Trust has experience of undertaking construction close to the RAAC buildings, with the recent new Main Theatres project. In addition to business as usual construction management and health and safety requirements, there are specific processes applied when construction is taking place nearby RAAC facilities

2.6 In addition to the RAAC risks, the Trust's Estates Team and Health & Safety Team work closely with all contractors on site to ensure no adverse impacts from construction work including undertaking joint risk assessment and audits to ensure all works are carried out in line with expected standards. Contractors are required to demonstrate that they meet the all the statutory requirements in respect of health and safety and this is assessed as part of any procurement exercise. Staff are actively encouraged to report any incident or concern where they think construction work, or the conduct of contractors, is putting patient or staff safety at risk. Any incident or concern raised in relation to health & safety are investigated and acted upon in line with the Trust's policies and procedures.

2.7 Engagement and Involvement

Following a series of service reviews in 2023, it was determined that the services currently provided on the Hinchingbrooke site will remain and be provided for in the new hospital, including the Emergency Department and Children's & Maternity Services which were the subject of specific review. In this context, formal public consultation, as set out in the Health Act, is not required. However the Trust is keen to ensure that service users, staff, local communities and partners are involved in the planning and design of the new hospital. There is always more to do in this respect and we welcome any views or suggestions from Committee Members in this regard Below are some of the examples of they way we are approaching this.

2.8 <u>Public Engagement</u>

- Four public engagement sessions were recently held to update the public, one year on since we were added to the New Hospital Programme and this was incorporated into our Strategic Outline Case. These were held in July and August, with two face-to-face events and two online MS Teams events. These were attended by representatives from Healthwatch, local councillors, voluntary organisations patients and local residents. The questions asked during these sessions have enabled us to provide an updated set of Frequently Asked Questions (FAQs) which have been

shared via our dedicated website pages. The slides from the meetings have also been shared on our website to give those who missed these events the opportunity to see what was discussed.

- Frequent news stories on the redevelopment of our hospital site are shared with the public using our social media channels, website and local media. The area of focus at the moment has been the development of our Theatres Block, which is due to be opened later this year. These stories have included timelapse footage taken every 3 months over the two-year construction period, drone footage of the site, images inside the building of our new operating theatres and staff stories. Campaigns such as Health Care Estates Day and Operating Department Practitioner Day also gave us an opportunity to update on the work that has been done with a staff focus.

- Our Trust magazine, Pulse, provides a quarterly update on the Hinchingbrooke redevelopment news. This is distributed to 7000 members of the Foundation Trust, with 600 printed editions published and available for staff, visitors and patients and news shared on the Trusts social media channels. The Trust website holds the most up-to-date news on the redevelopment of Hinchingbrooke. Page hits show that 7,465 people have visited the pages in the last 12 months.

- Over 1,000 members of the public, staff, Trust members and volunteers helped to select the preferred option for the external appearance of new main theatres building.

2.9 Staff Engagement

- Staff receive regular updates via our Trust internal communications channels, including monthly staff briefing sessions, which is hosted by our CEO Hannah Coffey and is typically attended by between 325 and 350 staff members each month.
- We use our dedicated Staff Facebook page, the Trust intranet and create staff news stories to update colleagues on the redevelopment as well as hold dedicated meetings with specific groups of staff on different elements of the build.
- 100+ clinicians and managers have been involved, including support from Cambridgeshire and Peterborough ICB, Huntingdonshire District Council and the North Integrated Care Partnership (ICP) on updating the Development Control Plan for the creation of the new Hinchingbrooke Hospital.
- Design workshops were held with clinicians and the Trusts architects in May 2024 which were material in shaping the high level designs used to inform the Strategic Outline Case

2.10 Partners and Stakeholders

- Engagement has taken place with a wide range of stakeholders including Cambridgeshire and Peterborough Integrated Care Board, Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, NHS England, East of England Ambulance Service, Maternity

Voice Partnership, the North Place Partnership Board, Healthwatch and other stakeholders for input on clinical service reviews.

- Further engagement sessions were held with Public Council of Governors Meetings, Public Trust Board Meetings and local council meetings such as the Huntingdonshire District Council meeting in July 2024.

- The Project Team presented on the Hinchingbrooke redevelopment plans at the July 2024 Patient Experience Strategy Workshop. This was attended by community representatives from across Peterborough, Huntingdon and Cambridgeshire and there feedback was invaluable.

- Councillor Tom Sanderson, both in his role as a local councillor and as a public governor of North West Anglia FT has been invited to, and taken part, in engagement events and has met with the SRO on a one to one basis.

2.11 Looking ahead, we are currently planning for the next phase of community and public involvement to ensure the building design, care philosophy and ways or working are shaped by the views of as many different groups and perspectives as possible. This will be achieved through a variety of approaches including both face to face and on-line events hosted by the Trust in community venues as well as the hospital. We are particularly keen to work with those community groups and organisations that already have established networks and successful ways of engaging such as our local Healthwatch and the Hunts Forum of Voluntary Organisations.

2.12 The next significant milestone is public engagement on the two Planning Pre-applications which have recently been submitted to the local planning authority. Engagement is anticipated to commence in early November and the approach is currently in design phase. As part of this, Cambridgeshire County Council are working closely with the Trust's Planning Advisors and Huntingdonshire District Council on the areas that fall under their remit e.g. highways, transport, flood risk and drainage.

