ADULTS AND HEALTH COMMITTEE

Cambridgeshire County Council

Thursday, 07 March 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

DECISIONS

INFORMATION AND MONITORING

BREAK

Health Scrutiny

Date of Next Meeting

27 June 2024

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The Adults and Health Committee comprises the following members:

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

Clerk Name:	Tamar Oviatt-Ham
Clerk Telephone:	01223 715668
Clerk Email:	Tamar.Oviatt-Ham@cambridgeshire.gov.uk

Adults and Health Committee Minutes

Date: 25 January 2024

Time: 2.00 pm - 4.57 pm

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

Present: Councillors Mike Black, Chris Boden, Alex Bulat, Steve Count, Claire Daunton, Bryony Goodliffe, Ros Hathorn, Anne Hay, Mark Howell, Edna Murphy, Kevin Reynolds, Geoffrey Seeff and Philippa Slatter.

224. Appointment of Chair for the meeting

It was resolved unanimously:

to appoint Councillor Alex Bulat to chair the meeting in the absence of the Chair and Vice Chair.

225. Apologies for Absence, Declarations of Interest and Announcements

The committee paid tribute to Councillor Mac McGuire who had sadly passed away recently. Councillor McGuire had been the Council's longest serving councillor having first been elected in 1985 and then again continuously from 1997. During that time, he had held various key roles including Chair of Council, Deputy Leader of the Council, Cabinet Member for Highways and Transport and most recently sat on the Adults and Health Committee. Those present stood for a minute's silence to mark Councillor McGuire's passing.

Apologies received from Councillor Richard Howitt (substituted by Councillor Bryony Goodliffe), Councillor Van de Ven (substituted by Councillor Edna Murphy), Councillor Graham Wilson (substituted by Councillor Ros Hathorn) and Councillor Adela Costello.

Councillor Bryony Goodliffe declared an interest in item 5 on the agenda as she was an unpaid carer.

226. Adults and Health Committee Minutes – 14 December 2023 and Action Log

The minutes of the meeting on 5 October 2023 were approved as an accurate record.

A member highlighted that they were attending the Cambridgeshire University Hospital Foundation Trust Liaison Group meeting on 26 January 2024, and they anticipated there would be an update in relation to minute action 169 at the meeting.

A member requested a further update on the workforce position for individuals that had been affected by the closure of Beaumont Healthcare Limited and an update on the number of individuals that had been supported to find alternative roles. The Executive Director: Adults, Health and Commissioning stated that he would provide a written update to the committee after the meeting. **Action Required**.

In relation to minute action 222 on the Health Scrutiny Workplan. A member requested an update on when Health Inequalities, would be scrutinised at committee. **Action Required**. A member also requested an update regarding a date when NHS Dentistry would be scrutinised at committee. **Action Required**.

The action log was noted.

227. Petitions and Public Questions

No petitions or public questions received.

228. Business and Financial Plan 2024-2029

The committee received a report summarising the business and financial planning proposals for 2024-29 which fell within its areas of responsibility.

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

- sought clarity on any progress relating to the announcement by Government on 24 January 2024 regarding £500m of additional funding for Social Care. The Executive Director: Finance and Resources explained that further details on the funding were not expected until around 5 February 2024.

- welcomed the work on anti-poverty and the investment in mental health.

- expressed concern that the only uplift in the Public Health budget was for inflation and not demand. A member highlighted demand in relation to the current measles outbreak, the increase in STDs post Covid and that Police would no longer intervene in mental health cases. The Executive Director of Public Health explained that these areas were flagged as risks and there was increased pressure on services with no increase in funding. She explained in the case of

the measles outbreak, Public Health colleagues were working with schools to encourage vaccination uptake. She explained that outbreaks would cause immense pressure in terms of isolation periods of 21 days. The Executive Director: Adults, Health and Commissioning explained that the authority was working closely with the Police and partners on the 'Right Care, Right Person' (RCRP) partnership approach which was currently in its first phase and phases two and three were being developed and risks being assessed. He stated that if there were any financial implications that this would be brought back to committee for consideration.

- queried what the Care Together and Independent Living Services funding was to be spent on. Officers explained that there were plans to open two Independent Living Facilities; one in Huntingdonshire which was currently being commissioned and expected to go live in April 2025. The second site was the Prince of Wales site in Ely. Officers explained that the lead times for this site were longer with planning scheduled for summer 2024, then the purchase of the land in November 2024 and construction due to be completed by April 2026. Officers stated that currently, Care Together operated largely in East Cambridgeshire and was due to be expanded across all of the districts, with a focus on all age prevention and early intervention. Officers explained that there was some external help required to help support thinking on how to expand the care together principles even further across the whole of Cambridgeshire. Officers highlighted that there would be a paper to Spokes in March 2024 that detailed the plans. The Executive Director: Adults, Health and Commissioning stated that there would also be a member training and development session on Care Together.

- queried whether the figures in business case BR5.005 'Investment in adults invest to save schemes' were re-occurrent or one-off savings from the initial investment of £3.324million. Officers explained that they were one off investments to deliver permanent savings over a four-year period.

- sought clarity on how the older people pressure investment need was calculated. Officers explained that they looked at trend data and that trends had been different since covid, and this had resulted in a lower demography bid last year. Officers explained that there had been some resistance by individuals to go into care homes following the pandemic, but that people were starting to go back to them, therefore the figure represented a catch up on underestimating the trend in the last financial year. The Executive Director: Adults, Health and Commissioning stated that previous finance and performance reports to committee had highlighted the rise in numbers over and above the current forecast, hence why there was a cost pressure.

- questioned the use of the word vacancy savings target and the impact on services performance in terms of not being able to fill vacant positions. A member queried why the council was not rebasing its costs as the vacancy issue would be the case for many years to come. Officers stated that the terminology was not something they were aiming for but was a reflection of the reality that the job market was difficult, and they were unable to fill particular posts. The Executive Director: Adults, Health and Commissioning stated that reporting in relation to waiting lists and performance was a credit to the workforce who

worked over and above to cover the current vacancies. He explained there was an ongoing struggle to recruit professional qualified staff and that the interim market was used. He explained that they would like to have a lower vacancy factor and that the vacancy factor for this year had been exceeded. He stated that the council was working hard to bring in new employees. Officers explained that the there was an establishment and the figures that were reflected in the budgeting where mainly around the gap between one person leaving and another coming in so there was a cumulation of the gap. The Executive Director: Finance and Resources stated that through business planning discussions it had been agreed that the establishment was the correct one to be put forward. He explained that there was a reflection that the service would have a period where posts are not filled and there was always an element of estimating and the position would be monitored through the finance and performance report. He agreed that the wording would be reviewed in relation to the use of the word's vacancy savings target, and this would be changed to vacancy factor in the future.

- highlighted that the staffing levels in Adults and Public Health, in relation to the Employee Engagement Survey, Adults and Public Health were outliers in terms of staff turnover etc and there needed to be some work in these areas. Adult social care staffing had been flagged as an outlier by the Office for Local Government (OFLOG) nationally. At Strategy, Resources and Performance Committee there had been requests for benchmarking reports and there was some ongoing work in the Adult Social care service on this.

- queried if the Care Academy that had been established was purely an online academy and sought further information on what qualification participants could achieve. Officers explained that the Care Academy that had recently been launched offered an online platform that covered a baseline set of skills which were encompassed in the care certificate. Officers explained that some of the offer was face to face training but that there was an online offer included for those that were unable to access the learning in person. Officers highlighted that they were currently in phase one of the academy and phase two would be looking at more support for registered managers.

- queried page 48 of the report, in section 3.25 where is stated that the largest proportion of the Public Health grant was spent on children 34% and asked for further clarification on this. The Executive Director: Public Health stated that the percentage related to services that were exclusively for children.

- requested the methodology and tracking of the figures for demand and demography in relation to B/R.3.001 Additional funding for Older People demand and B/R.3.004a Additional funding for Learning Disability demand attributable to CCC. The Executive Director: Finance and Resources explained that the figures were based on the current understanding in what officers' think will happen and he stated that he would be happy to provide members with the methodology in relation to the two items. **Action Required.**

- commented that in planning ahead and preventing long term conditions and need to include the this in the planning applications for supported housing and co-production of health-related activities.

- highlighted the Learning Disability Partnership section 75 agreement saving. A member stated that he understood that the Council had served notice on the agreement, and he sought confirmation that the notice was final and that the numbers associated with the projected savings would be made. The Executive Director: Adults, Health and Commissioning confirmed that there was a 12 month notice period which would come to an end in August 2024 and that there was a further paper at committee seeking resource to carry out reviews so that the financial split could be finalised ahead of the deadline. He clarified that the notice was in relation to the pooled fund with the ICB and this was separate to the integrated service which the authority wished to continue. He explained there were still further conversations regarding the integrated service. Officers explained that they had gone for a conservative number in relation to the figures and the numbers were based on the information they currently had.

- questioned if the Chair and Vice Chair saw the level of detail that went into the figures as part of the business planning process. The Executive Director: Finance and Resources stated that the business planning process was an ongoing process, and every single line of the budget was scrutinised with officers with the support of finance colleagues and then there was engagement through Chairs and Vice Chairs.

- a member stated that in his view he continued to have concern that public health reserves were not being used in a proactive way and that he felt there should also be more of a focus on health inequalities.

In bringing the debate to a close the chair stated that she was pleased to see investment in increasing the real living wage and how this fitted into the work of the anti-poverty strategy.

The Executive Director: Adults, Health and Commissioning summarised the debate to be reported to the Strategy, Resources and Performance Committee, stating that:

The committee sought clarification on:

- any progress relating to the announcement by Government 24 January 2024 regarding the £500m Social Care. It was noted we do not have any details, and these are not expected until around 5 February 2024.

- the level of Public Health Funding to meet rising demand, such as measles.

- what the Care Together and Independent Living Services funding was to be spent on. Officers will provide further updates to Spokes and training to this Committee on Care Together.

- how the older people pressure investment need was calculated. The process of calculation was explained including reference to the Financial Monitoring in 2023/24 that Committee members have seen related to rising demand.

- the vacancy factor and the impact on performance, as well as the impact of the Care Academy.

- how the assumptions around later year pressures had been calculated and Finance will provide a further briefing to all Committee members.

- the confidence in the section 75 assumptions.

- officers are committed to considering the impact of the cost of living crisis on individuals, which will include reviewing the application of the Adult Social Care Fees and Charges, this will take some time (months), and will involve learning from other authorities and will require legal advice.

As a result of the clarification and debate the committee have not raised any further points to report back to Strategy, Resources and Performance Committee at its meeting on 30 January 2024 in their discussion and debate on proposals before they are proposed to Full Council.

It was resolved by majority to:

a) consider and scrutinise the proposals relevant to this Committee within the Business and Financial plan put forward by the Strategy, Resources and Performance Committee, 19 December 2023.

b) recommend changes and /or actions for consideration by the Strategy, Resources and Performance Committee at its meeting on 30 January 2024 to enable a budget to be proposed to Full Council on 13 February 2024; and

c) Receive the fees and charges schedule for this Committee included at appendix 2.

229. Procurement of an All-Age Unpaid Carers Service

The committee considered a report that sought approval to agree the procurement approach for the all-age carers service. Officers explained that the report had been presented at the last committee meeting in December 2023 and members had requested further detailed information in order that they could make the decision.

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

- questioned how the authority ensured that providers were putting in place a programme to recruit, retain and train volunteers. Officers explained that the service had a mixture of a permanent and volunteer workforce. Officers stated that there was a contract monitoring regime in place and providers were regularly monitored and detailed conversations were held on a regular basis with any risks

raised and recruitment and retention of staff was fundamental as part of the framework.

- asked that officers ensured that insourcing was given consideration in future procurement processes and that tendering for contracts was looked at up front with good lead in times. Officers explained that that they did look at insourcing to bring this service in house. Officers highlighted that through co-producing the requirements around the service with carers the clear feedback had been that their preference would be for the service not to be delivered by the local authority. Officers explained that they were asked to produce a forward plan of procurements for the next few years, and this had been shared with spokes. Officers stated that through the business planning process on of the services they were looking to bring back in house was the trusted assessor model.

- welcomed the support given to those caring for people with Alzheimer's.

- queried how contracts were reviewed on an ongoing basis once they had been let in terms of reviewing value for money and performance. Officers explained that once a contract was mobilized, they worked with providers to develop performance metrics focusing on key priorities. Officers stated that there were officers that went out to monitor the services and there were high level meetings on a regular basis. Officers explained that if there were any concerns with a service then an action plan was put in place and monitored closely. There was also an independent evaluation in year three of the contract.

It was resolved unanimously to:

a) approve the procurement approach and the overall value of £6,315,616 based on 2023/24 values over 3 years plus a 12-month extension period of the all-age carers service.

b) delegate responsibility for awarding and executing contracts for the provision of the all-age carers service to the Executive Director, Adults, Health & Commissioning in consultation with the Chair and Vice-Chair of the Adults & Health Committee.

230. Procuring additional Adult Social Care reassessment capacity

The committee received a report that outlined how the authority proposed to implement the recommendations received from the Local Government Association Peer review of Adult Social Care and Commissioning in 2022 ahead of a Care Quality Commission (CQC) inspection. Recommendation 4 – 'The Council should minimise backlogs of assessments including Deprivation of Liberty Safeguards and reviews. Where external agencies are used to complete reviews, the Council should ensure that agency staff are clear about their authority and the process to make changes to care and support.'

Officers explained that they had been working at pace to reduce the backlogs of assessments however, more work was required. Officers highlighted that there was

an acute shortage of qualified and experienced social workers (approx. 20% - 26% vacancy rate), meeting our requirements for assessment work, required hiring support from outside companies. The report explained the additional capacity required and this might be achieved, and the funding required.

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

- queried whether it was realistic that that the authority would be able to source the number of staff required to undertake the work. Officers explained that they were looking to carry out 100 reviews per month, so this averaged out at 25 per week, which was a manageable target to find through the marketplace.

- commented that ideally the work should be done in house and that there should be an ambition to ensure that the use of agency staff was not a long-term requirement. Officers explained that there was a pending Care Quality Commission (CQC) inspection due and it was pointed out by the peer review that there was a noticeable backlog and that they would like to see improvements in reducing the backlog, and there were the assessments that needed to be carried out before the termination of learning disability section 75 pooled budget so there were timing issues for both of these elements.

- sought assurances that carers and those responsible for supporting individuals were involved in reassessments as they had the best insight into their needs. Officers explained that all of the temporary staff employed to carry out the assessments would have access to the relevant records and work with the same quality assurances processes as those in permanent roles. All staff carrying out assessments would also involve all of the relevant people involve in the care of individuals being assessed including any professionals that have been involved in their care.

- queried if there was an average time over and above when individuals are waiting for assessments to be completed and sought clarity on when the backlog would be completed. Officers explained that currently there was no average time above what people would normally wait. Officers commented that in terms of the backlog being completed, some of the assessments took longer than others as they were more complex, and the backlog was a moving feast with more assessments being added.

It was resolved unanimous to agree:

In the event we cannot hire interim staff as per paragraph 2.4, Adults and Health Committee is recommended to:

a) Delegate responsibility for awarding any contracts for the provision of Adult Social Care reassessment work commencing March 2024 to the Executive Director of Adults, Health and Commissioning

b) Delegate responsibility for executing any contracts for the provision of Adult Social Care reassessment work starting middle of March 2024 to the Executive Director of Adults, Health and Commissioning.

c) This work has an estimated contract value of £1,180,000 over the next 12 months.

231. Referral from Audit & Accounts Committee

The committee received a report that detailed a referral from the Audit and Accounts Committee in relation to the "Contract management of the Healthy Child Programme and Integrated Drugs and Alcohol Systems contract management" set out in section 7.2.4 of the Internal Audit Progress Report to the attention of the Adults and Health Committee.

The Chair stated that there was an amendment put forward by the substantive chair of the committee prior to the meeting. She explained as he was unable to attend the meeting the amendment would not be taken forward as there was no proposer or seconder identified. She clarified that there would therefore be no debate on the amendment.

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

- the Chair sought assurance that there was the capacity and skills in the Public Health team to carry out open book accounting. The Executive Director: Public Health stated that she had worked closely with the audit team to ensure that the appropriate training would be provided for the team, and she stated that she was confident that they would meet the revised target of April 2024.

- noted that the annual value of the Health Child Programme contract was between £8-9 million and started in 2020 and was due to expire in March 2025 and the Integrated Drug and Alcohol contract would normally be £4.5 million but had recently been inflated by the additional grant funding from central government and started in 2019.

- a member stated that for more than a year there had been concerns raised at the Audit and Accounts Committee by the internal audit function on both contracts and that they had not taken the necessary steps to implement open book accounting. He explained that the principle of open book accounting was used to ensure greater transparency in relation to costs and could be implemented in a number of ways. He stated that the Audit and Accounts Committee had agreed unanimously at it meeting in December 2023 to refer the matter for consideration at the Adults and Health Committee. He reiterated that it was important that the April 2024 deadline was met. He welcomed the fact that the amendment was not being debated as he found it unhelpful.

- a member highlighted that implementation dates agreed as part of the internal audit action plan were agreed by the relevant director and internal audit to ensure that they are reasonable, and every effort must be made to hit this date.

- a member stated that there was a consensus that what has been asked of officers in relation to the actions on open book accounting were deliverable.

It was resolved to consider the matter referred by the Audit & Accounts Committee.

232. Adults Corporate Performance Report

The committee considered a report that gave an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees. The report covered the period of quarter two 2023/24, up to the end of September 2023

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

- a member queried indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed and expressed concern to see that the percentage had worsened and more than 1 in 9 of the cases did not result in any reduction or elimination of the risk and the figure was below the national average. He sought assurance that actions were being taken to improve the figures. Officers explained that section 42 was the council's statutory duty to make enquires around adult safeguarding, and there was a significant piece of work being undertaken in relation to the adult safeguarding service delivery plan which included the multiagency contact hub (MASH) and the wider adult social care system. Officers explained that they were in the middle of reviewing all of the enquires so once they had gathered all of the data, they would be able to provide an update to committee. **Action Required**.