2.13 We recognise for engagement to feel worthwhile to those who give their time it has to be meaningful with tangible evidence that their involvement has shaped and influenced the outputs. All of the questions and feedback received from the public engagement events have been captured in a Frequently Asked Questions (FAQs) and published on our intranet and Trust website Below are some examples of how we are striving to achieve this. The key themes that came out from the public events so far were

- Ensuring sufficient provision of car parking for patients, visitors and staff both during and after construction of the new hospital
- Ensuring the future flows in and out of the new hospital address the current congestion faced at times of peak traffic and that dedicated flows are created for "blue light" vehicles
- Ensuring the warm, caring feel of the current hospital is not lost in the new hospital
- Concerns about whether the hospital will be big enough and that account has been taken of local plans for new housing developments as well as the impact of an aging population.
- Both concerns and benefits shared in respect of 100% single rooms particularly from older people who value the social aspects of being able to meet other patients

- A strong desire to retain the green spaces that characterise the hospital and its grounds currently and the continued use of volunteers in their maintenance
- Seeking reassurance that services such as A&E and maternity will continue to be provided in the new hospital
- That services with their own identify such as the Woodlands Centre, which was partially funded by Macmillan will be maintained and not subsumed within the larger hospital.
- Ensuring that the needs of those with disabilities – both physical and cognitive - are taken into account and service users and their carers are actively involved in the planning and design of the new hospital.

An engagement event run with 56 clinical services on the initial, high-level designs led to numerous changes in the layout and adjacencies of clinical departments and proved invaluable. These sessions will continue.

2.14 The vision previously articulated to the Committee of a health and care campus remains very much central to the vision going forward. Development of this vision will be an important part of next steps and one very much developed in partnership with Huntingdonshire District Council and the Integrated Care System. We are keen to ensure that this wider opportunity of a health campus plays a role supporting the Councils vision for the town, that it attracts and retains the very best staff through the provision of education and research opportunities and that we explore partnerships with others that attract funding to enable our vision to be realised.

3. Source documents

3.1 None

NHS
North West Anglia
NHS Foundation Trust

Hinchingbrooke Hospital

Building our future together

LOCAL CARE FOR LOCAL PEOPLE

The Hinchingbrooke story

40th Anniversary celebrations

September 2023 marked 40 years since Hinchingbrooke first opened its doors in 1983, after the Huntingdon County Hospital and Primrose Lane Maternity Hospital transferred across to the new site.

Safe delivery of first baby at Hinchingbrooke in September 1983

Structural issues identified

The building was originally intended to last 30 years. In 2018 we identified a structural issue with the concrete used in the roof across 75% of the site. As well as making the site safe, we have invested in infrastructure improvements to the main building.

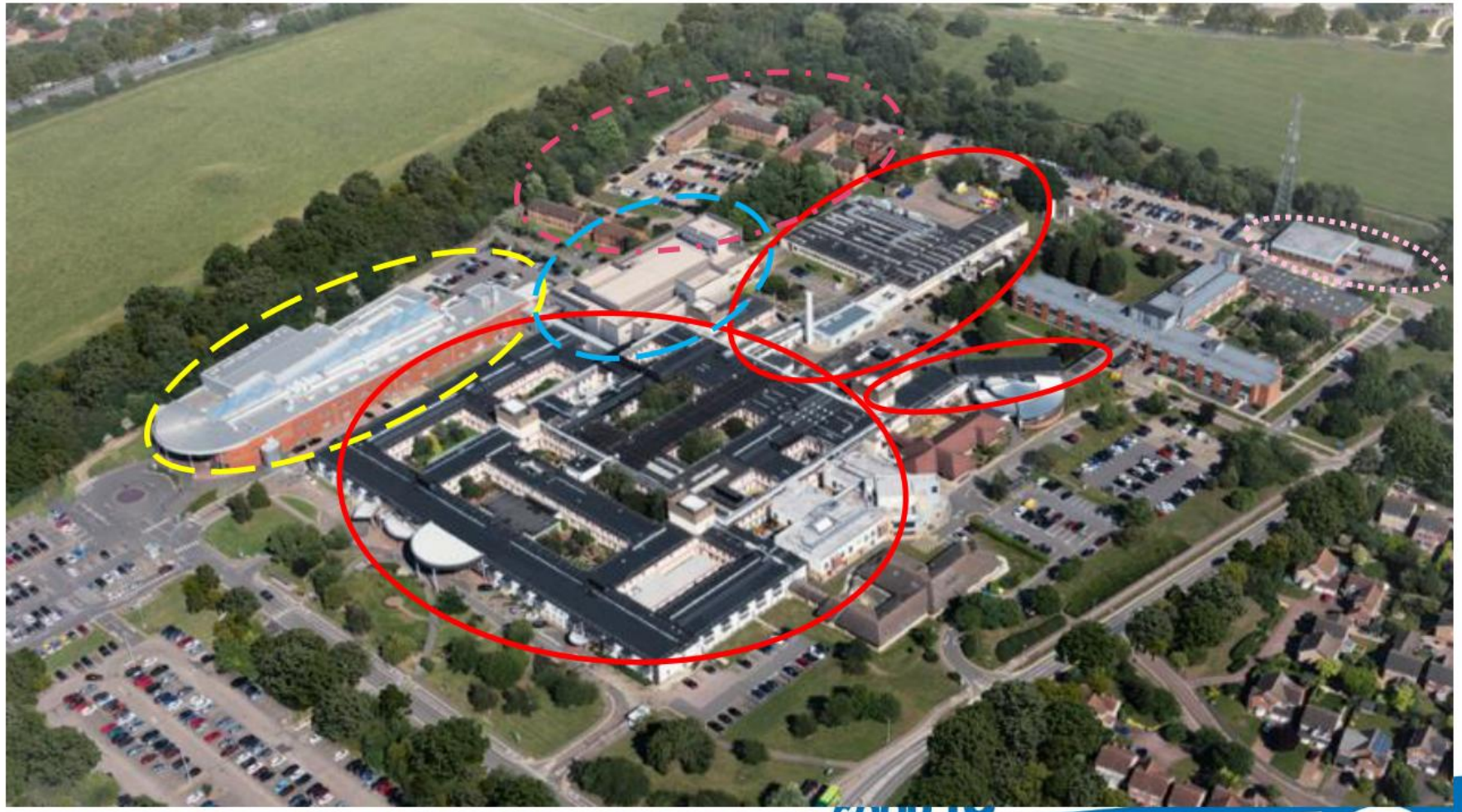
Funding confirmed!

In May 2023 the Government announced Hinchingbrooke was included in its New Hospital Programme, securing national funding to build a new hospital by 2030.

LOCAL CARE FOR LOCAL PEOPLE

The current site

- Existing PFI Treatment Centre building to be retained
- New Theatres building under construction
- RAAC buildings
- Residential accommodation to be demolished to facilitate redevelopment
- Ambulance Trust building to be retained



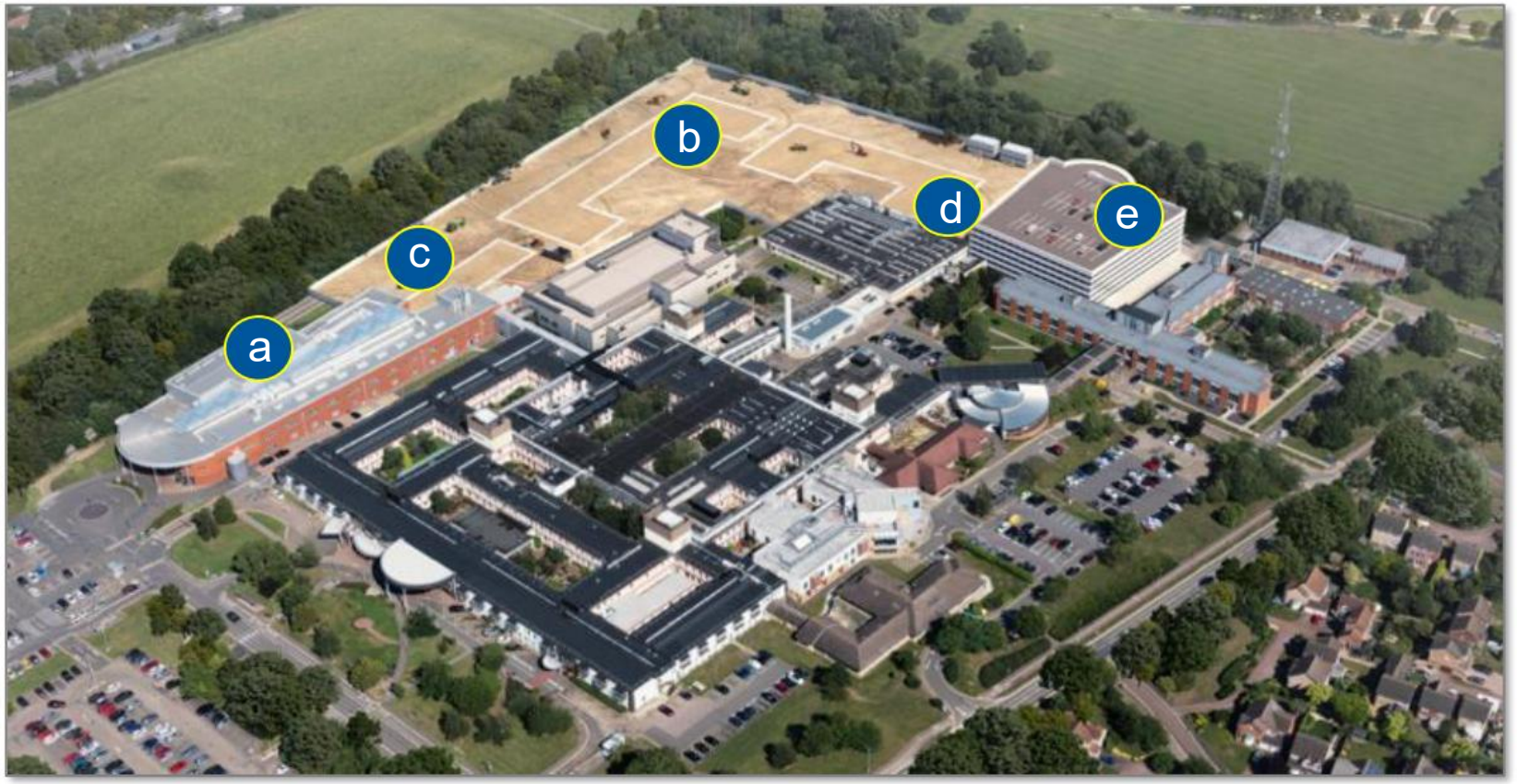
All other buildings to be demolished

GOOD TO OUTSTANDING

LOCAL CARE FOR LOCAL PEOPLE

Preparing for new hospital construction

- a Construct new on-site road to facilitate access to back of site
- b Demolish existing staff accommodation
- c Construct new energy centre and enhanced access to national grid
- d Utilities support works for incoming power.
- e Construct new multi-storey car park



GOOD TO OUTSTANDING

LOCAL CARE FOR LOCAL PEOPLE

The future Hinchingbrooke Hospital site

The replacement Hinchingbrooke Hospital is proposed to be built in the **South-East** corner of the campus, **ensuring the existing hospital is operational during construction** and providing **scope for future expansion**

The new hospital will be **multiple storeys** to enable fit within this footprint. Each storey can fit approximately three standard 32-bedded wards

The new hospital will be designed to enable our clinical model for Hinchingbrooke Hospital and standards as outlined by the New Hospital Programme. This includes **assumptions on standardisation of new hospitals,** including 100% single rooms, 32-bedded wards, and provision of the majority of non-clinical spaces outside of the footprint of the main build

Discussions with Integrated Care System colleagues have confirmed there will continue to be a Maternity Unit and Emergency Department at Hinchingbroooke Hospital.