- requested that where the figures go from one year to the next that it can be made clear that the final figure is for the full year and should not be compared against the first quarter. **Action Required**

- a member queried indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed, as the proportion of people not requiring long-term support after a period of reablement remained high compared to the national and statistical neighbour average and sought clarity on the reasons behind this and asked that the descriptor for the indicator be reviewed to make it clearer. Officers explained that the indicator related to the proportion of people that had received the reablement service after a period in hospital and did not require long term support following the receipt of the service. Therefore high performance was a good indicator that the service was working well. Officers agreed to review the descriptor for the indicator. **Action Required.**

- A member highlighted that none of the performance indicators had Key Performance Indicators (KPIs) and sought assurance that there would be KPIs for quarter 3 and queried why quarter 1 and 2 being presented together. The Executive Director: Adults, Health and Commissioning stated that in relation to KPIs this would be reviewed for future reports and that reports would be brought to committee in a timely manner.

It was resolved to:

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

233. Public Health Performance Report Quarter 2 2023-24

The committee considered a report that gave an update on the status of the selected Key Performance Indicators (KPIs) which track the performance of the services the committee oversees. The report covered the period of quarter two 2023/24, up to the end of September 2023

The presenting officer highlighted the following points in the report:

- the integrated drug and alcohol service and weigh management service were both exceeding their targets. The breastfeeding target had also seen improvement and was exceeding its target.

- the performance of the drug and alcohol service had been driven by additional finding received by central government which was coming to an end in 2025-26 and there was concern that this would not continue.

- demand was overwhelming the weight management service and there was a 6-9 month waiting list. Some of this had been driven to some extent by the new drugs now available as there was a perception that they were a quick fix and the incentivisation payments for GPs to refer.

- NHS health checks had seen an improvement in performance and the expectation was that they would meet the local target and were currently above pre-covid figures.

- concerns around the stop smoking service as it was proving difficult to improve the figures and officers were looking at different delivery models. This service would receive additional funding next year and would be focusing on groups with high smoking rates such as the homeless and those in mental health services. The was also a system wide tobacco alliance and officers were currently reformulating the strategic plan which included vaping and illegal tobacco sales.

- there had been a lot of work on the healthy child programme focusing on skills mix and how the service could be delivered in different ways to meet the number of checks required, and this was a work in progress to ensure that the checks meet the target level.

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

- a member highlighted indicator 56, the Stop Smoking Services as figures were poor and stated that the figures were disparate across the county with Fenland being the worst local authority in the country. He commented that he was

pleased to see new stop smoking projects were being developed in Fenland and sought further information on these projects and timescales and if there was any particular support for the Eastern European community. Officers explained that it was one of the closer to communities decentralisation projects and the latest data had started to show figures coming back down. Work focused on population groups with higher rates so were working closely with the Ferry Project, working with the homeless and working with neighbourhood managers, one post working with the homeless and another with primary care and having individuals trained within the project on supporting individuals to stop smoking. The behavioural science work being undertaken with Sheffield University would also help identify barriers. In relation to primary care the post would be imbedded in the integrated neighbourhood team and social subscribers. In addition, the NHS had a treatment tobacco dependence programme, making sure that the pathways going out of hospital, a small team had been formed in fenland to support these individuals to engage with services. Officers explained that they were working with the Rosmini Centre to give targeted support to the Eastern European population. A member stated it was important to focus on young people not taking up smoking. Officers explained that vaping has undermined this and there was work focused on working with schools and the wider community on the dangers of vaping.

- a member queried if any of the money set aside for weight management services was put into supporting individuals joining local weight loss clubs as they were seen to be highly effective in helping individuals lose weight. Officers explained that there was investment in commercial slimming clubs, and they are well evaluated, and people like them.

It was resolved to:

a) Acknowledge the performance achievements

b) Support the actions undertaken where improvements are necessary.

234. Adult and Health Committee agenda plan, training plan and committee Appointments

The agenda plan, training plan and committee appointments were noted.

Date of Next Meeting

It was noted that the next meeting would take place on Thursday 7 March 2024.

Chair

ADULTS AND HEALTH COMMITTEE MINUTES - ACTION LOG

This is the updated action log as at 28 February 2024 and captures the actions arising from the most recent Adults and Health Committee meeting and updates Members on the progress on compliance in delivering the necessary actions

Meeting 9 March 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
169.	Major Trauma in the East of England and the Potential Establishment of a Second Major Trauma Centre in Norwich	Ian Walker, CUHFT	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. 07.02.24: Reminder sent.	In progress	

Meeting 5 October 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
195.b	Adult Social Care Workforce Provider Support Plan	Donna Glover	a member highlighted that it was unclear what the £800,000 would be spent on an that it was important that clear targets were set and agreed for the initiative and circulated to the committee. Officers agreed to review and come back to committee on progress.	Activity is underway and an update will be provided at the next committee once finalised and KPIs are in place 26.02.24 A Training Needs Analysis is being commissioned through the Care Academy. The results of which will determine the exact training to be developed/procured and KPIs will be specifically set.	In progress	April ‘24

Meeting 14 December 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
219.e	Adult and Health Committee agenda plan, training plan and committee appointments	Patrick Warren Higgs	In relation to the training plan, the Vice Chair stated she had asked the Executive Director to put some training/ seminar in place to discuss Care Together.	PWH picking this up with Will Patten as part of a review of the wider training plan 27/2/24 - Member engagement/training programme being developed as per request (JM)	In progress	
221.	NHS Workforce Development: Primary Care and Nursing Workforce	Claudia Iton, Chief People Officer, ICS	A note was offered after the meeting on what percentage of the local primary care workforce was recruited internationally	15.01.24: Reminder sent.	In progress	February 2024
222.	Health Scrutiny Work Plan	Alex Parr	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.	In progress	February 2024
222.	Health Scrutiny Work Plan	Jyoti Atri	Health inequalities. The Chair would welcome the Director of Public Health's advice on how this might constructively be scrutinised.		In progress	

222.	Health Scrutiny Work Plan	Richenda Greenhill	The Chair and Vice Chair would feedback on potential areas for scrutiny relating to the East of England Ambulance Service after their meeting with the EEAST leadership team on 11th March 2024.		In progress	March 2024

Meeting 14 December 2023						
Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
226.a	Adults and Health Committee Minutes – 14 December 2023 and Action Log	Patrick Warren Higgs/Will Patten	A member requested a further update on the workforce position for individuals that had been affected by the closure of Beaumont Healthcare Limited and an update on the number of individuals that had been supported to find alternative roles. The Executive Director: Adults, Health and Commissioning stated that he would provide a written update to the committee after the meeting.	28.02.24 Following work with Beaumont and Unison we estimate: • 90 of 120 staff have found alternative employment. We believe all to be still in the county. • 5 of 120 staff returned to the Philippines (by choice). • The remaining group decided not to seek new employment at this time. As time has passed, it is unlikely we will know about the future decisions of those people who paused on employment options. These estimated numbers have been corroborated with Beaumont.	Completed	
226.b	Adults and Health Committee Minutes – 14 December 2023 and Action Log	Richenda Greenhill	In relation to minute action 222 on the Health Scrutiny Workplan. A member requested an update on when Health Inequalities, would be scrutinised at committee.	12.02.24: The Committee will be discussing its health scrutiny work programme for 2024/25 at a workshop in early March. Health inequalities is one of the areas included in the long list of potential scrutiny topics.	Completed	

226.c	Adults and Health Committee Minutes – 14 December 2023 and Action Log	Richenda Greenhill	A member also requested an update regarding a date when NHS Dentistry would be scrutinised at committee.	19.02.24: A report on Dental Provision in Cambridgeshire under new Integrated Care Board Arrangements has been scheduled for 7t March 2024.	Completed	
228.	Business and Financial Plan 2024-2029	Patrick Warren Higgs/ Justine Hartley	requested the methodology and tracking of the figures for demand and demography in relation to B/R.3.001 Additional funding for Older People demand and B/R.3.004a Additional funding for Learning Disability demand attributable to CCC. The Executive Director: Finance and Resources explained that the figures were based on the current understanding in what officers' think will happen and he stated that he would be happy to provide members with the methodology in relation to the two items.	28.02.24 A briefing is being developed and will be circulated to the committee shortly.	In progress	

232.a	Adults Corporate Performance Report	Sarah Bye	Officers explained that section 42 was the council's statutory duty to make enquires around adult safeguarding, and there was a significant piece of work being undertaken in relation to the adult safeguarding service delivery plan which included the multiagency safeguarding hub (MASH) and the wider adult social care system. Officers explained that they were in the middle of reviewing all of the enquires so once they had gathered all of the data, they would be able to provide an update to committee.	22.2.24 Response to query raised has been drafted and with PWH to agree.	In progress	
232.b	Adults Corporate Performance Report	Sarah Bye	requested that where the figures go from one year to the next that it can be made clear that the final figure is for the full year and should not be compared against the first quarter.	22.2.24 Request made to Corporate Performance team to review all graphs/data included in the performance report to ensure clarity between financial year and quarterly comparisons.	Completed	
232.c	Adults Corporate Performance Report	Sarah Bye	Officers agreed to review the descriptor for the indicator (Indicator 140)	22.2.24 Indicator descriptor updated in Q3 report	Completed	

Occupational Therapy Section 75 Agreement

To:	Adults and Health Committee
Meeting Date:	7 March 2024
From:	Executive Director, Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2024 / 007

Executive Summary: The paper is seeking agreement for the County Council to enter into a new Section 75 Agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the provision of community Occupational Therapy services for adults and older people.

This will continue to be a public sector partnership and will not be procured through a commercial tender process.

Having a new and refreshed Section 75 Agreement will mean that the service can continue to provide a sustainable and high quality integrated Occupational Therapy service to the people of Cambridgeshire, ensuring that people remain as independent as possible in the home of their choice.

Recommendation: Adults and Health Committee is asked to approve:

a) The new budget of £2,038,663.
b) That the council enters into a new and refreshed Section 75 Agreement for the delivery of an integrated Occupational Therapy service, for a contract term of 3 years, plus the option to extend by a further 1 year and then a final 1 year (5 years in total) for a total contract value of £10,193,315 (plus annual uplifts)
c) Delegated authority for awarding and executing a contract for the provision of an integrated Occupational Therapy service starting 1st April 2024 and extension periods to the Executive Director Adults, Health, and Commissioning, in consultation with Chair and Vice Chair of the Committee.

Officer contact:
Name: Diana Mackay
Post: Commissioning Manager
Email: diana.mackay@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The integrated Occupational Therapy service delivers interventions which are relevant to the following ambitions from the Council's Strategic Framework

i) **Travel across the county is safer and more sustainable environmentally**. The service endeavours to undertake remote / online or telephone assessment when appropriate so as to reduce travel across the county. The annual work plan for 2024-25 will include an expectation of commitment to reducing carbon impact

ii) **Health inequalities are reduced**. The service offers equitable access to its services across the population of adults with physical disability and older people. The service works closely with district councils and housing providers to ensure that disabled people have homes that are as accessible as possible.

iii) **People enjoy healthy, safe and independent lives through timely support that is most suited to their needs**. This ambition is central to the service offered as all occupational therapy interventions are undertaken with the primary outcome to facilitate as much independence as possible for people within the homes of their choice.

2. Background

2.1 The community Occupational Therapy (OT) Service, which delivers support to adults and older people, has been provided as an integrated health and social care service since 2003. Prior to that it was delivered in-house and entirely focussed on meeting social care needs. This meant anyone with health and social care needs was required to follow two different occupational therapy pathways. The move to an integrated service was driven by a need to improve the customer journey and deliver better outcomes for people including a reduction in waiting times for assessment. The delivery and funding of the social care element of the integrated service is governed by a Section 75 Agreement with the provider, Cambridgeshire & Peterborough NHS Foundation Trust (CPFT). Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations and authorities.

2.2 In 2022 an independent review of the service was undertaken which focussed on sustainability and delivery and will form the basis of the renewed approach and reflected in any new contractual arrangements.

2.3 Under the current Section 75 agreement, the Occupational Therapists and Therapy Assistants provide a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor and major housing adaptations. This ensures that, in the majority of cases, one practitioner can support people through their health and social care journey and avoid hand-offs between health and social care. The OT service receives around 700 referrals per month and is working with around 2,458 cases (as at end November 2023). The service is part of CPFT's Community Rehabilitation service, where the OT staff work in locality-based teams alongside physiotherapists and community nurses. Being aligned to a

designated geographical area enables them to work in a more place-based way. The OT service also liaises closely with the County Council's Adults, Health and Commissioning teams to facilitate a coordinated approach. This includes engagement with the County Council's own OTs that work within Adult Early Help and Reablement, together with the in-house Technology Enabled Care (TEC) service.

2.4 The assessment and provision of minor and major housing adaptations involves the service working collaboratively with the district council Home Improvement Agencies (HIAs) supporting the Disabled Facilities Grant (DFG) process. This relationship is very constructive and the process works well. The service also has strong working relationships with the County's Integrated Community Equipment service (ICES).

2.5 The OT service operates an enhanced triage and prioritisation process at the point of referral which ensures that immediate needs are met in a timely manner. Those people triaged as having most urgent needs will be assessed within 3 working days.

The table below summarises the situation regarding waiting times for assessment:

Average waiting time pre-covid	Longest average waiting time during the pandemic	Current average waiting time
4 weeks	14 weeks	7 weeks

The improvement in the average waiting time post-Covid has been possible due to CPFT engaging an independent OT agency (at NHS expense) to assist in taking the longest waiting cases from the waiting list. This agency continues with this work and will do so into 2024-25. It has been challenging to achieve the pre-pandemic average waiting time due to increased demand on the service, against a backdrop of a national shortage of OT's, which has meant difficulties with recruitment and retention to meet service needs. However, CPFT have recently reported that they have had success in recruiting to eight posts, some of which, had been vacant for many months. Once these staff are in post and fully inducted, there should be a positive impact on waiting times and outcomes for people.

2.6 The service delivers positive outcomes for people, which are robustly monitored as part of the governance process – See appendix C Schedules 4 and 5. The case studies in the appendix provide insight into the outcomes that can be achieved for, and with, people:

- Preventing and reducing the need for long term care and support and improving outcomes for people which, in turn, deliver a saving on long term care
- Through the provision of equipment people's functional ability is maintained or improved and reduces the need for more costly long term care, for example reducing the need for double-up care through provision of effective moving and handling equipment
- Enabling people, and their family carers to remain in the home of their choice for longer through the provision of housing adaptations.
- Seamless provision of OT through a wholly integrated service delivery model and working closely as part of the multidisciplinary team.
- Partnership working with the district councils in relation to the provision of major housing adaptations via the Disabled Facilities Grant (DFG) process.

- A co-production approach to all case work, working with people to agree goals and desired outcomes in a strengths-based way focussing on well-being outcomes as required under The Care Act.

The service receives very few complaints but, when they do, these are thoroughly investigated and managed through the appropriate governance process, reporting into the council accordingly.

3. Main Issues

3.1 Sign-off of a new Section 75 Agreement was delayed in 2022 because CPFT raised concerns about the sustainability of the Section 75 Agreement budget at that time. A paper was presented to Adults and Health Committee on 5/10/2022 which approved the commissioning of an independent review of the service, to include a re-evaluation of the budget. A new agreement, that reflects the outcome of the review, changes to the specification and additional investment, is now being presented for sign off. This will ensure the service continues to be sustainable.

3.2 *SHA Disability (SHA),* an independent therapy-led consultancy, were engaged to undertake the review, which was completed in February 2023. The County Council's Diligence & Best Value team were also engaged to support the project and worked alongside *SHA* on the financial elements of the review.

SHA consulted with service users, OT staff, CCC commissioners and others. In summary, they found that the service was delivering positive outcomes for people through the integrated service delivery model whereby health and social care interventions could be provided as a single offer so as to avoid hand-offs between health and social care. A number of case studies offered insight into the positive outcomes for people in receipt of the services and two of these are provided at Appendix A to demonstrate the typical type of interventions and outcomes delivered by the service.

The review considered the impact of the redeployment of staff to support the D2A pathway during the pandemic and noted that this had an impact on the waiting times for assessment, particularly those people waiting for non-urgent social care interventions, primarily those awaiting housing adaptations.

The review included a benchmarking exercise, comparing the Cambridgeshire service with other local authorities. However, this was difficult as there were no like-for-like comparable integrated services and where there were integrated services, these tended to involve unitary authorities.

3.3 *SHA's* final report made a number of key recommendations which are detailed in Appendix B which includes updates on progress. The recommendations included an acknowledgement that the OT service needed to have sufficient capacity to be able to track and report on Care Act outcomes and also to implement a new more intensive triage process that would improve efficiency.

3.4 The new Section 75 Agreement includes some key developments and amendments when compared to the current agreement:

- Updated data processing and information sharing schedule which offers more detail and clarity regarding the sharing of personal data between the two organisations.
- Revised Service Specification which better reflects the County Council's Strategic Framework, Cambridgeshire's Integrated Care Strategy and the requirements of the Care Act 2014
- Requirement for formal annual work plan that can be tracked as part of the governance process. This is in place and actively monitored.
- Revised terms of reference for the governance forums
- Clarification of roles and responsibilities regarding the investigation of complaints
- Revised Key Performance Indicators (KPI) with specific focus on performance around the early identification of needs through the enhanced triage process.
- Revised KPI which will track demand management through care hours reduced, prevented and delayed as a result of OT interventions.