New Theatres suite

LOCAL CARE FOR LOCAL PEOPLE

Stakeholder Engagement

- The Trust is keen to ensure that service users, staff, local communities and partners are involved in the planning and design of the new hospital. We welcome any views or suggestions from Committee Members.
- Detail of work to date and further planned engagement are set out in the cover paper, but recent highlights include:
    - Four **public engagement** sessions held in July and August, attended by representatives from Healthwatch, local councillors, voluntary organisations, patients and local residents. The questions asked during these sessions have enabled us to provide an updated set of Frequently Asked Questions (FAQs) which have been shared via our dedicated website pages.
    - Dedicated **staff** Facebook page and Trust intranet carrying staff news stories to update colleagues on the redevelopment as well as hold dedicated meetings with specific groups of staff on different elements of the build.
    - Engagement has taken place with a wide range of **stakeholders** including Cambridgeshire and Peterborough Integrated Care Board, Cambridge University Hospitals NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, NHS England, East of England Ambulance Service, Maternity Voice Partnership, the North Place Partnership Board, Healthwatch and other stakeholders for input on clinical service reviews.

- Looking ahead, we are currently planning for the **next phase** of community and public involvement to ensure the building design, care philosophy and ways or working are shaped by the views of as many different groups and perspectives as possible. This will be achieved through a variety of approaches including both face to face and on-line events in community settings as well as the hospital. We are particularly keen to work with those community groups and organisations that already have established networks and successful ways of engaging such as our local Healthwatch and the Hunts Forum of Voluntary Organisations.
- Public engagement on the two **Planning Pre-applications** which have recently been submitted to the local planning authority. Engagement is anticipated to commence in early November and the approach is currently in design phase. As part of this, Cambridgeshire County Council are working closely with the Trust's Planning Advisors and Huntingdonshire County Council on the areas that fall under their remit e.g. highways, transport, flood risk and drainage.

LOCAL CARE FOR LOCAL PEOPLE

The vision for our new hospital

Moving with the times to provide the acute healthcare services our population needs

The Hinchingbrooke redevelopment will unlock **better patient outcomes**, **reduce health inequalities** and **improve the sustainability of our system** by transforming how and where we deliver care, by embedding integrated care models and supporting the integrated health and care system in addressing its most pressing challenges

Working with local healthcare partners

Integrated models of care for our **local population** that support **out of hospital** care and **preventative models** to reduce reliance on acute hospital care with a future estate designed to deliver these future models

An estate that's fit for the future

Estates and facilities which are sized to meet the **future healthcare demands** of our **growing elderly population** whilst meeting the Trust's **structural RAAC challenges** and eliminating backlog maintenance

Using digitally-enabled care

Digital tools facilitate efficient care, improved access, care closer to home, population health analytics and system integration

Championing our workforce

Sustainable staffing models, building **skills for the future** and **attracting, recruiting and retaining staff** with the opportunity for research, development and training

Patient-centred models of care

Safe and accessible models of care in the right location at the right time which put the patient in the centre

Supporting the local economy

A positive and forward-looking impact on the **local economy** and the wider environment

Financial sustainability

Sustainable delivery of care which **unlocks efficiencies** across the whole of NWAFT and the wider health and care system

Vision for the future clinical model for in and out of hospital care

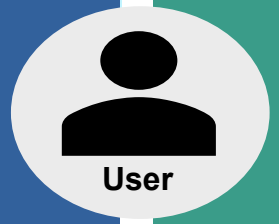
Unplanned and Emergency Care

Across the Integrated Care System
Rapid transfer and referrals exist for tertiary patients from the local area

Across NWAFT
More specialist and complex emergency care is delivered at PCH, with rapid transfer from HH for trauma, as required

HH unplanned and emergency care

Hinchingbrooke Hospital provides local urgent and emergency care to meet the volume and nature of demand from the local population, focusing on the acute local cases, maximising ambulatory and short stay models of care



Out of hospital
The majority of needs are met in out of hospital settings with strong integration between Hinchingbrooke Hospital's local acute provision, through joined up population health management, advanced digital tools, and specialist workforce acting across care settings

Planned Care

HH elective care hub

Hinchingbrooke Hospital acts as a High-Volume Low Complexity elective hub for the local and NWAFT population. Outpatient and daycase surgical activity is maximised for specific specialties to meet local and Trust needs, and contribute to meeting wider system demand

Across the Integrated Care System
The HH elective care hub forms a key asset for elective activity across the ICS, aligning with ICS elective hub strategy

Across NWAFT
Some NWAFT activity consolidated at HH, with PCH delivering more specialist activity. Integration across NWAFT through one Trust ways of working and service management

Out of hospital
The majority of elective pathways exist outside of the acute setting pre and post surgery or procedure. This enables patient interactions with the HH elective hub to be timely, rapid and efficient, to prioritise out of hospital and care closer to home

LOCAL CARE FOR LOCAL PEOPLE

Benefits of the new hospital

A wide range of positive developments that will improve care and experience

1. Benefits to users

a) Improved **wellbeing and outcomes** from reduced length of stay and improved quality of care
b) Greater **privacy and dignity** e.g from single rooms
c) Improved **experience** through quality of environment, operational measures such as reduction in patient transfers due to single rooms, and delivery of care closer to home
d) Reduced **elective waiting times** from higher throughput elective hub
e) Quicker and **enhanced recovery** through e.g increased daycase activity, enhanced rehab and virtual monitoring
f) Increased **empowerment over own care** with enhanced virtual tools, patient initiative follow up etc.