3.5 As well as the amendments detailed above, the new Section 75 has flexibility built into it which will allow for any future service developments by varying the agreement. There are a number of ongoing, and planned, service developments that demonstrate how the service is advancing in terms of innovation. For example, there is reference to the possibility of a needing additional OT input to the discharge planning, and post discharge process. The discharge planning process is being reviewed as part of Business Planning and it will be important that OT involvement is factored into that review. In addition, the service has introduced a new and improved triage process to ensure that new referrals to the service are handled in the most efficient way to meet people's needs as soon as possible. The service is also about to trial an electronic design tool to assist with drawing up plans for housing adaptations under the DFG process. This will make the housing work more efficient and mean that cases are processed more quickly.

3.7 **Section 75 Budget Investment**

SHA worked in liaison with CPFT finance team , CCC's finance lead and CCC's Diligence & Best Value team. At the time of the review the annual contract value for 2022-23 was £1,810,426.

SHA used a range of methods to enable them to provide a recommendation for a new contract value, this included using data provided by CCC and CPFT, shadowing OT's, collecting feedback from practitioners, caseload analysis and workshops. The estimate fell within an indicative contract value of between £2m and 2.1m. Subsequent negotiations resulted in CCC proposing an uplift to the contract price amounting to £228,237 and this was funded from the Council's Uplift budget allocation for commissioned Adult Social Care services 2023-24.

In summary, following the benchmarking and re-baselining exercise, the baseline budget is now adjusted to £2,038,663. This will be subject to annual uplifts informed by various factors which will be fed into annual business planning processes and uplift budget allocation. This will enable the service to remain sustainable, flex to absorb an increase in demand and tackle recruitment and retention challenges,

A new Section 75 Agreement will be finalised (see draft at Appendix C) with a proposed new contract term of 3 + 1 + 1 years, giving a total contract value over five years of £10,193,315 (plus annual uplifts).

The new Section 75 Agreement will continue to be monitored through a comprehensive governance structure consisting of the Section 75 Governance Board, Section 75 OT Finance & Performance meeting, and an Operational Group. See Appendix C for detail regarding the Governance forums and Performance monitoring requirements and KPIs.

The agreement includes a standard notice period of 12 months to ensure that the Council has an ability to reconsider the arrangement should there be a requirement to consider alternative operation and delivery models for this service in future. We also have the ability to issue a contract variation in collaboration with CPFT where additional opportunities arise or improvements are identified.

4. Alternative Options Considered

4.1 Over the twenty years of the integrated service CCC have considered alternative options for service delivery as outlined in the table below. CCC have concluded that the best way forward is to continue to invest in the current service by having a new Section 75 Agreement.

	Option	**Benefits**	**Risks**
1.	Do nothing		In terms of the budget re-baselining, doing nothing was not an option as it could have led to the service becoming unsustainable and would have had a direct impact on service users, the waiting list and the ability of the service to meet growing demand
2.	Outsource to independent sector	Possible cost saving	- Very small market, consisting of small, often specialist, services - Service is likely too large to attract interest from independent sector - Likely to be more costly and would require additional investment - Would have to tender jointly with NHS if wished to maintain integrated model - If outsourced only the social care element then that would

			disrupt the current care pathways and mean hand-offs between health and social care - Costly TUPE implications as staff are on NHS terms and conditions and NHS pensions - Disruption to the service would likely result in increased waiting times
3.	Insource into CCC	- Closer links with CCC operational teams (but this is addressed as part of the Section 75 governance process) - Could solely focus on social care interventions and outcomes.	- Disruption of care pathway – no longer single point of access to address social care and support needs - Loss of skill mix between health & social care as may only be able to insource the social care element, which would be extremely complex as the service is so well integrated - Hand-offs from health to social care would impact the experience of people and outcomes achieved - Two processes may lead to confusion on the part of customers, resulting in complaints and high levels of service dissatisfaction - Development of very different referral routes which would be more difficult for customers to understand and navigate - Adds complexity to pathways of care - Increased waiting times - Costly TUPE implications as staff are on NHS terms and conditions - Recruitment and retention challenges as would be competing for same workforce, which would drive up costs - Additional investment required in management infrastructure, IT and other

			- equipment, mileage costs and office space within/ buildings etc
4.	Continue to invest in current integrated service via Section 75 Agreement	- Maintain service within the public sector - Improved waiting times - Robust governance process - Simple single point of access pathway for service users - Delivery through Neighbourhood Teams aligns with CCC's wider priority for place-based delivery - Value for money through skill mix - Aligns with principles of the integrated care systems (other local authorities are looking at options for integration) - The service has demonstrated it is able to respond to growing demand - Nationally recognised model	- Less control over day to day delivery but this is managed through a robust governance structure and close working between CCC Commissioning and Operational leads in CPFT.

5. Conclusion and reasons for recommendations

5.1 In conclusion, the service review undertaken by SHA Disability was a comprehensive piece of work which has informed the production of a new Section 75 Agreement, Annual Work Plan and robust governance processes. The Committee are asked to approve the recommendations, as detailed at the top of the report.

6. Significant Implications

6.1 Finance Implications

Some implications as detailed in paragraph 3.5.

6.2 Legal Implications

Some implications. Commissioners have worked with Pathfinder Legal to draw up the new agreement using the latest Section 75 template available from Central Government – see Appendix C

6.3 Risk Implications

There are no significant risks arising from the proposed recommendations in this report

6.4 Equality and Diversity Implications

An Equality Impact Assessment is attached at Appendix D

6.5 Climate Change and Environment Implications (Key decisions only)

There are no significant implications.

7. Source Documents

None.

Appendix A

Case Studies

These case studies are real people who have given their consent for their stories to be shared. Names have been changed in both cases.

Joy was first referred to the Occupational Therapy (OT) service in her fifties, which was over ten years ago. At that time, she was working full time in South Cambridgeshire and lived with her husband and her 2 children in their own 4 bedroom house. Joy developed a progressive, inflammatory muscle disease, particularly affecting her hands and knees.

Joy was having difficulty standing from a sitting position and found she was dropping things. This was affecting her confidence and ability to work and manage at home. She referred herself to the OT service.

Her case was triaged as a Priority 2 case which meant she was assessed within three weeks of referral.

The OT worked with the community physiotherapist and drew up a rehab programme to improve her mobility and maintain her muscle strength. The OT ordered some adaptive equipment for her from the Integrated Community Equipment Service, which is the service commissioned by the County Council and the ICB. She was also given information on the access to work scheme so that she could get support at work from her employer.

As her condition deteriorated she re-referred herself to the OT service a number of times. The OT provided assessment and prescription of a vertical rise postural support chair and toilet riser as well as supported her with a referral for a powered vertical rise wheelchair to maintain her independence with her transfers.

During this time she unfortunately had had to stop work due to reduced dexterity in her hands. She was unable to cook and had difficulty maintaining her own personal hygiene. She became reliant on her husband for care and support.

Joy then deteriorated to the point that she was no longer safe to transfer by herself despite her vertical rise wheelchair, chair and toilet seat. She became reliant on a hoist and the OT trained Joy's husband and her daughter on how to use this as well as advice on adaptive clothing to maintain her dignity as much as possible.

This soon became too much of a strain on her family and Joy was assessed by the Council's social care team and provided with a domiciliary care package of two carers four times a day.

The OT recommended that Joy's garage was converted to a ground floor bedroom / wet room with overhead tracking hoist, plus some additional overhead tracking within the house. This was undertaken with the help of a Disabled Facilities Grant (DFG) from the District Council. The OT worked closely with the Home Improvement Agency (HIA) in relation to the DFG and the adaptations required. This allowed for the social care support to be reduced to one carer.

Joy continues to enjoy living at home with her family and remains in receipt of the domiciliary care package.

Joy's story demonstrates a number of positive benefits and outcomes as a result of intervention from the integrated OT service:

- The role played by OT in the **prevention and delay in the need for formal care and support**
- **Seamless OT provision** throughout the client journey from rehab to long term care and support
- Value in **joint working** with physiotherapy
- Positive **engagement with District Council HIA and the County's social care team**
- Reduction in level of care required – ie **reduction of double-up care package to single handed care**
- Cost effectiveness provision of **equipment and housing adaptations** to reduce and prevent need for long term care

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Anne was first referred to the integrated community OT service in her early fifties. She lived with her husband who was her main and only carer in a ground floor one bedroom housing association flat. Anne has a number of long term health conditions which make her at high risk of developing pressure ulcers.
Anne was referred to the OT service by her specialist community nurse. Anne had taken to her bed in order to try and reduce swelling in her legs but found that she could not get out of bed, and remained there for three weeks.

The OT referral was prioritised as a P1 High Priority case which meant she was seen at home within 3 days. The OT completed a joint assessment with the specialist nurse and the community physiotherapist to assess Anne's ability to stand and rehabilitate. It took all three practitioners to assist Anne to sit on the side of the bed but she was still unable to stand and transfer.

Her bedroom had limited space for specialist moving and handling equipment, so Anne remained cared for at home in a profiling 'hospital' bed with a high-risk pressure relieving mattress. Her care was provided by her husband with visits from community nurses.

The main priority for the OT was to support Anne and her husband to be rehoused to more suitable accommodation.

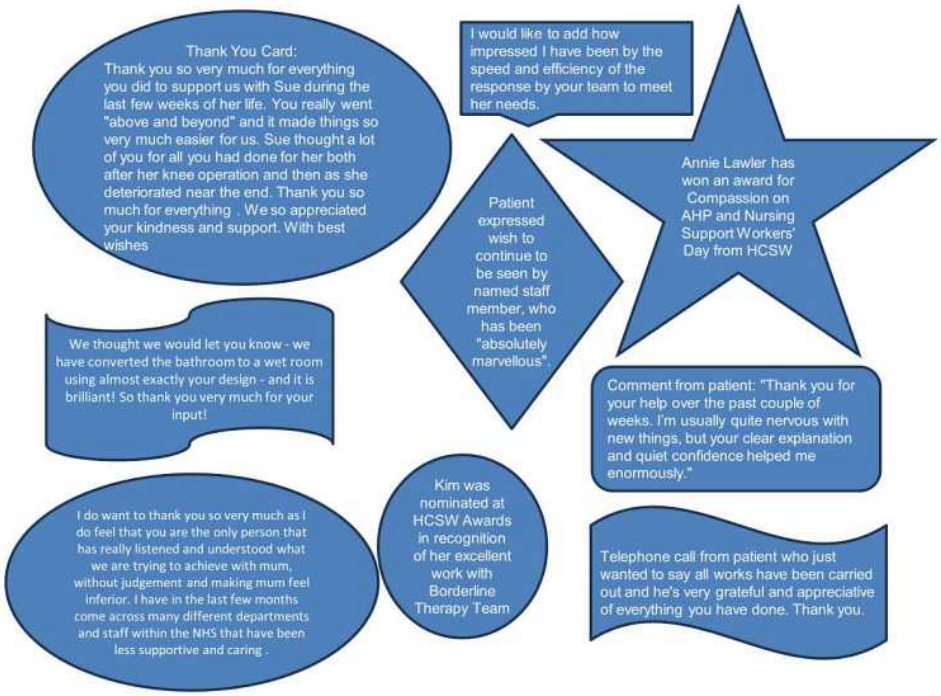
A suitable property was found and the OT arranged for ceiling track hoist with suitable sling for Anne's weight requirements. To improve access within the property, the doorways were widened, and ramps installed prior to Anne moving in. The OT also assessed for and ordered a specilaist plus sized bed and shower chair. Once she had moved in, the OT trained Anne's husband to use the new equipment so that he could continue to be her main, and only, carer.

As a result of better accommodation, and specialist equipment, Anne's independence and wellbeing improved as she was able to transfer in and out of bed with the support of her husband. Anne and her husband continue to manage at home without the need for formal care and support. Anne's husband was also referred for a carer's assessment to ensure he was getting all the support he was entitled to.

Once again, this case study highlights the benefits of the integrated OT service through:

- **Joint working** with other health practitioners
- **Prevention** of the need for long term social care package
- Delivery of **demand management savings** through maintenance of single handed care
- OT role in **working with housing providers** to facilitate necessary adaptations

Compliments (from recent monthly performance report)



Appendix B

Recommendations from SHA Disability Report. February 2023

	Recommendation from SHA's report Feb 2023	Progress / Update
1.	Ensure all working practice, and practitioner training, reflects the principles of The Care Act 2014 and that interventions and outcomes demonstrate **Care Act compliance** with a focus on how they are recorded.	This has been addressed so that Care Act compliance and outcomes are now clearly recorded on the County Council's database Mosaic
2.	Review and update the **Service Specification and Key Performance Indicators (KPIs)** to ensure there is more clarity around social care functions and outcome measures.	This work has been concluded and has involved reviewing all of the schedules that sit with the Section 75 Agreement. The final draft of these is at Appendix A ii). The Service Specification and the KPI's were given the greatest focus and the Service Specification now has more clarity around the important role played by CPFT's Enhanced Triage process. Triage involves contacting all people referred to the service within 3 working days of referral. This delivers more efficiency in response to referrals for urgent or simple needs that can be met straight away as well as the appropriate prioritisation of cases that will be placed on the waiting list. With regard to the KPI's these have been amended to better reflect the triage process and the point at which people receive their first post-triage clinical contact. Both the Specification and the KPIs will be approved at the Section 75 Governance Board
3.	Maintain the average **waiting times** for assessment at pre-pandemic levels by streamlining systems and processes, and introducing innovation in order to achieve more efficiency within the service delivery.	Pre-pandemic, the average waiting time was 4 weeks. The service has seen significant increase in demand since then but despite that, the average waiting time is currently 6 weeks and is constantly under review as part of the annual Work Plan and regular performance meetings.

4.	Implement new approach to the delivery and **calculation of savings** through reduced packages of care; and avoided costs through delivery of early intervention and prevention activities.	The service's performance reporting now requires that they report on cases where their intervention has delivered a reduced number of commissioned hours of domiciliary care, or where they believe their intervention has prevented an escalation of need. A selection of these are presented to the performance meeting as case studies
5.	Ensure there is **effective interface** and coordination between the Section 75 OT service, the in-house OT service, and the wider adult social care teams.	This has been addressed through the refresh of the Service Specification with regard to the role of the Council's in-house OT service and the interface with the S75 service. In addition, CPFT managers are invited to attend the County Council's Practice Governance Board, and managers from the social care teams attend the S75 Operations meeting. This maintains good working relationships across all services

Appendix C

Section 75 Agreement (final draft) – see separate documents

The schedules will be added at the end of the agreement, but are currently in a separate document to ease reference and final editing.

Appendix D

Equality Impact Assessment – See separate document.

DATED **202**

Section 75 Agreement

between

CAMBRIDGESHIRE COUNTY COUNCIL

and

CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST

Community Occupational Therapy Service for Adults with Physical Impairments and to Older People (Integrated service)

CONTENTS

CLAUSE

This Agreement is dated **202**

Between

(1) **CAMBRIDGESHIRE COUNTY COUNCIL** of New Shire Hall Emery Crescent Enterprise Campus Alconbury Weald Huntingdon PE28 4YE (Authority).

(2) **CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST** of Elizabeth House, Fulbourn Hospital, Cambridge CB21 5EF (NHS Body).

each a **"Party"** and together the **"Parties".**

BACKGROUND

(A) Section 75 of the National Health Service Act 2006 contains powers enabling local authorities to exercise various NHS functions and NHS bodies (as defined in section 275 of the NHS Act 2006) to exercise certain local authority functions. The Parties are entering into this Agreement in exercise of those powers under and pursuant to the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (*SI 2000/617*) (the **" NHS Regulations"**).

(B) The Parties are committed to achieving better integration of health and social care services by way of exercise of the NHS Functions and the Authority Health Related Functions, and therefore wish to enter into the Partnership arrangements that are set out in this Agreement.

(C) The purpose of this Agreement is to provide a framework under which the Authority shall delegate to the NHS Body the exercise of its functions in connection with the delivery of community occupational therapy services to adults with physical impairments and to older people (Service Users) in Cambridgeshire.

(D) The Parties are satisfied that the implementation of this Agreement shall lead to an improvement in the provision of community occupational therapy services to adults with physical impairments and to older people for the benefit of the Service Users.

Agreed terms

1. DEFINITION AND INTERPRETATION

1.1 The definitions and rules of interpretation in this clause 1 apply in this Agreement.

Adult: means Service Users for whom the Authority have funding responsibility.

Agreement: this Agreement between the Authority and the NHS Body comprising these terms and conditions together with all Schedules attached to it.

Aims and Outcomes: the objectives of the Parties, setting out how the Partnership Arrangements are likely to lead to an improvement in the way the Services are exercised as more particularly described in Schedule 1

Annual Work Plan: has the meaning set out in clause 7.

Authorised Officers: means the Authority's Authorised Officer and the NHS Body's Authorised Officer.

Authority Health Related Functions*:* means those of the health related functions of the Council, specified in Regulation 6 of the NHS Regulations 2000 as relevant to the commissioning of the Services and which may be further described in the relevant Scheme Specification.

Authority's Authorised Officer: [ ]

Authority's Financial Contribution: the Authority's financial contribution for the relevant Financial Year. The Authority's Financial Contribution for the First Financial Year is set out in Schedule 3.

Business Day: means any day other than Saturday, Sunday, a public or bank holiday in England.

Care Act: means the Care Act 2014.

Care and Support Statutory Guidance: means the Care and Support Statutory Guidance updated 5th October 2023 as may be amended.

Change in Law: a change in Law that impacts on the Partnership Arrangements, which comes into force after the Commencement Date.

Commencement Date means 1st April 2024 as agreed between the Parties

Complaints Regulations: means the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Confidential Information means information, data and/or material of any nature which any Party may receive or obtain in connection with the operation of this Agreement and the Services and: which comprises Personal Data or Sensitive Personal Data or which relates to any patient or his treatment or medical history;

a. the release of which is likely to prejudice the commercial interests of a Party or the interests of a Service User respectively; or

b. which is a trade secret.

COSOP: the Cabinet Office Staff Transfers in the Public Sector Statement of Practice 2000 (revised 2007).

Data Controller: shall have the same meaning as set out in the Data Protection Legislation.

Data Processor: shall have the same meaning as set out in the Data Protection Legislation.

Data Protection Legislation: all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended [and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a party.

Data Protection Impact Assessment: an assessment by the Controller carried out in accordance with Section 3 of the UK GDPR and sections 64 and 65 of the DPA 2018**.**

Data Protection Officer: has the meaning given in the Data Protection Legislation.

DPA 2018: the Data Protection Act 2018**.**

Data Subject: has the meaning given in the Data Protection Legislation.

Dispute Resolution Procedure: the procedure set out in clause 32.

Default: any breach of the obligations of the relevant Party (including but not limited to fundamental breach or breach of a fundamental term) or any other default, act, omission, negligence or negligent statement of the relevant Party or the Staff in connection with or in relation to the subject matter of the Contract and in respect of which such Party is liable to the other.

EIR: means the Environmental Information Regulations 2004 (*SI2004/3391*).

Exit Strategy: means the strategy set out at Schedule 7.

Eligibility Criteria means the criteria set out in the Schedules to this Agreement and their attachments that potential Service Users must meet in order to be eligible to receive the Service;

Environmental Information Regulations: the Environmental Information Regulations 2004 (*SI 2004/3391*), together with any guidance and codes of practice issued by the Information Commissioner or relevant government department in relation to such regulations

Finance and Performance Board: means the board with terms of reference set out at Schedule 4.

Financial Year: 1 April to 31 March.

First Financial Year: 1st April 2024 to 31st March 2025.

FOIA: the Freedom of Information Act 2000 and any subordinate legislation made under it from time to time, together with any guidance or codes of practice issued by the Information Commissioner or relevant government department concerning this legislation.

FOI Request: means any request for information made to either Party under the FOIA (including in relation to any of the matters hereunder).

Force Majeure Event: means one or more of the following:

(a) war, civil war (whether declared or undeclared), riot or armed conflict;

(b) acts of terrorism;

(c) acts of God;

(d) fire or flood;

(e) epidemic or pandemic ;

(f) industrial action;

(g) prevention from or hindrance in obtaining raw materials, energy or other supplies;

(h) any form of contamination or virus outbreak; and

(i) any other event,

in each case where such event is beyond the reasonable control of the Party claiming relief

Functions: means the NHS Functions and the Authority Health Related Functions

General Change in Law: a Change in Law where the change is of a general legislative nature, or which generally affects or relates to the supply of services which are the same as, or similar to, the Services.

Guidance: means [guidance issued by the National Institute for Health and Clinical Excellence and the Care and Support Statutory Guidance **]**

Host Partner: the host partner for the Services and Functions under this Agreement, as appropriate.

Information: has the meaning given under section 84 of FOIA.

Initial Term: the period commencing on the Commencement Date and ending on the 31st March 2027**.**

Insurance Protocol: means the insurance protocol agreed between local authorities and NHS bodies in operating Partnership arrangements under section 75 of the NHS Act 2006.

Individual Scheme: means one of the schemes which has been agreed by the Parties to be included within this Agreement using the powers under Section 75 as documented in a Scheme Specification at Schedule 2

Law: the laws of England and Wales and any other laws or regulations, regulatory policies, guidelines or industry codes which apply to the provision of the Services or with which the Parties are bound to comply and any Guidance.

National Institute for Health and Clinical Excellence or "NICE" means the special health authority responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health (or any successor body).

National Standards: means those standards applicable to the NHS Body under the Law and/or Guidance as amended from time to time

NHS Act 2006: means the National Health Service Act 2006.

NHS Body's Authorised Officer: [*Chief Executive Officer, CPFT*.]

NHS Body Assets:

NHS Functions: means those Services detailed in Part 2 and Part 3 of Schedule 2.

NHS Regulations 2000; means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

Ombudsman: means the Parliamentary and Health Service Ombudsman.

Partnership Arrangements: the arrangements made between the Parties under this Agreement.

Personal Data: has the meaning given in the Data Protection Legislation.

Personal Data Breach: has the meaning given in the Data Protection Legislation.

Premises: the location where the Services are to be supplied.

Processor: has the meaning given in the Data Protection Legislation.

Protective Measures: appropriate technical and organisational measures designed to ensure compliance with obligations of the Parties arising under Data Protection Legislation and this Agreement, which may include: pseudonymising and encrypting Personal Data, ensuring confidentiality, integrity, availability and resilience of systems and services, ensuring that availability of and access to Personal Data can be restored in a timely manner after an incident, and regularly assessing and evaluating the effectiveness of the such measures adopted by it.

Quarter: one of the following periods in each Financial Year:

a) 1 April to 30 June;

b) 1 July to 30 September;

c) 1 October to 31 December; and

d) 1 January to 31 March.

Quality Standards: the quality standards published by BSI British Standards, the National Standards Body of the United Kingdom, the International Organisation for Standardisation or other reputable or equivalent body (and their successor bodies), that a skilled and experienced operator in the same type of industry or business sector as the NHS Body would reasonably and ordinarily be expected to comply and any other quality standards set out in this Agreement.

Relevant Transfer: a relevant transfer for the purposes of TUPE.

Regulatory Body: those government departments and regulatory, statutory and other entities, committees and bodies that, whether under statute, rules, regulations, codes of practice or otherwise, are entitled to regulate, investigate or influence the matters dealt with in this Agreement, or any other affairs of the Parties.

Representative: a Party's employee, agent or subcontractor and any employee of the other Party who is seconded to the Party and is acting in accordance with the Party's instructions.

Request for Information: a request for Information or an apparent request under the Code of Practice on Access to Government Information, FOIA or EIR.

Resident Population: means those Service Users who are resident within the Authority's area of responsibility.

Section 75 Governance Board: means the board set up by the Parties in accordance with clause 17 and Schedule 4.

Service User(s): means Adults aged 18 years and over who are eligible to receive the Services, as more particularly described in Schedule 2.

Services: The occupational therapy services to be delivered by or on behalf of the Parties under this Agreement, as more particularly described in Schedule 2.

Specification: means the specification setting out the arrangements for as agreed by the Parties to be commissioned under this Agreement including the Individual Schemes.

Sensitive Personal Data: means Sensitive Personal Data as defined in the Data Protection Legislation.

TUPE: means the Transfer of Undertakings Protection of Employment Regulations 2006 and subsequent amendments to those Regulations;

TUPE Liabilities: means the obligations which may arise with respect to the transfer of such employment under TUPE and any other statute or statutory provision which may from time to time implement or purport to implement the Acquired Rights Directive (2001/23/EC) as the same

may be amended from time to time including without limitation those obligations under Regulation 10 of TUPE 2006.

UK GDPR: has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

Working Day: means the core hours of 8.30am to 4.30pm on any day except Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking & Financial Dealings Act 1971

Term: the period of the Initial Term as may be varied by:

a) any extensions to this Agreement that are agreed under clause 3; or

b) the earlier termination of this Agreement in accordance with its terms.

VAT Guidance: the guidance published by the Department of Health entitled "VAT arrangements for Joint NHS and Local Authority Initiatives including Disability Equipment Stores and Welfare-Section 31 Health Act 1999" as amended or replaced from time to time.

1.2 Clause, Schedule and paragraph headings shall not affect the interpretation of this Agreement.

1.3 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.

1.4 Words in the singular include the plural and vice versa.

1.5 A reference to one gender includes a reference to the other genders.

1.6 A reference to a statute or statutory provision is a reference to it as it is in force for the time being, taking account of any amendment, extension or re-enactment and includes any subordinate legislation for the time being in force made under it.

1.7 A reference to **writing** or **written** includes e-mail.

1.8 Any obligation in this Agreement on a person not to do something includes an obligation not to agree or allow that thing to be done.

1.9 A reference to a document is a reference to that document as varied or novated (in each case, other than in breach of the provisions of this Agreement) at any time.

1.10 References to clauses and Schedules are to the clauses and Schedules of this Agreement. References to paragraphs are to paragraphs of the relevant Schedule.

2. COMMENCEMENT AND DURATION

2.1 This Agreement shall take effect on the Commencement Date and shall continue for the period of three (3) years from the Commencement Date and therefore expiring at the end of the Term.

2.2 The Termination Date for this Agreement is 31st March 2027 unless terminated earlier in accordance with the conditions of this agreement

3. EXTENDING THE INITIAL TERM

The Parties may extend this Agreement beyond the Initial Term for a further period or periods of 0ne year up to a maximum of two (2) years from the date of expiry of the Agreement on varied terms as they agree, subject to approval of the NHS Body's board and of the Authority's Adults and Health Committee.

4. PARTNERSHIP ARRANGEMENTS

4.1 The Parties enter into these Partnership Arrangements under section 75 of the NHS Act 2006 to provide integrated health and social care services to better meet the needs of the Service Users of the Resident Population than if the Parties were operating independently.

4.2 The purpose of this Agreement is to specify the conditions by which the NHS Body (or its successor body) shall take the lead for providing the Services to the Resident Population and to document the accountability arrangements governing the same.

4.3 The specific Aims and Outcomes of the Partnership Arrangements are described in Schedule 1.

4.4 From the Commencement Date of this Agreement, any Previous Section 75 Agreements are replaced by the provisions of this Agreement.

4.5 The Partnership Arrangements shall comprise:

(a) the delegation by the Authority to the NHS Body of the Authority Health Related Functions, so that it may exercise the Authority Health Related Functions and act as provider of the Services described in Schedule 2**;** and

(b) the establishment of the Authority's Financial Contribution for the Services.

4.6 The NHS Body shall host and provide the financial administrative systems for the Authority's Financial Contribution.

4.7 The NHS Body shall appoint a manager, who shall be responsible for:

(a) managing the Authority's Financial Contribution on behalf of the Parties;

(b) managing expenditure from the Authority's Financial Contribution within the budgets set by the Parties and in accordance with the Annual Work Plan; and

(c) submitting monthly reports to the Parties, to enable them to monitor the success of the Partnership Arrangements.

4.8 Nothing in this Agreement shall prejudice or affect:

(a) the rights and powers, duties and obligations of the Parties in the exercise of their functions as public bodies or in any other capacity;

(b) the powers of the Authority to set, administer and collect charges for any Authority Health Related Function; or

(c) the Authority's power to determine and apply eligibility criteria for the purposes of assessment under the Community Care Act 1990.

5. DELEGATION OF FUNCTIONS

5.1 For the purposes of the implementation of the Partnership Arrangements, the Authority hereby delegates the exercise of the Authority Health Related Functions to the NHS Body to exercise alongside the NHS Functions and act as integrated provider of Occupational Therapy Services as set out in Schedule 2.

5.2 Additional services may be brought within the scope of this Agreement during the Term by agreement.

5.3 The purpose of this Agreement is to establish a framework through which the Parties can secure the provision of health and social care services in accordance with the terms of this Agreement.

5.4 This Agreement shall include such Functions as shall be agreed from time to time by the Parties as are necessary to commission the Services in accordance with their obligations under this Agreement.

5.5 The Specification is annexed at Schedule 2 of this Agreement.

5.6 Where the Parties add a new Individual Scheme to this Agreement a Scheme Specification shall be completed and approved by each Party.

5.7 The Parties shall not enter into a Scheme Specification in respect of an Individual Scheme unless they are satisfied that the Individual Scheme in question will improve health and well-being in accordance with this Agreement.

5.8 The introduction of any Individual Scheme will be subject to approval by the Section 75 Governance Board.

6. SERVICES

6.1 The NHS Body is the Host Partner for the Partnership Arrangement and agrees to act as provider of all of the Services set out in Schedule 2.

6.2 The NHS Body shall provide the Services or procure that they are provided (and shall be accountable to the Authority for the same) for the benefit of Service Users:

(a) to ensure the proper discharge of the Parties respective duties and obligations;

(b) with reasonable skill and care, and in accordance with best practice guidance and the Quality Standards;

(c) in all respects in accordance with the Aims and Outcomes, the performance management framework, the provisions of this Agreement, and the Authority's applicable policies;

(d) in accordance with its rules on contracting; and

(e) in accordance with all applicable Law.

7. ANNUAL WORK PLAN

7.1 The Parties shall prepare an Annual Work Plan for each element of the Services at least four (4) weeks before the start of the Financial Year. The Annual Work Plan shall:

(a) set out the agreed Aims and Outcomes for the specific Services;

(b) describe any changes or development required for the specific Services and how those changes will be delivered;

7.2 The Annual Work Plan shall commence on 1 April at the beginning of the Financial Year and shall continue for twelve (12) months.

7.3 The Annual Work Plan may be varied by written agreement between the Parties. Any variation that increases or reduces the number or level of Services in the scope of the Agreement may require the Parties to make corresponding adjustments to the Authority's Financial Contribution.

7.4 If the Parties cannot agree the contents of the Annual Work Plan, the matter shall be dealt with in accordance with clause 32 . Pending the outcome of the dispute resolution process or termination of the Agreement under clause 33, the Authority shall make available an amount equivalent to the Authority's Financial Contribution for the previous Financial Year.

8. PERFORMANCE MANAGEMENT

The Parties shall adhere to the performance management framework set out in Schedule 5.

9. FINANCIAL CONTRIBUTIONS

9.1 The Authority shall pay the Authority's Financial Contribution to the NHS Body to manage in accordance with this Agreement and the Annual Work Plan.

9.2 The Authority's Financial Contribution for the First Financial Year is set out in Schedule 3.

9.3 The NHS Body shall invoice the Authority monthly in advance during the Term for that part of the Authority's Financial Contribution required to pay for the Services provided. All invoices received from the NHS Body will be paid by the Authority in accordance with its normal payment terms.

9.4 The NHS Body will inform the Authority of any material changes to costs based on the impact of Agenda for Change and any agreed developments contained within the Annual Work Plan. The Authority shall inform the NHS Body of the Authority's Financial Contribution for the following Financial Year by 31 March. The NHS Body will deliver the Services in accordance with the Authority's Financial Contribution

9.5 The NHS Body acknowledge and agrees that If at anytime during the service period the NHS Body envisage that a cost increase is required to continue to effectively deliver the Service, they will notify the Authority in writing by providing reasons for the increase and providing documentation to show why the Services cannot continue to be delivered within the agreed financial contribution detailed at Schedule 3 of this Agreement.

9.6 For the avoidance of doubt, the NHS Body shall give the Authority one month's written notice to enable the Authority to review the documentation in order to make an informed decision and decide the best way forward with regards to the proposed cost increase. The Authority's Financial Contribution shall not be increased without the express written consent of the Authority.

9.7 The NHS Body and the Authority will agree a notional uplift by December 31st of each year, which will be confirmed and adjusted following National Guidance from NHS England.

9.8 The Parties agree to adopt "Partnership Structure (a)" as described in the VAT Guidance through which the Parties agree that goods and services will be purchased in accordance with the Authority's VAT regime and reimbursed from the Parties' financial contributions.

10. SET UP COSTS

Each Party shall bear its own costs of the establishment of the Partnership Arrangements under this Agreement.

11. PREMISES

11.1 The NHS Body shall provide the Authority with accommodation and facilities in the NHS Body's premises for the Term as the Parties agree are required for the performance of the Services.

11.2 The Authority shall provide the NHS Body with accommodation and facilities in the Authority's premises for the Term as the Parties agree are required for the performance of the Services.

12. ASSETS

12.1 The NHS Body shall make the NHS Body Assets available to the Partnership Arrangements.

12.2 The NHS Body shall maintain and replace the NHS Body Assets as and when required.

13. STAFFING TUPE, AND PENSIONS

13.1 The Parties acknowledge and agree that the TUPE Regulations shall apply to any Relevant Transfer under this Agreement as a result of the expiry or termination of this Agreement and shall co-operate with each other to determine whether the TUPE Regulations will apply to the transfer of the Services in whole or part to a new service provider or back in-house to the Parties

13.2 The Parties agree to comply with their obligations under TUPE and COSOP and co-operate in a manner consistent with the principles of this Agreement to determine the required financial contributions and other arrangements which are thereafter required

by and from each Party in order to meet the obligations which arise under TUPE and otherwise and always in accordance with the TUPE Liabilities.

13.3 The Parties acknowledge and agree that where TUPE is deemed to apply the NHS Body shall provide such information as the Authority may reasonably require in order to consider the application of the Transfer Regulations on the termination, partial termination or expiry of this Agreement.

13.4 The Parties acknowledge and agree that they shall provide full, accurate and up-to-date information as may be required under the TUPE Regulations relating to the employees who are wholly or mainly employed, assigned or engaged in providing the Services or part of the Services under this Agreement.

14. CONTRACTS (PRE-EXISTING AND FUTURE)

14.1 The Authority appoints the NHS Body to act as agent for the Authority from the Commencement Date.

14.2 The NHS Body shall enter into such contracts with third parties as it sees fit for the purpose of facilitating the discharge of the Authority Health Related Functions and provision of the Services. The NHS Body shall ensure that all contracts entered into concerning the Authority Health Related Functions and/or the Services are capable of assignment or novation to the Authority and any successor body.

15. GOVERNANCE

15.1 The Authority shall nominate the Authority's Authorised Officer, who shall be the main point of contact for the NHS Body and shall be responsible for representing the Authority and liaising with the NHS Body's Authorised Officer in connection with the Partnership Arrangements.

15.2 The NHS Body shall nominate the NHS Body's Authorised Officer, who shall be the main point of contact for the Authority and shall be responsible for representing the NHS Body and liaising with the Authority's Authorised Officer in connection with the Partnership Arrangements.