2. Benefits to staff

a) Improved **staff retention and wellbeing** through improved quality of working environment
b) Increased **time for direct patient care** and visibility of patient need through digital patient tracking, standard ward design, improved infection control, reduction in patient transfers etc
c) Saved **staff time travelling across hospital** through improved clinical adjacencies
d) Upgrades to equipment, technologies and AI to improve quality and efficiency of operational process and care delivery
e) Opportunities for **new roles and training** or specialisation to support delivery of new care models
f) Improved opportunities for **collaboration** across Trust and system

3. Benefits to organisation and system

a) Total **elimination of RAAC risk** and backlog maintenance and its risks to delivery of care and financial implications
b) Improved **research/collaboration opportunities**, through increased access to data and integration of patient records
c) Contribution to meeting **net zero** targets and NHS Carbon Building Standards
d) Compliance with **best practice standards** enabling treatment of patients in appropriate settings
e) More **flexible capacity** to adapt to best meet future population needs
f) Increased contribution of HH to **meeting Trust and system needs**, e.g through consolidation of HVLC activity
g) Enabling **opportunities for future health and care developments** as part of HH campus

Demand & Capacity

- NWAFT and the ICB have worked with partners to **forecast** demand and capacity requirements for the new hospital through to 2040/41.
- **Our model** takes into account population growth, demographic change and increasing prevalence of long-term conditions, plus work to mitigate increases in demand and productivity improvements.
- We have **triangulated** our local model with a national tool mandated by the New Hospitals Programme and also with East of England regional analysis.
- The model has then been translated into the **schedule of accommodation** needed, and the early design work for the Strategic Outline Case.
- The model and assumptions will be reviewed again in detail during the next planning stage (**Outline Business Case**).

High-level Programme Overview

We are here

Scoping & "Pre-SOC"

- Context and scope
- Vision and Critical Success Factors
- Clinical model options
- Initial long-list
- Preliminary overview of directional options
- **Decision to make:** support direction of travel

Strategic Outline Case (SOC)

- Make a compelling case for change
- Strategic ambition
- Early financial and economic assessment
- Full long-list
- Preferred way forwards but no final answer
- **Decision to make:** Proceed to OBC or undertake further appraisal

~Autumn 2024

Outline Business Case (OBC)

- Detailed and realistic plan for delivery
- Financial and economic costs and benefits
- Shortlisting and identify preferred option
- Funding routes identified
- **Decision to make:** Proceed with procurement

~Summer 2026

Full Business Case (FBC)

- Information for funding and contract award
- Final review of affordability and achievability
- Select preferred supplier
- Final negotiations and contract award
- **Decision to make:** Proceed to contract award

~ Spring 2027

Procurement and build of new hospital (c160 weeks build time)

~2027 to 2030

Opening of New Hospital

No later than December 2030

Enabling works planning and delivery

In Summary

The Hinchingbrooke Hospital Redevelopment is a once-in-a-lifetime opportunity to develop world-class healthcare, delivered from a state-of-the-art, sustainable environment for the local population and to act as a catalyst for service and workforce transformation across the whole of NWAFT and the wider system

Beyond health, HHRP presents an incredible opportunity to fulfil the hospital's potential as an anchor institution creating jobs, wealth, housing, learning opportunities and much more for the local community

Agenda Item No: 13

Health Scrutiny Work Programme

To:	Adults and Health Committee
Meeting Date:	10 October 2024
From:	Executive Director Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not Applicable

Executive Summary: The health scrutiny work plan for 2024/25 is reviewed at each meeting to ensure Member oversight and to confirm that it continues to reflect Members' priorities.

The Committee's agreement is sought for arrangements to develop the health scrutiny work plan for 2025/26.

Recommendation: The Committee is recommended to:

a) review the health scrutiny work programme for the remainder of 2024/25 (Appendix 1)

b) agree to the arrangements proposed to develop an annual health scrutiny work plan for 2025/26.

Officer contact:
Name: Richenda Greenhill
Post: Democratic Services Officer
Email: Richenda.Greenhill@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The report proposals align with the following ambitions:

- Ambition 3: Health inequalities are reduced
- Ambition 4: People enjoy healthy, safe and independent lives through timely support that is most suited to their needs
- Ambition 6: Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.
- Ambition 7: Children and young people have opportunities to thrive

2. Background

2.1 The Health Scrutiny Work Plan sets out the Adults and Health Committee's future work programme and in relation to the Council's statutory health scrutiny function.

2.2 The committee reviews the Health Scrutiny Work Plan each time it meets. This:

i. enables members to satisfy themselves that the Work Plan continues to reflect the committee's priorities
ii. allows the programme to be amended to respond to any emerging issues which the committee feels would benefit from scrutiny
iii. supports a broad-based Member-led approach

2.3 Since June 2023 the Health Scrutiny Work Plan has been reviewed during the committee's afternoon health scrutiny sessions when co-opted members are present, rather than in the morning session as part of the committee's agenda plan.

3. Main Issues

Health Scrutiny Work Plan 2024/25

3.1 The current Health Scrutiny Work Plan is attached at Appendix 1 for review. This covers the period to the end of the 2024/25 municipal year.

Health Scrutiny Work Plan 2025/26

3.2 The committee is invited to approve arrangements to manage its scrutiny work planning for 2025/26. Last year, the committee trialled a new approach with suggestions for possible scrutiny topics being invited from a wide range of sources within the Council and from local stakeholders and partners. This was used to produce a long-list of potential topics which was assessed by committee members at a work planning workshop against agreed scrutiny objectives.

3.3 Developing an annual health scrutiny work plan allows time to for the committee to collectively develop the lines of inquiry it wants to pursue and provides more time for those

organisations being scrutinised to prepare, reducing the impact on other business. Regular review of the work plan at committee meetings and by committee Spokes ensures that it continues to reflect Members' priorities, and also allows the programme to be amended if needed to respond to new or emerging issues.

3.4 The Centre for Governance and Scrutiny (CfGS) says that scrutiny work planning is about looking at the right topics, at the right time and in the right way. The following process is proposed to achieve this:

i. Produce a long-list of potential health scrutiny topics for 2025/26. Suggestions will be invited from in-house experts, partners and stakeholders:

a) Adults and Health Committee members, including co-opted members representing the Council's city and district council partners
b) Adults and Health Committee NHS Liaison Group members
c) Children and Young People Committee Spokes
d) The Corporate Leadership Team
e) Local residents
f) Healthwatch Cambridgeshire
g) Voluntary and Community Sector representatives on the Cambridgeshire and Peterborough Health and Wellbeing Board
h) The Cambridgeshire and Peterborough Integrated Care Board

ii. Hold an online committee workshop in January 2025 to review the long-list of potential topics against the criteria at Appendix 2.

iii. Produce a draft health scrutiny work plan for 2025/26 for review at the committee meeting in March 2025. This will be submitted to committee for confirmation in June 2025, following the local elections.

3.5 Several potential scrutiny topics for 2024/25 have already been suggested and are included at Appendix 3 for information.

4. Alternative Options Considered

4.1 Scrutiny sessions arranged on a rolling basis throughout the year. This would allow a fast response to emerging issues, but leaves little time for the committee to develop its lines of enquiry. Requiring NHS providers and commissioners to regularly attend for scrutiny at short notice may adversely impact their daily role.

4.2 The scrutiny work plan set by a smaller group of Members, for example Spokes. This would ensure cross party involvement, but would not harness to full range of experience and expertise existing across the wider committee.

5. Conclusion and reasons for recommendations

5.1 The introduction of an annual health scrutiny work plan in 20224/25 enabled committee members to consider a broad range of potential scrutiny topics against agreed scrutiny objectives. This ensured a Member-led approach to identifying priority areas for scrutiny

and agreeing a programme of work.

5.2 It is recommended that the same approach is followed for 2025/26.

6. Significant Implications

6.1 Finance Implications

Not applicable.

6.2 Legal Implications

Not applicable.

6.3 Risk Implications

Not applicable.

6.4 Equality and Diversity Implications

Not applicable.

7. Source Documents

7.1 Health Scrutiny Work Plan December 2023

Health Scrutiny Work Programme 2024/25

Healthwatch has a standing invitation to participate in all health scrutiny sessions and/ or provide written evidence.

Committee date	Agenda item	Lead officer
10/10/24	Maternity Services at Cambridge University Hospitals NHS Foundation Trust	Roland Sinker CBE, Chief Executive CUH Caroline Tyrrell-Jones, Healthwatch Cambridgeshire
	The Re-Development of Hinchingbrooke Hospital	Deborah Lee, Senior Responsible Officer, Hinchingbrooke Hospital Re-Development Programme Louis Kamfer – Deputy Chief Executive, ICB Caroline Tyrrell-Jones, Healthwatch Cambridgeshire
	Health scrutiny work plan	R Greenhill
	Health scrutiny recommendations tracker	R Greenhill
12/12/24	Cambridgeshire and Peterborough NHS Foundation Trust Mental Health Services	TBC

Committee date	Agenda item	Lead officer
	Second scrutiny topic TBC	
	Health scrutiny work plan	R Greenhill
	Health scrutiny recommendations tracker	R Greenhill
23/01/25	Health Inequalities	TBC
	Second scrutiny topic TBC	
	Draft Health Scrutiny Annual Report 2024/25	R Greenhill
	Health scrutiny work plan	R Greenhill
	Health scrutiny recommendations tracker	R Greenhill
06/03/25	Dental Provision in Cambridgeshire	TBC
	Approval Process for Responses to NHS Quality Accounts 2024/25	R Greenhill
	Draft Health Scrutiny Annual Report 2024/25	R Greenhill
	Health scrutiny work plan	R Greenhill
	Health scrutiny recommendations tracker	R Greenhill
19/06/25	Waiting lists for Elective Care	1 x ICB NHS Provider/s
	Adults and Health Committee Statements on Local Provider NHS Quality Accounts 2024/25	R Greenhill

Committee date	Agenda item	Lead officer
	Health scrutiny work plan	R Greenhill
	Health scrutiny recommendations tracker	R Greenhill

Proposed criteria for prioritising health scrutiny topics 2025/26

The Centre for Governance and Scrutiny (CfGS) guidance on prioritising a scrutiny work programme encourages councillors to consider:

- can scrutiny add value
- does it reflect public interest
- is the issue a priority
- will it duplicate work being done elsewhere
- can the impact be measured

The following criteria are proposed for assessing potential health scrutiny topics for inclusion in to 2025/25 work programme:

1. Scrutiny is likely to result in improvements in health provision for local people
2. An issue has been identified by the Care Quality Commission in relation to local healthcare provision.
3. The topic has been identified as an area of concern or one where scrutiny could add value by councillors, local partners or stakeholders.
4. The topic is of concern to local people, evidenced through feedback received via the health scrutiny webpage and/ or councillors' casework.
5. A service is performing poorly or is attracting high levels of public dissatisfaction.
6. A service is performing above expectations, attracting high levels of public satisfaction and/ or maximising the use of available resources in innovative and potentially transferable ways.
7. Will there be a measurable outcome.
8. The topic aligns with the Council's Ambition 3: Health inequalities are reduced.
9. The topic aligns with the Council's Ambition 4: People enjoy healthy, safe and independent lives through timely support that is most suited to their needs.
10. The topic aligns with the Council's Ambition 7: Children and young people have opportunities to thrive.