15.3 The Authorised Officers shall be responsible for taking decisions concerning the Partnership Arrangements, unless they indicate that the decision is one that must be referred to the Section 75 Governance Board.

15.4 The NHS Body acknowledge and agree that any decisions likely to adversely affect the delivery of the Agreement, such as non-delivery of the Service or partial delivery of the Service must be referred to the Section 75 Governance Board. Practice changes and service pressures must be addressed as per the Governance Schedule at Schedule 4.

15.5 The Parties shall each appoint officers to the Section 75 Governance Board in accordance with Schedule 4. The terms of reference of the Section 75 Governance Board are set out in Schedule 4.

16. QUARTERLY REVIEW AND REPORTING

16.1 The Parties shall carry out a quarterly review of the Partnership Arrangements within thirty (30) days of the end of each Quarter.

16.2 The manager of the Authority's Financial Contribution shall submit a monthly report to the Authority, the Finance and Performance Board and to the Section 75 Governance Board setting out:

(a) the performance of the Partnership Arrangements against the performance management framework in the preceding Quarter; and

(b) any forecast overspend or underspend of the Authority's Financial Contribution and the action taken to address this.

17. ANNUAL REVIEW

17.1 The Parties agree to carry out a review of the Partnership Arrangements within two (2) months of the end of each Financial Year (**Annual Review**), including:

(a) the performance of the Partnership Arrangements against the Aims and Outcomes;

(b) the performance of the individual Services against the service levels and other targets contained in the relevant contracts;

(c) plans to address any underperformance in the Services;

(d) actual expenditure compared with the Authority's Financial Contribution for the relevant year , and reasons for and plans to address any actual or potential underspend or overspend;

(e) review of plans and performance levels for the following year; and

(f) plans to respond to any changes in policy or legislation applicable to the Services or the Partnership Arrangements.

18. VARIATIONS

No variation to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Parties

19. STANDARDS

19.1 The Parties shall collaborate to ensure that the Partnership Arrangements are discharged in accordance with:

(a) the service standards set out in Schedule 2 and Schedule 5;

(b) the prevailing standards of clinical governance and good social care practice;

(c) the Authority's standing orders; and

(d) the requirements of any relevant external regulator.

19.2 Compliance with clause 19.1 shall be monitored in accordance with the Schedule 4 Governance 4 and Schedule 5 Performance Management Framework.

19.3 The Parties shall ensure that each employee is appropriately managed and supervised in accordance with all relevant prevailing standards of professional accountability.

20. HEALTH AND SAFETY

20.1 The NHS Body shall (and shall use reasonable endeavours to ensure its Representatives) comply with the requirements of the Health and Safety at Work etc Act 1974 and any other acts, orders, regulations and codes of practice relating to health and safety, which may apply to the Services and persons working on the Services.

20.2 The NHS Body shall ensure that its health and safety policy statement (as required by the Health and Safety at Work etc Act 1974), together with related policies and procedures, are made available to the Authority on request.

20.3 The NHS Body shall notify the Authority if any incident occurs in the performance of the Services, where that incident causes any personal injury or damage to property that could give rise to personal injury.

21. EQUALITY DUTIES

21.1 The Parties acknowledge their respective duties under equality legislation to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity and foster good relations between different groups.

21.2 The NHS Body agrees to adopt and apply policies in carrying out of the Authority Health Related Functions and/or the Services, to ensure compliance with their equality duties.

21.3 The NHS Body shall take all reasonable steps to secure the observance of clause 21 by all servants, employees or agents of the NHS Body and all contractors employed in delivering the Services described in this Agreement.

22. FREEDOM OF INFORMATION

22.1 The Parties acknowledge that each is subject to the requirements of FOIA and the EIR, and shall assist and co-operate with one another to enable each Party to comply with these information disclosure requirements, where necessary and appropriate.

23. DATA PROTECTION

23.1 The Parties shall observe all of their obligations under the Data Protection Legislation that arise in connection with the Services.

23.2 The Parties shall ensure that Personal Data is safeguarded at all times in accordance with the Law, which will include without limitation obligations to:

(a) (where transferred electronically) only transfer essential data that is (i) necessary for direct Service User care; and (ii) encrypted to the higher of the international data encryption standards for healthcare (this includes, but is not limited to, data transferred over wireless or wired networks, held on laptops, CDs, memory sticks and tapes);

(b) have policies which are rigorously applied that describe individual personal responsibilities for handling Personal Data;

(c) have agreed protocols for sharing Personal Data with other NHS and non-NHS organisations; and

(d) perform an annual information governance self-assessment.

23.3 The Parties acknowledge that for the purpose of the Data Protection Legislation, the Parties are independent Controllers of certain Personal Data. The Parties shall comply with the requirements of Schedule 6 when sharing Personal Data.

23.4 With respect to Personal Data provided by one Party to another Party for which each Party acts as Controller but which is not under the Joint Control of the Parties, each Party undertakes to comply with the applicable Data Protection Legislation in respect of their Processing of such Personal Data as Controller.

23.5 Each Party shall Process the Personal Data in compliance with its obligations under the Data Protection Legislation and not do anything to cause the other Party to be in breach of it.

23.6 Where a Party has provided Personal Data to the other Party in accordance with clause 23.4, the recipient of the Personal Data will provide all such relevant documents and information relating to its data protection policies and procedures as the other Party may reasonably require.

23.7 The Parties shall be responsible for their own compliance with Articles 13 and 14 UK GDPR in respect of the Processing of Personal Data for the purposes of the Agreement.

23.8 The Parties shall only provide Personal Data to each other:

(a) to the extent necessary to perform their respective obligations under the Agreement;

(b) in compliance with the Data Protection Legislation (including by ensuring all required data privacy information has been given to affected Data Subjects to meet the requirements of Articles 13 and 14 of the UK GDPR); and

(c) where it has recorded it in accordance with Part B of Schedule 6.

23.9 Taking into account the state of the art, the costs of implementation and the nature, scope, context and purposes of Processing as well as the risk of varying likelihood and severity for the rights and freedoms of natural persons, each Party shall, with respect to its Processing of Personal Data as an independent Controller, implement and maintain appropriate technical and organisational measures to ensure a level of security appropriate to that risk, including, as appropriate, the measures referred to in Article 32(1)(a), (b), (c) and (d) of the UK GDPR, and the measures shall, at a minimum, comply with the requirements of the Data Protection Legislation, including Article 32 of the UK GDPR.

23.10 A Party Processing Personal Data for the purposes of the Agreement shall maintain a record of its Processing activities in accordance with Article 30 UK GDPR and shall make the record available to the other Party upon reasonable request.

23.11 Where a Party receives a request by any Data Subject to exercise any of their rights under the Data Protection Legislation in relation to the Personal Data provided to it by the other Party pursuant to the Agreement **("Request Recipient")**:

(a) the other Party shall provide any information and/or assistance as reasonably requested by the Request Recipient to help it respond to the request or correspondence, at the cost of the Request Recipient; or

(b) where the request or correspondence is directed to the other Party and/or relates to that other Party's Processing of the Personal Data, the Request Recipient will:

(i) promptly, and in any event within five (5) Working Days of receipt of the request or correspondence, inform the other Party that it has received the same and shall forward such request or correspondence to the other Party; and

(ii) provide any information and/or assistance as reasonably requested by the other Party to help it respond to the request or correspondence in the timeframes specified by Data Protection Legislation.

23.12 Each Party shall promptly notify the other Party upon it becoming aware of any Personal Data Breach relating to Personal Data provided by the other Party pursuant to the Contract and shall:

(a) do all such things as reasonably necessary to assist the other Party in mitigating the effects of the Personal Data Breach;

(b) implement any measures necessary to restore the security of any compromised Personal Data;

(c) work with the other Party to make any required notifications to the Information Commissioner's Office and affected Data Subjects in accordance with the Data Protection Legislation (including the timeframes set out therein); and

(d) not do anything which may damage the reputation of the other Party or that Party's relationship with the relevant Data Subjects, save as required by Law.

23.13 Personal Data provided by one Party to the other Party may be used exclusively to exercise rights and obligations under the Agreement as specified in Schedule 6.

23.14 Personal Data shall not be retained or processed for longer than is necessary to perform each Party's respective obligations under the Agreement which is specified in Schedule 6.

23.15 The NHS Body shall provide all reasonable assistance to the Authority in the preparation of any Data Protection Impact Assessment that arises in connection with the Agreement. Such assistance may, at the discretion of the Authority:

(a) a systematic description of the envisaged processing operations and the purpose of the processing;

(b) an assessment of the necessity and proportionality of the processing operations in relation to the Services;

(c) an assessment of the risks to the rights and freedoms of Data Subjects (including the risks that are presented by processing, in particular from accidental or unlawful

destruction, loss, alteration, unauthorised disclosure of, or access to Personal Data transmitted, stored or otherwise processed); and

(d) the measures (including Protective Measures) envisaged to address the risks, including safeguards, security measures and mechanisms to ensure the protection of Personal Data.

or request;

23.16 The NHS Body shall allow for audits of its processing of Personal Data activities by the Authority or the Authority's designated auditor upon reasonable notice by the Authority and in any event no later than ten (10) Business Days after being requested by the Authority to do so.

23.17 Each Party shall designate a data protection officer if required by the Data Protection Legislation. If no data protection officer is required by the Data Protection Legislation, the NHS Body shall, upon signature hereof by the Parties, provide the name, office, contact address, e-mail address and telephone number of a duly authorised officer, who shall act as the NHS Body's representative and contact in relation to all Data Protection Legislation matters arising in relation to the Agreement.

23.18 The Parties agree to take account of any guidance issued by the Information Commissioner's Office. The Authority may on not less than thirty (30) Business Days' notice to the NHS Body amend the Agreement to ensure that it complies with any guidance issued by the Information Commissioner's Office or applicable replacement or alternative supervisory authority (as defined in the UK GDPR).

23.19 The Parties shall share information about Service Users to improve the quality of care and enable integrated working. The Parties shall adhere to the provisions of clauses 23 and 24 when sharing information under this Agreement.

24 INFORMATION SHARING

24.1 The Parties shall only share information between them that is necessary to fulfil their respective obligations under this Agreement to support delivery of the integrated care service.

24.2 Where, the NHS Body has received a referral it shall provide the Service User with information explaining the Integrated occupational therapy service. The NHS Body shall ensure that Service Users understand:

(a) who their personal information will be shared with;

(b) what of their personal information will be shared; and

(c) why their personal information is being shared.

24.3. The NHS Body shall record a Service Users consent on the NHS Body's individual Service Users electronic health record. The NHS Body shall be responsible for ensuring that each Service Users electronic health record is up to date and accurate at all times.

24.4. The NHS Body shall inform Service Users that they have the right to opt out of sharing further information at any point in time, although where such a decision may have an adverse impact on the Services that the Service Users will receive, the NHS Body must make the Service Users aware of this.

24.5. The Parties acknowledge the common law duty of confidentiality and the right of Services Users to give, or refuse to give, consent with regard to the sharing of their information.

24.6. The Parties acknowledge that in certain circumstances information can be shared without seeking the Service User's consent. They are:

(d) where the information is required to be shared by Law;

(e) where there is a need to act promptly to deal with immediate serious risk;

(f) where there is a need to protect children and/or Adults from risk;

(g) where there is a risk of harm to others; and

(h) where there is an emergency and immediate action is required to preserve life.

24.7. Subject to the provisions of clause 24.8, if a Service User's information has been shared without consent pursuant to the provisions of clause 24.6, then the NHS Body shall ensure that this is clearly documented on the Service User's health record including the fact that the Service User has been informed of the reasons for doing so and with whom the information has been shared.

24.8. If the act of informing a Service User that their personal information will be shared would itself result in an unacceptable risk then such information can be shared without informing the Service User provided that the Service User is informed as soon as the NHS Body deems it safe to do so.

HEALTH AND SOCIAL CARE RECORDS

24.9 The NHS Body shall be responsible for facilitating Service Users in accessing their Personal Data in accordance with the Data Protection Legislation.

25. CONFIDENTIALITY

25.1 The Parties agree to keep confidential all documents relating to or received from the other Party under this Agreement that are labelled as confidential.

25.2 Where a Party receives a request to disclose Information that the other Party has designated as confidential, the receiving Party shall consult with the other Party before deciding whether the Information is subject to disclosure.

26. AUDIT

26.1 The NHS Body shall arrange for the audit of the accounts of the Authority's Financial Contributions in accordance with its statutory audit requirements.

26.2 The NHS Body shall provide to the Authority any reports and information required concerning the Services on reasonable notice.

26.3 The Parties shall co-operate in the provision of Information, and access to premises and staff, to ensure compliance with any statutory and/or internal inspection requirements, or other monitoring or scrutiny functions. The Parties shall implement recommendations arising from these inspections, where appropriate.

27. INSURANCE

27.1 The Parties shall effect and maintain a policy or policies of insurance, providing an adequate level of cover for liabilities arising under any indemnity in this Agreement.

27.2 The Parties shall co-operate with each other in the defence of any claim arising under this Agreement using the Insurance Protocol as guidance.

27.3 Each Party shall be responsible for insuring the premises and assets it contributes to the Partnership Arrangements.

28. INDEMNITIES

Each Party (**Indemnifying Party**) shall indemnify and keep indemnified the other Party (**Indemnified Party**) against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses whatsoever, whether arising in tort (including negligence), default or breach of this Agreement, to the extent that any loss or claim is due to the breach of contract, negligence, wilful default or fraud of itself, the Indemnifying Party's employees, or any of its Representatives or sub-contractors, except to the extent that the loss or claim is directly caused by or directly arises from the negligence, breach of this Agreement, or applicable Law by the Indemnified Party or its Representatives.

29. LIABILITIES

29.1 Subject to clause **Error! Reference source not found.**, neither Party shall be liable to the other Party for claims by third parties arising from any acts or omissions of the other Party in connection with the Services before the Commencement Date.

29.2 Each Party shall, at all times, take all reasonable steps to minimise and mitigate any loss or damage for which the relevant Party is entitled to bring a claim against the other Party under this Agreement.

30. COMPLAINTS AND INVESTIGATIONS

30.1 The NHS Body shall endeavour to resolve any complaints it receives about this Section 75 Agreement or the Services through its own complaints procedures and in accordance with the Complaints Regulations. It shall publicise the existence of a complaints procedure to those who have a right to complain and ensure that Service Users and their representatives are informed of their right to complain to the Ombudsman on conclusion of the complaints process if they are not satisfied with the NHS Body's response.

30.2 Where the NHS Body investigates a complaint the Authority shall provide all necessary assistance with the investigation of the complaint , including the sharing of all information that the NHS Body requests to enable it to investigate the complaint.

30.3 Where a Service User or their representative makes a complaint directly to the Authority the Authority will deal with such complaint in accordance with their own complaints Procedures, and in accordance with the Complaints Regulations. The NHS Body shall provide all necessary assistance with the investigation of the complaint, including the sharing of all information that the Authority requests to enable it to investigate the complaint.

30.4 The Parties shall co-operate with each other to enable them to comply with the provisions of the Complaints Regulations in dealing with any complaint made relating to this Section 75 Agreement and the Services.

30.5 Where a Party considers that a complaint which it has received should be dealt with by the other Party in accordance with Regulation 6 (5) of the Complaints Regulations it shall pass that complaint to the other Party to be dealt with.

30.6 The Parties shall review these arrangements if there are any changes to the Complaints Regulations with the aim of moving as close as is permitted by guidance and regulations to a fully integrated process for handling all complaints about the Services.

30.7 The Parties shall each notify the other of any investigation by the Ombudsman and fully comply with the investigation, including providing access to Information and making staff available for interview.

30.8 Quarterly reports regarding, informal complaints, formal complaints and compliments will be provided as part of the performance management framework.

31. CO-OPERATION WITH OTHERS

31.1 The Parties shall promote and facilitate the involvement of Service Users, carers and members of the public as appropriate in the delivery of the Services .

32. DISPUTE RESOLUTION

32.1 The members of the Section 75 Governance Board shall use their best endeavours to resolve disputes arising out of this Agreement.

32.2 If any dispute referred to the Section 75 Governance Board is not resolved within fourteen (14) days, either Party, by notice in writing to the other, may refer the dispute to the chief executives (or equivalent) of the Parties, who shall co-operate in good faith to resolve the dispute as amicably as possible within seven (7) days of service of the notice.

32.3 If the chief executives (or equivalent) fail to resolve the dispute in the allotted time, the Parties shall attempt to settle it by mediation in accordance with the Centre for Effective Dispute Resolution (**"CEDR"**). Unless otherwise agreed between the Parties, the mediation will be arranged jointly by NHS England and NHS Improvement for disputes. Expert Determination for disputes will be undertaken by an independent and suitably experienced Expert allocated by NHS England and NHS Improvement. To initiate the mediation a Party must give notice in writing (**"Dispute Notice"**) to the other Party to the dispute requesting a mediation. The mediation shall start not later than twenty-eight (28) days after the date of the Dispute Notice.

32.4 Any dispute not resolved within a reasonable time in accordance with clause 32.3 which arises or occurs between the Parties in relation to any thing or matter arising out of or in connection with this Agreement shall be finally settled by arbitration by one (1) arbitrator appointed in default of agreement between the Parties by the President or Vice President, for the time being, of the Chartered Institute of Arbitrators.

32.5 Either Party may refer a dispute for arbitration at any time and the commencement of mediation shall not prevent the Parties commencing or continuing any arbitration proceedings.

32.6 This clause 32 shall not prevent either Party from seeking injunctive relief at any time during the Term (regardless of whether the Dispute Resolution Procedure set out in this clause 32 has been exhausted or not) in the case of any breach or threatened breach by the other Party of any obligation under this Agreement.