Potential Health Scrutiny Topics 2024/25

1. The All Age Autism Strategy for Cambridgeshire and Peterborough. A progress review on the strategy for the current 2021-2026 strategy is anticipated around Quarter 4 of the 2024/25 financial year which will inform the strategy refresh.

2. Digital technology: Examples of where this is working well for local service users and innovative and transferable approaches.

3. Tackling missed appointments: What is the financial and opportunity cost of missed appointments for local NHS providers. What is being done to raise public awareness and to identify and share best/ innovative practice.

4. Annual health and dental provision for children in care.

5. The role of pharmacies.

Adults and Health Committee

Health Scrutiny Recommendations Tracker

Purpose:
To record the recommendations made by the Adults and Health Committee in the discharge of its health scrutiny function, and their outcomes.

Meeting 29th June 2023

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
Access to GP Primary Care Services	N Briggs, ICS	A copy of the Committee's conclusions was sent to the Chief Finance Officer at the Integrated Care System (ICS) on 23rd August 2023. The Committee requested that a copy of the ICS report on lessons learnt from the experience at Priors Field be provided once the review was completed.	The report is expected to be considered by the ICB Primary Care Commissioning Sub-Committee in January 2024, so a copy should be provided in February 2024. 04.12.24: The report will be reviewed in January 2024, so the earliest date it is expected to be available is March 2024. Reminders sent 29.05.24, 07.06.24, 16.08.24, 06.09.24, 23.09.24 02.10.24: A copy of the exempt report circulated electronically to committee members.	Completed

Rapid Review of Cambridgeshire and Peterborough Integrated Care System Winter Planning December 2023

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
	C Anderson, Chief Nursing Officer ICS	The Committee learned during its scrutiny of improving health outcomes for people with learning disabilities on 14th December 2023 that respiratory disease is one of the highest causes of premature mortality amongst people with learning disabilities in Cambridgeshire. The Committee requests a short note setting out what steps have been taken to ensure that people with learning disabilities and their families are aware of the new multi-disciplinary pathways available to manage respiratory illness, and the reasonable adjustments in place to make these accessible to people with learning disabilities.	7.06.24: As the Committee will recall, the ICB were taking action to increase the uptake of vaccination and respiratory checks, pre-Winter. This was undertaken by direct contact with people with Learning Disabilities to invite them for assessment. In the longer term, this is part of the work the ICS is undertaking in relation to supporting people with complex needs and is being led by the North and South Place Partnerships. In terms of reasonable adjustments, the Committee will be aware, the ICB has commissioned external support to enable a co-produced quality improvement programme for Learning Disability health services. One of the key priorities in this is ensuring reasonable adjustments. The ICB Board had a Learning Disabilities update at its last meeting and reasonable adjustments and equity of access were pivotal in that discussion. The ICB Board is due to receive an update in its public meeting in July, to sign off the priorities for quality improvement over the next year, which will include improvements in reasonable adjustments.	Completed

Meeting 14th December 2023

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
Improving Health Outcomes for People with Learning Disabilities	C Anderson, Chief Nursing Officer, ICS	Requests a short written update in 12 months' time on the outcome of the pilot project to align annual health care checks for people with learning disabilities with their birthdays. This should state whether this initiative will be rolled out across the county; and, if so, the timescale for doing so.		Follow up requested January 2025
Improving Health Outcomes for People with Learning Disabilities	P Warren-Higgs, Executive Director Adults, Health and Commissioning/ C Anderson, Chief Nursing Officer, ICS	Recommends that County Council officers work with Health Service partners to offer basic healthcare training to carers so that they can carry out basic health checks and support such as mouth care and inspections; foot care inspections; and supporting good eating techniques to reduce the risk of aspiration for people with learning disabilities.	On-going work with health partners to establish appropriate available training options for those carers supporting those with LD in these specific areas and access routes into these specific training programmes.	On-going
Improving Health Outcomes for People with Learning Disabilities	C Anderson, Chief Nursing Officer, ICS	Requests a short written evaluation in 12 months' time of the learning from the keyworker pilot project. This should include the number of people with learning disabilities receiving the support of a keyworker against the known population of people with learning disabilities in Cambridgeshire in December 2023 and December 2024 (separate figures for adults and children); and an assessment of the impact in practical terms of the keyworker programme in improving access		Follow up requested January 2025

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
		to and the experience of health care services by people with learning disabilities, including supporting the transition from children's to adult services.		
Improving Health Outcomes for People with Learning Disabilities	R Greenhill, Democratic Services Officer	The Committee will seek feedback from people with learning disabilities about their experience of having a keyworker in 12 months' time via the Learning Disability Partnership, Voiceability and Healthwatch Cambridgeshire and Peterborough.		Follow up October 2024
Improving Health Outcomes for People with Learning Disabilities	C Anderson, Chief Nursing Officer, ICS	Requests a short written evaluation in 12 months' time of the pilot project being run in two special schools to deliver health services in an education setting. This should include whether the programme will be extended, maintained or discontinued.		Follow up requested January 2025
Improving Health Outcomes for People with Learning Disabilities	C Anderson, Chief Nursing Officer ICS	Notes that all organisations that provide NHS care have been legally required to follow the Accessible Information Standard since 2016. The Committee requests an update in 12 months' time on the progress made in rolling out health care information in easy read format across Cambridgeshire's health services.		Follow up requested January 2025
Improving Health Outcomes for People with	R Greenhill, Democratic Services Officer	The Committee will consult the Learning Disability Partnership, Voiceability and Healthwatch in 12 months' time to request		Follow up requested

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
Learning Disabilities		their perspectives on the progress made in rolling out health care information in easy read format across Cambridgeshire's health services.		January 2025
Improving Health Outcomes for People with Learning Disabilities	C Anderson, Chief Nursing Officer	Requests an update in 12 months' time on the number of NHS healthcare professionals in Cambridgeshire who have completed the Oliver McGowan training course at each level, the percentage figures for staff trained out of the total staff number identified as needing to undertake this training; and a comparison of Cambridgeshire's performance against national training completion rates.		Follow up requested January 2025
NHS Workforce Development – Primary Care and Nursing Workforce	C Iton, Chief People Officer, ICS	Requests a note in six months' time (June 2024) on the measures in place to ensure that digital access to NHS health services is not the only route available to local people.	While the Integrated Care System is exploring an expansion and improvement in digital access, we are not taking away any other existing access routes, such as GP phone access, for example.	Completed
NHS Workforce Development – Primary Care and Nursing Workforce	P Warren-Higgs, Executive Director for Adults, Health and Commissioning	Requests that County Council officers liaise with the Chief People Officer at the ICS to explore the potential for joint working in relation to the County Council's new social care academy, the Cambridgeshire Academy for Reaching Excellence (CARE). A short written update is requested in three months' time.		On-going

Meeting 7th March 2024

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
The Provision of NHS Dental Services in Cambridgeshire	N Briggs, CFO ICB	The Committee encourages the ICB to move quickly to assess the sufficiency of dental provision in Cambridgeshire, and requests a briefing note providing an update on this work by the end of July 2024.	Reminder sent 16.08.24 30.09.24: Briefing note shared electronically with committee members and co-optees.	Completed
The Provision of NHS Dental Services in Cambridgeshire	J Bendon, Primary Care Contracts Business Partner (Dental)	The Committee requests that ICB officers advise the Director of Public Health of the current oral health promotion budget that has been transferred to the ICB from NHSE, and that the ICB renews discussions with the Public Health team around making best use of that oral health budget.	07.06.24: The Oral Health and Epidemiology funding that sits within the Special Care Dental Contract was shared with the Public Health Team on 10 May 2024. The ICB commissions the Oral Health and Epidemiology service on behalf of the Local Authority and works very closely with Public Health colleagues regarding the delivery of this service.	Completed
The Provisions of NHS Dental Services in Cambridgeshire	N Briggs, CFO ICB	The Committee calls on the ICB to review the evidence in the Healthwatch report Our position on NHS dentistry that some dental practices will not see children as NHS patients unless their parents registered as private patients, to establish if this is happening in Cambridgeshire and, if it is, to consider how this can be prevented.	07.06.24: Dental practices are independent providers who hold a contract to provide NHS dental services. Dental providers manage their own practice including capacity and determine whether they are able to accept additional/new patients and therefore their lists can open and close on a frequent basis. The ability of a practice to accept new NHS patients should be related to their NHS capacity, rather than any condition that other patients (whether relatives or not), have to	Completed

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
			enter into certain separate financial relationships with a practice. The ICB would expect a dental practice with an NHS contract to act in the best interests of patients rather impose conditions on the access to NHS dental care for children being dependent upon their parents entering into a private contract with the practice. Where we are made aware of such practice by a particular provider, we robustly follow this up to remind them about their obligations under their NHS contract.	
The Provisions of NHS Dental Services in Cambridgeshire	N Briggs, CFO ICB	The Committee advocates collaboration and a cross-party partnership approach to lobbying Health Education England for a major extension of dental training provision in Cambridgeshire. The ICB is requested to open a conversation on this with Health Education England, and to keep the Committee informed of how and when it can support this dialogue.	30.09.24: Health Education England has merged with NHS England. The Early Years Dean is involved in an operational task and finish group with officers of the ICB with regards to the ICB local and National Dental Incentivisation schemes that have been launched. The ICB system workforce also sits on this task and finish group to ensure that all teams are aligned. Work remains on-going, and is described in more detail in the briefing note circulated to committee members on 30th September 2024.	Completed
The Provisions of NHS Dental Services in Cambridgeshire	P Warren-Higgs/ N Briggs, CFO ICB/	The Committee requests that County Council officers and the ICB discuss wider collaboration in relation to the ICB's workforce strategy, including dentistry,		On-going

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
	C Iton, Chief People Officer, ICB	and the opportunities offered by the new Care Academy.		
The Provisions of NHS Dental Services in Cambridgeshire	J Bendon, Primary Care Contracts Business Partner (Dental)	The Committee requests a briefing note on overseas recruitment of dentists and registration arrangements.	07.06.24: As part of the NHS England National Dental Recovery Plan, the government proposed to enable overseas-qualified dentists who have not yet achieved full GDC registration to be able to work in the UK more quickly through the introduction of a system of provisional registration. Provisional registration would allow an overseas-qualified dentist, under supervision by a fully GDC registered dentist, to practise dentistry in the UK in any dental setting, including high street dental practices, without first needing to pass either the Overseas Registration Examination (ORE) or the License in Dental Surgery (LDS) exam. The Department of Health and Social Care launched a consultation to bring in legislation (in accordance with the requirements of section 60 of the Health Act 1999) that will provide GDC with powers to provisionally register overseas-qualified dentists who have not yet met GDC's requirements for full registration. The full consultation can be accessed from here: https://www.gov.uk/government/consultations/provisional-registration-for-overseas-	Completed

Report title	Officer/s responsible	Recommendation/s	Outcomes	Status
			qualified-dentists/provisional-registration-for-overseas-qualified-dentists This closed on 16 May 2024, the outcome of this is awaited.	
The Provisions of NHS Dental Services in Cambridgeshire	R Greenhill, DSO	The Committee requests that the ICB attend a follow-up health scrutiny session in 6-12 months' time. Healthwatch Cambridgeshire and Peterborough will also be invited to attend and to provide feedback on patient experience of the ICB's Dental Improvement Plan.	Scheduled for March 2025.	Completed