33. TERMINATION

33.1 Without prejudice to other rights and remedies at law, and unless terminated under clause 33.2 or 33.3, either Party may terminate this Agreement at any time by giving twelve (12) months' written notice to the other Party.

33.2 Either Party (for the purposes of this clause 33.2, the **First Party**) may terminate this Agreement with immediate effect by the service of written notice on the other Party (for the purposes of this clause 33.2, the **Second Party**) in the following circumstances:

(a) if the Second Party is in breach of any material obligation under this Agreement, provided that, if the breach is capable of remedy, the First Party may only terminate this Agreement under clause 33.2 if the Second Party has failed to remedy the breach within twenty-eight (28) days of receipt of notice from the First Party (**Remediation Notice**) to do so;

(b) there is a Change in Law that prevents either Party from complying with its obligations under this Agreement;

(c) its fulfilment of its obligations would be in contravention of any applicable guidance from the UK Government issued after the Commencement Date;

(d) its fulfilment would be ultra vires; or

(e) following a failure to resolve a dispute under clauses 32.1 and 32.2.

33.3 The provisions of clause 34 shall apply on termination of this Agreement.

33.4 The NHS Body shall implement and comply with the requirements of the Exit Strategy at Schedule 8 and shall support and assist the Authority in managing the smooth and timely transition of the Services in respect of the expiry or termination of the Agreement, by providing all necessary resources, records and information relating to the Services and/or handing over Services to the Authority or any replacement provider of the Services..

34. CONSEQUENCES OF TERMINATION

34.1 On the expiry of the Term, or if this Agreement is terminated for any reason:

(a) the Parties will comply with the Exit Strategy;

(b) premises and assets shall be returned to the contributing Party in accordance with the terms of their leases, licences or agreed schedule of condition;

(c) assets purchased from the Authority's Financial Contributions shall be disposed of by the NHS Body and the proceeds of sale allocated according to the Authority;

(d) contracts entered into by the NHS Body concerning the Authority Health Related Functions and/or the Services shall be novated to the Authority and the Authority shall accept the novation; and

(e) the NHS Body shall transfer to the Authority all records in its possession relating to the Authority Health Related Functions and the Services.

34.2 The provisions of the following clauses shall survive termination or expiry of this Agreement:

(a) clause 222

(b) clause 23;

(c) clause 0;

(d) clause 26;

(e) clause 28;

(f) clause 29; and

(g) clause 34.

35. PUBLICITY

35.1 The Parties shall use reasonable endeavours to consult one another before making any press announcements concerning the Services or the discharge of either Party's obligations under this Agreement.

35.2 All stationery, publications and liveries used by the NHS Body with regard to this Agreement shall be designed in accordance with standards to be agreed with the Authority.

36. NO PARTNERSHIP

36.1 Nothing in this Agreement shall be construed as constituting a legal partnership between the Parties or as constituting either Party as the agent of the other for any purpose whatsoever, except as specified by the terms of this Agreement.

36.2 The provisions of the Partnership Act 1980 will not apply to this Agreement.

37. THIRD PARTY RIGHTS

No one other than a party to this Agreement (their successors and permitted assignees) shall have any right to enforce any of its terms.

38. NOTICES

38.1 Notices shall be in writing and shall be sent to the other Party marked for the attention of the chief executive (or equivalent) or another person duly notified by the Party for the purposes of serving notices on that Party, at the address set out for the Party in this Agreement.

38.2 Notices may be sent by first class mail or email.. Correctly addressed notices sent by first class mail shall be deemed to have been delivered seventy-two (72) hours after posting. Emails shall be deemed to have been received instantaneously.

39. ASSIGNMENT AND SUBCONTRACTING

Neither Party shall assign, transfer, mortgage, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under this Agreement without the prior written consent of the other Party.

40. SEVERABILITY

If any provision or part-provision of this Agreement is or becomes invalid, illegal or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this clause shall not affect the validity and enforceability of the rest of this Agreement.

41. WAIVER

41.1 The failure of either Party to enforce any of the provisions of this Agreement at any time or for any period of time shall not be construed to be a waiver of any such provision and shall in no matter affect the right of that Party thereafter to enforce such provision.

41.2 No waiver in any one or more instances of a breach of any provision of this Agreement shall be deemed to be a further or continuing waiver of such provision in other instances.

42. ENTIRE AGREEMENT

This Agreement, the Schedules and the documents annexed to it or otherwise referred to in it contain the whole agreement between the Parties relating to the subject matter of it and

supersede all prior agreements, arrangements and understandings between the Parties relating to that subject matter.

43. FORCE MAJEURE

43.1. Neither Party shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Party or incur any liability to the other Party for any losses or damages incurred by that Party to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.

43.2. On the occurrence of a Force Majeure Event, the Affected Party shall notify the other Party as soon as practicable in writing. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Party and any action proposed to mitigate its effect, including timescales.

43.3. As soon as practicable, following notification as detailed in Clause 43.2, the Parties shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 43.4, facilitate the continued performance of the Agreement.

43.4. If the Force Majeure Event continues for a period of more than 90 days, either Party shall have the right to terminate the Agreement by giving 30 days written notice of termination to the other Party. For the avoidance of doubt, no compensation shall be payable by either Party as a direct consequence of this Agreement being terminated in accordance with this Clause.

44. FAIR DEALINGS

The Parties recognise that it is impracticable to make provision for every contingency which may arise during the life of this Agreement and they declare it to be their intention that this Agreement shall operate between them with fairness and without detriment to the interests of either of them and that if in the course of the performance of this Agreement, unfairness to either of them does or may result then the other shall use its reasonable endeavours to agree upon such action as may be necessary to remove the cause or causes of such unfairness.

45. GOVERNING LAW AND JURISDICTION

45.1. This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

45.2. Subject to Clause 32 (Dispute Resolution), the Parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims

IN WTNESS WHEROF This Agreement has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

THE COMMON SEAL of
CAMBRIDGESHIRE COUNTY
COUNCIL
was hereunto affixed in the presence of:

Authorised Signatory

THE COMMON SEAL of
CAMBRIDGHESHIRE AND
PETERBOROUGH NHS FOUNDATION
TRUST
was hereunto affixed in the presence of:-

Authorised Signatory

OT Section 75 Schedules (see separate document)

SCHEDULE 1

Aims and Objectives of the Service

SCHEDULE 2

Service Specification

SCHEDULE 3

Financial Contribution

SCHEDULE 4

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SCHEDULE 5

Performance Management

SCHEDULE 6

Data Sharing & Data Processing (GDPR)

SCHEDULE 7

Exit Strategy Principles

OT Section 75 2024 Schedules
(to be added to end of agreement, once finalised)

SCHEDULE 1

Aims & Outcomes

The Aims and Outcomes of this Agreement are:

1. To provide a framework under which the Authority shall delegate to the NHS Body the exercise of its functions in relation to the provision of adult community occupational therapy services to adults with physical impairments, and older people

2. To specify the conditions by which the NHS Body (or its successor body) shall take the lead for providing adult community occupational therapy services to adults with physical impairments, and older people

3. To describe the accountability and Governance arrangements that accompany the Partnership Agreement

In addition to the above, the Parties to this Agreement aim to secure better outcomes in respect of the occupational therapy services for adults and older people through the provision of an integrated service that provides both health and social care occupational therapy interventions. This will be achieved in line with the Authority's responsibilities and vision for adult social care, integrated services, and within the resources allocated by the authority for this purpose, as set out in Schedule 3. The Parties shall work together in the context of the strategic governance arrangements, set out in Schedule 4, to ensure that the aims and objectives of the Agreement are met.

By this agreement the parties aim to deliver an integrated occupational therapy through a combined health and social care service. This service will deliver assessment, rehabilitation, information and advice, equipment provision and housing adaptations for those people with functional impairments thereby enabling them to live as independently as possible in the home of their choice.

The service excludes the provision of occupational therapy to children up to the age of 18, people with mental health needs and learning disabilities.

Schedule 2

Service Specification

Occupational Therapy Section 75 Service Specification

Service	Community Occupational Therapy Service for Adults with Physical Impairment & Older People delivered as part of CPFT Older People and Adult Community (OPAC) services
Commissioner Lead	Diana Mackay, Commissioning Manager (Adults, Health & Commissioning), Cambridgeshire County Council
Provider Lead	Sarah Fridd, Deputy General Manager, OPAC Directorate
Implementation Date	1st April 2024

1.	**Overview of the Section 75 Occupational Therapy Service**
1.3	The Community Occupational Therapy service is provided to people who live within the county boundary of Cambridgeshire. People who are residents of Cambridgeshire, but who have a GP outside the C&P ICB are entitled to OT interventions from the CPFT service where that person has social care needs as defined by this Service Specification. The service will be provided as part of the multidisciplinary team with the promotion of skill mix in order to provide as flexible a service as possible. The service will consist of a mixture of registered occupational therapists (Band 7, Band 6 and Band 5), unregistered clinical staff (Band 4 and Band 3) and administrative staff. It is acknowledged that, in the spirit of integrated working, the unregistered clinical staff will be trained in a range of skills which means that they can support both OT and Physio services and can combine these competencies in their interventions with service users, to avoid unnecessary hand-offs. The service will be available within the core hours of 8.30 to 4.30 Monday to Friday, but it is expected that staff will work flexibly to meet client and service needs. The administrative staff will be expected to provide daily administrative support to the service and update the IT system of both organisations; SystmOne for CPFT and MOSAIC for CCC.
2.	**Strategic Context**

2.1 Cambridgeshire County Council has a **Strategic Framework** Business Plan Section 1 - Strategic Framework - 2023-28 (cambridgeshire.gov.uk) which sets the vision for the council with seven ambitions to be delivered over the next six years (2023-2028). This vision to 'create a greener, fairer and more caring Cambridgeshire' guides the approach to relationships with partners, communities and residents. Delivering these ambitions involves the Council working with all partners including the voluntary sector, businesses, and communities to tailor services around people, families and the communities they live in.

The seven ambitions:

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
2. Travel across the county is safer and more sustainable environmentally
3. Health inequalities are reduced
4. People enjoy healthy, safe and independent lives through timely support that is most suited to their needs
5. People are helped out of poverty and income inequality
6. Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised
7. Children and young people have opportunities to thrive

2.2 **Health & Wellbeing Integrated Care Strategy 2022-2030 produced by the joint Health & Wellbeing Board for Cambridgeshire**

This strategy has three main goals:

- To increase the number of years people spend in good health
- To reduce inequalities in preventable deaths before the age of 75
- To achieve better outcomes for our children

To help achieve these goals, there are four priorities:

- Priority 1 – Our children are ready to enter and exit education prepared for the next phase of their lives
- Priority 2 – Create an environment for people to be as healthy as can be
- Priority 3 – Reducing poverty through better employment, skills and housing
- Priority 4 – Promoting early intervention and prevention measures to improve mental health and wellbeing

Further information on the Integrated Care Strategy can be found at: Cambridgeshire & Peterborough Insight – Health and Wellbeing – Public Health – Health and Wellbeing Integrated Care Strategy (cambridgeshireinsight.org.uk)

2.3 **The Care Act 2014**

The County Council requires that all social care services are delivered in a way that meets the requirements of The Care Act 2014

Key to this delivery are:

- Integrated health and social care services that include a 'Rehab first' approach
- Services that facilitate people's well-being, as defined by the Care Act
- Providing information and advice to enable people to make informed choices about their care and support
- Preventative and early intervention services
- A duty to assess carers' needs and provide services that specifically meet those needs
- Services that address people's housing / accommodation needs
- Individual Service Funds (ISFs)

	➢ Safeguarding
2.4	The priorities for adult social care services continue to be driven by demographic changes, including a growing older population and more people with complex needs supported to live in the community, against a backdrop of reducing budgets. The Council needs to reduce demand on traditional social care services and continue to increase community capacity to deliver support closer to home with a focus on the service users' strengths so that care and support promotes and maintains independence for individuals and their carers. The OT service is key to delivering on these strategic and local system-wide approaches.
3.	**Integrated Occupational Therapy Service Requirements**
3.1	The OT service will deliver a range of health and social care interventions. These will be delivered in an wholly integrated way – for example, technology enabled care, equipment and housing adaptations (generally accepted as part of the social care provision) will not be considered for individuals until rehabilitation programmes have been considered, and delivered, first. Interventions will be delivered by a single practitioner whenever possible so as to avoid unnecessary hand-offs between health, social care and housing services. In summary, it is generally accepted that: H**ealth interventions** are short term and rehabilitative in nature. They consist of functional assessment of people's daily living needs resulting in the provision of community rehabilitation and end of life support. Community rehabilitation encompasses supporting people to stay well and maintain independence, prevention of escalation and restoration of previous function and supporting hospital/community interface. Assessment for Environmental Control Systems (ECS) are also part of Health provision. This is currently (2023) being reviewed by NHS England with a view to setting up a regional ECS service. **Social care interventions** are longer term and consist of functional assessment of people's daily living needs that meet the statutory requirements and outcomes of The Care Act : • Support and review of people with long term conditions, including specialist assessment of moving & handling needs • Provision of equipment, including assistive technology, to promote independence and reduce, prevent or delay the need for social care and support • End of life support where there are specific equipment or housing adaptation needs that enables someone to die at home if that is their choice • Assessment and provision of minor and major housing adaptations to keep people at home in the community for as long as possible and prevent a move into residential care or prevent the need for a social care and support package or admission to hospital.
3.2	The OT service will work closely with the County Council's social care teams and CCC's internal OT service, to provide a pathway which allows people to move fluidly between the health and social care functions to ensure that the their pathway is driven by, and co-ordinated to, their individual needs. The needs and expectations of health and social care will be given equal priority.
3.3	**The service will provide / deliver:** a) An **annual work plan** that sets out the service priorities for the coming 12 months. This will be developed in collaboration with the local authority commissioner and agreed at the Section 75 Governance Board. The delivery of the work plan will be monitored by the Finance and Performance Meeting

b) An **integrated service within which staff understand their responsibility** in delivering outcomes for social care as well as health. A programme of induction will be agreed with the County Council so that OT staff have an opportunity to spend time with County Council social care colleagues across the operational directorate.

c) A responsive service which delivers the requirements of **The Care Act** including wellbeing outcomes. OT interventions will promote and maintain independence in activities of daily living and reduce reliance on long term care and support through provision of triage, information and advice, rehabilitation, provision of equipment, Technology Enabled Care (TEC) and housing adaptations.

d) A high quality **triage** service which ensures peoples immediate / urgent needs will be met before being placed on the waiting list for longer term provisions, eg housing adaptations,

e) **Close working and liaison with the County Council's Social Care Teams**, including the CCC OT Team within Prevention & Early Intervention. The Council and CPFT will work together to agree the most appropriate approaches to this which may include CPFT attendance at the Council's Adults Leadership Forum, Practice Governance Board and other forums as appropriate. Close working might also include joint working of cases where appropriate and problem solving operational issues at the Section 75 Operational Meeting

f) An **outcomes based** model using standardised outcome measures that are easily reportable. Specific Care Act outcomes will be recorded in all cases, on agreed systems, so that they may be audited as part of performance monitoring. Outcomes will also be measured in terms of prevention of escalation of needs and where interventions have led to a reduction in other care provisions. These outcomes will capture care hours avoided, prevented and / or reduced. OT Discharge Summaries will be loaded onto the Council's I.T. system in all cases. Performance reporting will include the provision of case studies which demonstrate the delivery of outcomes for people

g) In relation to **moving & handling**, the service will promote and facilitate **single-handed care** whenever possible and will respond to urgent moving and handling needs as per the P1 referral criteria. People whose moving and handling needs, relating to single-handed care, are not urgent (eg, request for review from domiciliary care agency) will be assessed by the Council's OT team . To clarify, the Council's OT service is for:

- People referred to Adult Early Help for swift resolution of short term needs where there is no long term care package in place
- People undergoing a period of Reablement (excluding bridging cases)
- People whose needs are not urgent but where OT intervention may help to facilitate single-handed care

h) Services that support **end of life** pathways

i) **Information and advice** to people who might prefer to self fund and signposting to alternative services eg NRS Safe & Well or AskSARA.

j) Interventions that utilise **on-line virtual assessment** software, where this is appropriate

	k) Investigation of **formal complaints**. Complaints that relate to social care provisions will be reported to the Council as part of performance monitoring. A summary of the complaint, investigation and outcome will be provided in all cases Note (Jan 2024): Discharge to Assess funding may be available for OT resource within the County Council's Post Discharge Review Team with effect from April 2024. Awaiting confirmation.
4.	**Staffing Profile & Accountability**
4.1	CPFT will provide OT Professional Leadership. The Operational and Clinical Service Managers will support the delivery of the Section 75 Agreement and ensure all OT staff are aware of, and work to, the requirements of this agreement. The Operational and Clinical Service Managers will attend the Governance forums for this agreement. They will also be required to work closely with the OT Clinical Advisor for the Integrated Community Equipment Service to ensure that high quality equipment prescribing practice is embedded within the CPFT therapy workforce.
4.2	All qualified OT staff will be registered with the Health & Care Professions Council and will undertake continuous professional development activities in order to maintain their registration.
4.3	All unregistered clinical staff will be trained in relevant competencies.
4.4	All staff will participate in procedures for appraisal and reflective practice.
5.	**Access to the Service & Routes of Referral**
5.1	It is imperative that in terms of customer experience, the number of hand-offs need to be kept to a minimum so that customers receive a consistent response no matter how they access the service. There will be two key routes of referral to the OT Service: 1. <u>Cambridgeshire County Council's Contact Centre</u> A referral for OT can be made to the service directly by the public via the CCC contact centre • If the presenting needs are for OT only (and not also a request for care and support) the referral will be passed directly to the OT service. • If the person is requesting care and support and is at imminent risk of harm regarding moving & handling – the care and support will be addressed by Adult Early Help Team and an urgent referral to community OT at the same time. • If the presenting needs are for both care & support and OT – the case will be passed to the Adult Early Help Team in the first instance. 2. <u>Professional to Professional Referral</u> • Social care staff will be able to refer directly to the service via Mosaic. NHS practitioners internal to CPFT will be able to send an electronic referral to the OT service via SystmOne. Those external to CPFT can do so via email to the Service using the referral form. Clients who are open to the OT service will be able to have direct access to the service via the CPFT Admin Hubs.
6.	**Referral Prioritisation**

6.1	Eligibility for social care interventions will be in line with the requirements of The Care Act 2014 and the Council's strategies, as per section 2 of this specification. Practitioners delivering interventions in the community will also need to abide by Cambridgeshire's Criteria for the Provision of Equipment and Minor Housing Adaptations. Practitioners undertaking assessments for major housing adaptations will need to comply with the requirements of The Housing Grants, Construction and Regeneration Act 1996 which governs the Disabled Facilities Grant process.
6.2	The OT service will allocate referrals based on three levels of prioritisation which will be consistently applied across all parts of the County and will be : • **Priority 1 (P1)** First post-triage clinical contact within 3 working days of allocation • **Priority 2 (P2)** First post-triage clinical contact within 4 weeks of allocation • **Priority 3 (P3)** First post-triage clinical contact within 18 weeks of allocation
6.3	**Triage** All new referrals will be triaged within 2 working days of receipt of referral. Where the referrer is a therapist or member of social care staff from another organisation, triage decisions will reflect the concerns, risks and professional opinion of the referrer. All referrals will be robustly triaged as part of the agreed triage process. Information, advice and signposting to other services will be provided if appropriate. Following triage, people deemed to be P3 priority will be sent a letter advising them that they may have to wait for an assessment. The letter will also advise them that if they do not wish to wait they may choose to contact the *NRS Safe and Well* service for information and advice on private purchase / self-funding options. An *NRS Safe & Well* leaflet will be enclosed with all letters. People who are triaged as P2 will be sent an appointment letter within a week of triage. Following triage, people who present with 1 or 2 simple equipment needs will have these equipment needs met within a P2 response time, whilst they are waiting for a more comprehensive assessment of their long-term needs. If the equipment provided at the point of triage meets the person's needs, such that they do not require further assessment, they will be discharged and will avoid being added to a waiting list. This means that people will not be waiting unreasonable lengths of time for basic/simple needs and will only be placed on the P2 & P3 lists if they have longer term / lower priority needs that cannot be met straight way.
6.4	**Priority 1** • i. Service users / carers who are at imminent risk of harm who are unable to cope with essential activities of daily living ii. People whose condition is of recent onset and whose functional abilities have changed, where a response can prevent admission to hospital / care home or risk to carers. iii. People who are in hospital and where the Transfers of Care and / or the acute therapists require community OT intervention to ensure timely discharge can take place iv. People who have been recently discharged from acute or community hospital and are unable to cope without prompt community OT intervention. v. People who are on an end of life pathway and where a responsive service will support them with their end of life wishes vi. People who have been offered a property and require a time critical Housing Needs Report

6.5	**Priority 2** i. People that have complex packages of care where OT input could significantly reduce or delay care & support needs (inclusive of nursing / residential home residents who require input to return home) ii. Where OT intervention is crucial following discharge from an acute hospital to improve their independence with essential activities. iii. Where people have a confirmed diagnosis of Motor Neurone Disease or other long term condition where a response is time critical to access essential facilities iv. People who are at serious risk of harm and experiencing significant difficulty managing essential activities of daily living and where this is placing significant strain on informal / family carers v. People who have fallen and are at imminent risk of further falls who have not been assessed as having non-modifiable falls risk vi. People in receipt of palliative care where a responsive service is required to support their life choices
6.6	**Priority 3** People who require rehabilitation, preventative interventions, education, equipment or housing adaptation to maximise or maintain independence, functional ability and wellbeing and where the person and/ or their carer are not at risk of substantial harm if not seen sooner. This includes people whose immediate needs have been met at triage, or by another service eg the Age UK Handy Person Service
7.	**Discharge Protocols**
7.1	Service users will be discharged from the service when : ➢ They are signposted to Safe & Well ➢ Their goals have been achieved ➢ Their condition improved or their functional difficulty has been resolved ➢ No further improvement possible or service user non-compliant with recommendations ➢ The service is declined by service user ➢ The service user requests discharge ➢ The service user has moved out of the area ➢ The service user has died
8.	**Interdependencies and Working Relationships**
8.1	The OT service will be person-centred, proactive, and provided through flexible in-reach and outreach services. In order for these to operate effectively, the OT service needs to work in close liaison with, and be fully accessible to, many different partner organisations and stakeholders: ➢ Cambridgeshire County Council. This includes the Adult Early Help Team, social care teams, Technology Enabled Care Team, and Reablement. Where there are cases that have active

	involvement from both CCC and CPFT, practitioners will make every effort to ensure lines of communication are as open as possible, for example by sharing mobile phone numbers ➢ Other teams within Cambridgeshire County Council as part of the Prevention & Early Intervention strategies ➢ The Integrated Community Equipment Service (ICES) provided by NRS Healthcare, including the OT Clinical Advisor to the equipment service ➢ Intermediate Care services including interim bed facilities commissioned by both the CCG and / or the County Council ➢ Independent sector domiciliary care providers ➢ Care Homes ➢ Home Improvement Agencies ➢ District and City Councils ➢ Registered Social Landlords and Housing Associations ➢ The County-wide Handy Person Service provided by *AgeUK* ➢ Cambridgeshire Fire & Rescue Service ➢ Children's therapy services and transition teams ➢ Independent OT services ➢ Health services including: Inpatient therapy services in acute and community hospitals, GP's, Neighbourhood team practitioners, Specialist teams (eg Tissue Viability Nursing), CHC out-patient rehab services, the NHS wheelchair service

This service Specification will be reviewed on an annual basis as part of the Annual Work Plan

Schedule 3

Financial Contribution

The Authority's Financial Contribution 2024-25

Following a review and re-baselining of the financial contribution for the service, a re-baselined budget of £2,038,663 was agreed for 2023-24.

Commissioner	Full-year baseline budget agreed for 2023-34	Full-year allocation for 2024-25	Description
Cambridgeshire County Council	**£2,038,663**		**The allocation will be utilised by the NHS Body to provide the service as per the Service Specification at Schedule 2. The full amount shall be inclusive of management costs Payments will be made by quarterly instalments, within 30 days of receipt of an invoice from the Provider.**

The NHS Body will agree a notional uplift with the Authority by December 31st of each year to inform the Authority's business planning process for the coming year. Following receipt of national guidance, the uplift will be adjusted based on NHS pay awards and the agreement will be amended by contract variation to reflect the revised amount.

Schedule 4

Governance

The Section 75 Agreement has three layers of Governance:

The **Section 75 Governance Board** meets quarterly and is chaired by Director or Head of Adults Commissioning CCC and includes membership from senior managers across CCC & CPFT. This is a high level meeting overseeing the finance and performance of the agreement.
Note: at the time of preparing the new Section 75 Agreement for 2024, the Terms of Reference were under review following the CCC / PCC split. These will be appended here once finalised.

The next level of governance is the **Section 75 Finance and Performance Board**. This Board meets monthly and is chaired by the Head of Adults Commissioning for CCC. Membership includes CCC Commissioning Manager and senior operational managers from CPFT. This forum scrutinises the monthly performance reports against the Key Performance Indicators (see Schedule 5). This forum also oversees progress against the Annual Work Plan which sets targets against service developments to be completed within the year, including the consideration of any new business cases that may need to be taken to the Governance Board.
Note: at the time of preparing the new Section 75 Agreement for 2024, the Terms of Reference were under review. These will be appended here once finalised.

Finally, there is the **Section 75 Operational Meeting.** This forum provides an opportunity for operational teams to share news and problem solve any specific cases or issues that are causing concern, including the Moasic process. The membership includes operational team members from across Adults and Commissioning CCC and from the Locality Teams in CPFT.
Terms of Reference for this forum were updated in 2023.

Schedule 5
Performance Management

1. This schedule details the agreed monthly reporting based on a set of indicators. Measures calculated using data recorded on the Authority's IT System (Mosaic) will be gathered by the Authority. Measures calculated using data recorded on the NHS Body's IT system (SystmOne) will be populated by the NHS Body's Information & Performance team. Performance commentary will be added and will cover remedial actions undertaken or planned, with an appropriate resolution timescale.
2. The NHS Body's Information & Performance team will provide the Authority with an updated report each month using data held in the NHS Body's information systems. Each month's report will be provided by the fifteenth working day of the following month.
3. Where there is particular concern regarding underperformance, the NHS Body will supply the Authority with additional information and evidence that remedial action has been completed. If the Authority is not assured by the NHS Body's actions then this will be escalated through the governance process outlined in the Agreement (Schedule 4)
4. The monthly report will be presented by the NHS Body at the monthly OT Section 75 Finance & Performance Board meeting. This report will also be used by the NHS Body to inform internal reports to team managers.
5. Where operational practice is deemed to be impacting on service delivery, this will be taken to the Section 75 Operational Group, which will then report back to the Finance & Performance Board

6. Performance Indicators & Management Information Requirements

a)	**Number of Referrals for OT Assessment**		
Measure	**Referrals for Occupational Therapy assessment split by locality (Huntingdon ; East Cambs & Fenland ; Cambridge City & South Cambs) and showing trend over last two years.**		
Frequency	**Monthly**	**Target**	**n/a**

b)	**OT Referral Trend by Source of Referral**		
Measure	**Referrals for Occupational Therapy assessment over the last 12 months showing source of referral.**		
Frequency	**Monthly**	**Target**	**n/a**

c)	Triage		
Measure	**Percentage of OT referrals triaged within two working days of referral registration.** Triage is the first contact with the client or their proxy and involves data gathering, confirmation of reason for referral, confirmation of referral acceptance or rejection, case prioritisation (P1, P2, P3), resolution of simple immediate needs, and allocation. Case becomes active at this point.		
Frequency	**Monthly**	**Target**	**90%**

d)	P1 Allocations		
Measure	**Percentage of P1 cases who received their first post-triage clinical contact (face to face) within three working days of allocation. Report to include trend for previous 12 months**		
Frequency	**Monthly**	**Target**	**80%**

e)	P2 Allocations		
Measure	**Percentage of P2 cases who received their first post-triage clinical contact (by any method) within four weeks of allocation. Report to include trend for previous 12 months**		
Frequency	**Monthly**	**Target**	**75%**

f)	P3 Allocations		
Measure	**Percentage of P3 cases who received their first post-triage clinical contact (by any method) within 18 weeks. Report to include trend for previous 12 months**		
Frequency	**Monthly**	**Target**	**75%**

g)	Average OT waiting time, from point of referral, across all priorities		
Measure	**Average number of weeks waiting**		
Frequency	**Monthly**	**Target**	**Less than 6 weeks**

h)	OT Waiting times (number of people waiting) trend across localities
Measure	**Total number of adults waiting for first post-triage clinical contact by locality : Huntingdon ; East Cambs & Fenland ; Cambridge City & South Cambs. To show trend for the last twelve months**

Frequency	**Monthly**	**Target**	**n/a**

j)	**Demand Management Outcomes**		
Measure	**i) The number of hours of Council funded domiciliary care where, as a result of OT intervention, a reduction in Council funded domiciliary care package has been achieved** **ii) And estimate of the number of hours of domiciliary care avoided or prevented as a result of OT intervention**		
Reporting requirement	**Where a reduction in Council funded care hours is being claimed, CPFT will liaise with the Council's social care teams to ensure that the care package is reduced in line with their recommendation and will not report the reduction until the care package has been re-commissioned. CPFT will provide the Council with Mosaic numbers for all cases where a reduction in care hours is claimed so that these can be audited by the Council. All 'reduction' cases will be written up as case studies and included in the performance report.** **Where an estimated prevention of care hours is claimed, CPFT will provide the Council with Mosaic numbers each month that can be audited at six months to validate the claim of prevention of care hours.**		
Frequency	**Monthly**	**Target**	**n/a**

k)	**OT as only involvement**		
Measure	**The proportion of total open cases on Mosaic where CPFT OT is the <u>only</u> involvement thereby demonstrating the OT role in avoiding people needing long term packages of social care and support.** ***This will be reported via CCC Mosaic and not CPFT***		
Numerator	**The number of open adult cases on Mosaic where CPFT OT is the only involvement**		
Denominator	**The total number of open adults cases on Mosaic**		
Frequency	**Upon request**	**Target**	**n/a**

l)	**Qualitative reporting (Community Dependency Index and case studies)**

Measure	**The variance of CDI scores pre and post OT intervention where a score of 100 represents total independence.**		
Reporting requirement	- **CDI report for OT caseload**		
Frequency	**Monthly**	**Target**	**n/a**

m)	**Qualitative reporting (EQ-5D Index)**		
Measure	**The variance of EQ-5D Index scores where level 1 indicates no problems with managing at home and level 5 indicates extreme problems**		
Reporting requirements	- **EQ-5D Index report for OT caseload**		
Frequency	**Monthly**	**Target**	**n/a**

n)	**Formal Complaints**		
Measure	**Formal complaints relating to social care will be reported in line with Clause 30 of the Section 75 Agreement**		
Reporting requirements	**The number of formal complaints relating to provision of social care related OT service received. Nature of complaint, outcome of investigation and resolution.**		
Frequency	**Monthly**	**Target**	**n/a**

o)	**Compliments**
Measure	**Compliments received relating to social care received in month**

Reporting requirements	**The number of compliments relating to provision of social care related OT service received in the month**		
Frequency	**Monthly**	**Target**	**n/a**

7. Performance Monitoring

7.1 In the event of a target being breached, an exception report will be produced and a remedial action plan presented to the monthly Finance and Performance Meeting. If improvements are not made, the issue will be escalated to the Section 75 Governance Board for resolution

7.2 Where targets do not exist, a trend report with a supporting commentary will be presented to the Finance and Performance Meeting. If issues arise, these may be escalated to the Section 75 Governance Board for resolution

8. Mechanism for Amending, Suspending and Introducing New Measures and Targets

8.1 Either party can propose an amendment, suspension or new performance measure or target at any time throughout the year. The case should be presented to the Section 75 Governance Board for sign off by both parties

8.2 Both parties also recognise that a number of other local and national issues / developments may impact on the agreed list of performance measures. The mechanism detailed above could therefore be applied by either party at any time throughout the year.

9. Ad Hoc Report Requests

9.1 Both parties recognise that there may be a requirement for specific one-off analysis and ad hoc reports drawn from both Authority and NHS Body systems. Requests of this nature can be made at any time, but should be formally agreed by both Parties at either the Finance and Performance meeting, or the Section 75 Governance Board.

Schedule 6

Data Processing

Part A
Shared Personal Data, purposes of processing, details of processing and data subjects
Community Occupational Therapy Service Section 75 Agreement between Cambridgeshire County Council (Council)
&
Cambridgeshire and Peterborough NHS Foundation Trust (NHS Body)

1. The contact details of the Council's data protection officer are: **Ben Stevenson ben.stevenson@peterborough.gov.uk**
2. The contact details of the NHS Body's data protection officer (or duly authorised officer are): [Kay Taylor]

Description	**Details – Council is Data Discloser**	**Details – NHS Body is Data Discloser**
Controller/controller data sharing	The Council as the controller is the Data Discloser and the NHS Body as controller is the Data Recipient in accordance with clause 23	The NHS Body as the controller is the Data Discloser and the Council as controller is the Data Recipient in accordance with clause 23
Subject matter of the processing	The processing is needed in order for the NHS Body to effectively deliver the services and comply with its obligations under this Agreement.	The processing is needed in order for the NHS Body to effectively deliver the services and comply with its obligations under this Agreement.
Duration of the processing	Term of Agreement : From 1.4.2024 for a three year term which may be extended for a period of up to 2 years,	Term of Agreement : From 1.4.2024 for three year term which may be extended for a period of up to 2 years,
Nature and purposes of the processing	Nature: The Council will be collecting, recording, organising, structuring, retrieving, disclosing data. Purpose: - *To receive referrals for Occupational Therapy via CCC Contact Centre.* - *To load referrals onto Moasic* - *To disclose referral details to the NHS Body* - *To record data on Mosaic* - *To retrieve data from Mosaic* - *To receive case notes and Discharge Summary from the provider* - *To receive case notes and Discharge Summary from the provider*	Nature: The NHS Bodywill be collecting, recording, organising, structuring, retrieving, disclosing data. Purpose: - *To receive referrals from the CCC Contact Centre* - *To receive referrals from other sources (GP ; other health practitioners ; Voluntary section organisations)* - *Load cases onto SystemOne & Mosaic* - *Record interventions on SystemOne* - *Record case notes and load Discharge Summary on Mosaic* - *To retrieve data from Mosaic*
Type of personal data	- Name - Address - Date of birth - Telephone numbers (land line and mobile)	- Name - Address - Date of birth - Telephone numbers (land line and mobile)

	- Next of kin name - Next of kin contact details - Reason for referral - GP	- Next of kin name - Next of kin contact details - Reason for referral - GP
Special category personal data (as defined in the data protection legislation and see in particular Article 9 of the UK GDPR and section 10 of the 2018 Act).	- Racial or ethnic origin - Disability or impairment - Gender	- Racial or ethnic origin - Disability or impairment - Gender - NHS number - Other health data
Categories of data subject	Service users	Service users
Plan for return and destruction of the personal data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data	The NHS Bodyl shall return all the Shared Personal Data to the Council within two (2) months of the earlier of the termination or expiry of the Agreement or the completion of the Agreed Purpose (set out in this table at "Nature and purposes of the processing" and as further set out at the table at Part B to this Schedule 6 at "Nature and purpose of the processing") or otherwise upon being requested to do so in writing by the Council, unless the NHS Body is required by Law to retain the Shared Personal Data. The NHS Bodyr shall send a written notice to the Council (marked for the attention of the data protection officer, with a copy marked for the attention of the Director of Governance), confirming that the data has been returned (with all copies deleted) within such two (2) month period as the Council may have required or that the NHS Bodyr is required by Law to retain the Shared Personal Data, providing details). For the avoidance of doubt, destruction and deletion includes the destruction of all hard copies of the Shared Personal Data and the wiping of digital copies of the Shared Personal data from all media, devices and systems on which it has been stored.	The Council shall return all the Shared Personal Data to the NHS Bodyl within two (2) months of the earlier of the termination or expiry of the Agreement or the completion of the Agreed Purpose (set out in this table at "Nature and purposes of the processing" and as further set out at the table at Part B to this Schedule 6 at "Nature and purpose of the processing" or otherwise upon being requested to do so in writing by the NHS Body, unless the Council is required by Law to retain the Shared Personal Data. The Council shall send a written notice to the NHS Body confirming that the data has been returned (with all copies deleted) within such two (2) month period as the NHS Body may have required or that the Council is required by Law to retain the Shared Personal Data, providing details). For the avoidance of doubt, destruction and deletion includes the destruction of all hard copies of the Shared Personal Data and the wiping of digital copies of the Shared Personal data from all media, devices and systems on which it has been stored.

Schedule 6 Part B

Requirements of Processing, Personal Data and Data

Description	Details
Subject matter of the Processing	Community Occupational Therapy (OT) Service provided by the Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), commissioned by Cambridgeshire County Council (CCC), under a Section 75 Agreement
Duration of the Processing	From 1/4/2024 for a three year contract term which may be extended for a further period of up to two yeaars
Nature and purposes of the processing	CCC is renewing it's Section 75 Agreement with CPFT to provide the community occupational therapy service for adults with physical impairment, and older people. The OT service is delivered as an integrated health and social care provision but this agreement specifically covers the provision of OT that meets statutory social care needs under the Care Act 2014. The service provides information and advice, community rehabilitation, falls assessments, assessment for equipment and housing adaptations to adults and older people across Cambridgeshire to enable them to remain as independent as possible in the home of their choice. The service receives referrals from a number of sources: - Service user / self referral (via CCC Contact Centre) - GP / Primary Care - Other NHS health professionals - Voluntary sector organisations - Adult social care practitioners People referring on behalf of the service user are responsible for gaining their consent before making the referral. The service's primary I.T. case management system is SystmOne, but referrals, case notes and discharge summaries are also loaded onto Mosaic by the OT service's admin team. The Occupational Therapy staff themselves do not use Mosaic. **Referrals** are received by CPFT and loaded onto SystmOne and Moasic. The referrals are then **triaged** by CPFT therapists to determine the priority of need. Cases are **allocated** to the OT staff and appointment letters are sent to the service user. The OT undertakes an **assessment of need** with the clients in their own

	homes. This may also include assessment of carers' needs in relation to the client that has been referred. Following assessment, the OT staff agree a **therapy plan** detailing therapy goals and outcomes to meet the assessed needs. A hard copy of this is signed by the client / carer to address the assessed need. The therapy plan may include: - A programme of rehabilitation - Prescription of equipment from the Integrated Community Equipment Service (ICES) operated by NRS Healthcare - Referral to other NHS services, eg physiotherapy - Referral to District Council Home Improvement Agencies (HIA) for people needing major housing adaptations - Referral to other services, eg the Handy Person Service delivered by AgeUK under a contract with the County Council. The Therapy plan and detailed **cases notes** are stored on SystmOne. While the case is open to the OT, If the therapist needs to liaise with the Council's social care team – for example, regarding the client's social care and support plan, then CPFT admin team are tasked to place a case note on Mosaic. The OT's may also liaise with the social care teams by email and phone. Following completion of the OT's intervention, the OT's complete a **Discharge Summary**. This is shared with the client and a copy is loaded onto Moasic. At this point the **case is closed.**
Type of Personal Data	- Name of client & contact details - Next of kin & contact details - Client's date of birth - Address - Reason for referral - Medical history and presenting health condition / disability - Social history
Categories of Data Subject	- Clients / service users
Plan for return and destruction of the data once	Data will be retained on SystmOne and Mosaic and kept for the statutory retention periods for adult social care data.

the processing is complete UNLESS requirement under union or member state law to preserve that type of data	

Schedule 7 – Exit (Succession) Plan

This plan details the principles that will apply to those circumstances in which either party terminates the Agreement, or any service under the Agreement.

The purpose of the Plan is to ensure the delivery of the applicable requirements of this Agreement and to:

- Enable the NHS Body to cease providing all relevant aspects of the Services affected and for any successor provider to assume responsibility to perform the relevance Services
- Enable the transfer of all information and data relating to the delivery of the Services and relevant users of the Services

Planning

No later than one month after the intention not to renew the Agreement or a Service, or after Notice of termination is given, the Parties, through a convened planning group, shall produce a draft Succession Plan which shall set out proposals for implementing transfer of responsibility for provision of the affected Service in whole or in part. The membership of the planning group shall be determined according to the nature and extent of the Services being terminated. The planning group will report to the Section 75 Governance Board.

The Parties shall agree that the Succession Plan shall be in accordance with the following principles and shall include, but shall not be limited to, provisions setting out:

- A timetable for the handover of the affected Service(s) by the NHS Body to any successor Provider
- Procedures for the safe and secure transfer of all data and confidential information relating to the delivery of the affected Service(s) between the Parties
- Arrangements for the migration of any patient / service user data held by either party which is required to be migrated
- Arrangements for the return to the other Party any of the Party's assets used solely in the provision of the Service(s)
- Arrangements under Transfer of Undertakings Protection of Employment Rights (TUPE)
- Confirmation that the NHS Body shall continue to provide the Services until handover of the Services to the Authority, or it's nominated Successor Provider, or until the expiry of the notice period

The Parties shall cooperate in agreeing the Succession Plan.

Within two months of the intention not to renew or Notice of termination is given the Parties shall agree the Succession Plan. Monitoring of progress in the development and agreement of the Succession Plan shall be reported to the Section 75 Governance Board, who shall escalate as required.

If the Succession Plan cannot be agreed within this period or otherwise at/by the Section 75 Governance Board, the matter shall be resolved through the procedure for Dispute Resolution set out in the Agreement (Clause 32).

The NHS Body will notify the Authority of any actual or likely limitation in Service provision which become apparent in the transitional period. If both parties agree that a variation to Service provision is appropriate, a Contract Variation will be agree in line with the Variation clause in the Agreement (Clause 18)

EQUALITY IMPACT ASSESSMENT - CCC570996705

Which service and directorate are you submitting this for (this may not be your service and directorate):

Directorate	Service	Team
Adults, Health and Commissioning	Commissioning Services	Commissioning Services

Your name: Diana Mackay

Your job title: Commissioning Manager

Your directorate, service and team:

Directorate	Service	Team
Adults, Health and Commissioning	Adults Commissioning Staffing	Commissioning Staffing - Adults

Your phone: 07403151955

Your email: diana.mackay@cambridgeshire.gov.uk

Proposal being assessed: Section 75 Agreement for Community Occupational Therapy Services

Business plan proposal number: n/a

Key service delivery objectives and outcomes: A new Section 75 Agreement needs to signed off so that the service can continue to provide positive outcomes for people. The community Occupational Therapy Service, which delivers support to adults with physical impairment and older people, has been provided as an integrated health and social care service since 2003. The delivery of the social care element of the service is governed by a Section 75 Agreement with the provider, Cambridgeshire & Peterborough NHS Foundation Trust (CPFT). Section 75 Agreements were legally provided by the NHS Act 2006 to enable budgets to be integrated and pooled between local health and social care organisations and authorities. This is a statutory service provision under The Care Act 2014. Under the agreement, the service provides a full service from assessment through to rehabilitation, provision of daily living equipment and recommendations for minor and major housing adaptations. This ensures that, in the majority of cases, one practitioner can support people through their health and social care journey and avoid hand-offs between health and social care. The OT service is part of CPFT’s Community Rehabilitation service, where the OT staff work alongside physiotherapists, community nurses and liaise closely with the County Council’s Adult Social Care teams. The outcomes delivered by the service mean that people are enabled to remain as independent as possible in the home of their choice for as long as possible.

What is the proposal: A new Section 75 Agreement is required as the current agreement terminates on 31/3/2024. It is also necessary to update the Schedules within the agreement so that they remain relevant for the service that is delivered and that the governance processes are accurately described. The key changes relate to the Schedules, specifically: * Schedule 2 - Service Specification - Updated to reflect how the service meets the Council's strategic objectives and to

reflect operational changes to the service * Schedule 3 - Financial contribution - Updated to show the re-baselined budget that was agreed following the independent service review (see section below for further detail on this) * Schedule 5 - Performance Management - Updated to show the new Key Performance Indicators Lisa - does it need any further detail ?

What information did you use to assess who would be affected by this proposal?: An independent service review was commissioned in 2022, and awarded to a therapy led consultancy SHA Disability (SHA) . Their comprehensive report and recommendations has informed the development of the new Section 75 Agreement. As part of the review they consulted with staff and service users and undertook bench marking with other local authorities. Commissioners receive monthly performance reports from CPFT which demonstrate an equitable service across Cambridgeshire. The graph below shows the age profile of people referred to the service and the spread of referrals across the County The service flexes its workforce so that if there are demand pressures in one locality, staff form other localities, where demand may be lower, can be redeployed . This helps to keep the overall waiting times fair across the county. At present the County-wide average waiting time is 5.9 weeks from referral to assessment. The service operates an enhanced Traige service so that needs can be met as quickly as possible and so that people are only placed on a waiting list for non-urgent needs. This triage process is applied consistently across the County. The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Are there any gaps in the information you used to assess who would be affected by this proposal?: No

Does the proposal cover: All staff countywide, All service users/customers/service provision countywide

Which particular employee groups/service user groups will be affected by this proposal?: The Section 75 OT Service provides a service to any adult with physical disability, and older people living in Cambridgeshire who have eligible needs under The Care Act 2014. There are separate services for children & young people, learning disability services and mental health. The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Does the proposal relate to the equality objectives set by the Council's EDI Strategy?: Yes

Will people with particular protected characteristics or people experiencing socio-economic inequalities be over/under represented in affected groups: About in line with the population

Does the proposal relate to services that have been identified as being important to people with particular protected characteristics/who are experiencing socio-economic inequalities?: No

Does the proposal relate to an area with known inequalities?: No

What is the significance of the impact on affected persons?: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Category of the work being planned: New Section 75 Agreement

Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal (including during the change management process)?: No

Age: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Disability: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Gender reassignment:

The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Marriage and civil partnership: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Pregnancy and maternity: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Race: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Religion or belief (including no belief): The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Sex: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Sexual orientation: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Socio-economic inequalities: The new Section 75 Agreement will not impact on the way that customers access the service or the way that they receive the service. So there is no change for service users.

Head of service: Shauna Torrance

Head of service email: shauna.torrance@cambridgeshire.gov.uk

Confirmation: I confirm that this HoS is correct

Agenda Item No: 5

Procurement of Diagnostic of Hospital Discharge Arrangements

To:	Adults and Health Committee
Meeting Date:	7th March 2024
From:	Executive Director Adults, Health, and Commissioning
Electoral division(s):	All
Key decision:	Yes
Forward Plan ref:	2024/056

Executive Summary: The report outlines the proposed approach to undertake a diagnostic of hospital discharge arrangements across Cambridgeshire, which the committee is being asked to consider and approve.

The outcome of this is that people are supported to be discharged from hospital at the right time and to the most appropriate setting, supporting their independence and long-term outcomes; improving patient flow and reducing discharge delays.

Recommendation: Adults and Health Committee is recommended to:

a. Approve the procurement of resources to carry out a full diagnostic of discharge arrangements, including bed and home-based pathways, for Cambridgeshire residents, which may include acute hospitals outside of the County boundary, including Peterborough City Hospital.

b. Delegate responsibility for awarding and executing any contracts for the provision of the diagnostic of discharge arrangements, to commence after the 1 April 2024 to the Executive Director of Adults, Health, and Commissioning in consultation with the Chair and Vice Chair of Adults and Health Committee.

c. This work has an estimated contract value of £500,000.

Officer contact:
Name: Will Patten
Post: Service Director Commissioning
Email: will.patten@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 This report relates to Ambition 4 from the Councils Strategic Framework 2023-28. Ambition 4 states "People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs".

2. Background

2.1 The Discharge to assess (D2A) model was introduced as best practice in 2016 by NHS England and aims to ensure that people do not wait longer than necessary in hospital where there is a higher risk of acquiring infections or deconditioning.

2.2 The D2A model involves providing short-term care, rehabilitation and reablement, where needed and then assessing people's longer-term needs for care and support once they have reached a point of optimal recovery. This support may be in people's homes or using 'step-down' beds to support the transition from hospital to home. Assessing people out of hospital in the most appropriate setting and at the right time for them supports people's independence and long-term outcomes, reduces discharge delays and improves patient flow.

2.3 Under the Care Act 2014, National Health Service Act 2006 and the Health and Care Act 2022, the local authority has a duty to co-operate with the NHS to support hospital discharge in specific circumstances.

2.3 The more recent Hospital discharge and community support guidance, published by the Department of Health and Social Care (DHSC) and NHS England (NHSE), sets out the practical expectations in relation to implementation of local D2A models of delivery. The Guidance states:

"Under the discharge to assess model and home first approach to hospital discharge, the vast majority of people are expected to go home following discharge. The discharge to assess model is based on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. It is best practice that any assessment of longer-term (ongoing) needs should be anticipated and initiated during a person's recovery journey but not fully completed until the person has reached a point of recovery and stability where it is possible to make an accurate assessment. The transition from recovery support to ongoing support should be seamless."

2.4 Under the D2A model there are four pathways to support discharges, as per below:

- Pathway 0: Simple discharge home (or to a usual place of residence) with no new or additional health and/or social care needs. These discharges would be coordinated by the hospital ward directly, with no involvement from the discharge teams.
- Pathway 1: Discharges home (or to a usual place of residence) with short term reablement or rehabilitation support, or a restart of a home care package.
- Pathway 2: Discharges to a community bed-based setting which has dedicated short term rehabilitation / reablement recovery support, as support is required in the short-term to help the person recover in a community bed-based setting before they are

ready to either live independently at home or receive longer-term or ongoing care and support.
- Pathway 3: In rare circumstances, for those with the highest level of complex needs, discharges to a care home placement for assessment, for people who are considered likely to need long-term residential or nursing home care.

2.5 Within Cambridgeshire, it is essential that the discharge pathways and processes that we have in place support this approach. This will support delivering the best outcomes for residents when they require support upon being discharged from hospital, alongside ensuring compliance with our statutory duties to implement the D2A model in partnership with our local NHS partners.

3. Main Issues

3.1 When and how adults are discharged from hospital matters. It has a significant impact on a person's health, quality of life and opportunities for their ability to recover. If managed well, it can support people to return to the place they call home, maintain or improve their independence, reduce the need for long-term care and help improve hospital capacity across the county.

3.2 Cambridgeshire County Council, along with its partners, aims to ensure safe, smooth and timely hospital discharge arrangements are in place, for all residents. Whilst there are many positive examples of integrated health and social care discharge arrangements already in place across Cambridgeshire; it is recognised that there are some aspects of D2A and the discharge guidance which have not been effectively or consistently applied in practice. For example, there are still care needs assessments being undertaken on the wards of acute hospitals contrary to the D2A best practice model.

3.3 This means that in some instances adults with care and support needs may be staying in hospitals for longer than they need to, or not being discharged via the correct pathways to maximise their independence.

3.4 It is important to ensure that the Council, and wider system partners, understand the current discharge arrangements, with a view to identify areas of opportunity for further improvement. This includes consideration of the duty to co-operate to ensure that discharge processes and services are integrated across local areas where possible, helping to facilitate integrated, person-centred care to support families and carers.

3.5 It is proposed that the Council procure an external consultancy to undertake a system diagnostic of our discharge arrangements, to include the following elements:

- Identify opportunities and make recommendations, including consideration of current processes, pathways and use of data, to help inform our capacity and demand planning,
- Provide greater clarity about what the duty to co-operate means in practice,
- Reinforce the importance not only of NHS bodies collaborating effectively, but also of NHS bodies working closely with local authorities and adult social care providers,
- Identify opportunities to support delivery of financial savings of £1.2m contained

within the 2024/25 Council Business Plan.

3.6 We are proposing to use the ESPO framework to procure a consultant for this piece of work. The specification will provide for a report on key findings, alongside a suite of recommendations for the council and wider system to consider and implement. It will also identify opportunities for the Council to deliver savings and efficiencies.

3.7 This will be a one-off contract, time-limited, to be completed within the financial year 2024/25.

3.8 Funding of up to £500k has been allocated to this project. This will be funded through Just Transition Funding reserves, recently approved at Full Council on 13th February 2024, as part of Business Planning for 2024/25.

3.9 In addition, it also supports delivery of £1.2m of discharge related savings for the financial year 2024/25 contained within the Business Plan. By ensuring that we have the right pathways, commissioning capacity and patient flow there is an opportunity to deliver savings by managing demand and maximising peoples' opportunities to return to independence prior to assessment, embedding the discharge to assess model effectively in local delivery; ensuring effective health and social care outcomes are delivered effectively.

3.10 All bidders will be required to demonstrate how their proposed approach will support the delivery of social value. Delivery of social value commitments will be monitored.

3.11 The council does not have the capacity and specific skill sets required to undertake this piece of work. Therefore, a procurement process will be undertaken to commission a quality product that meets our requirements.

3.12 Whilst our system NHS partners (including the ICB, community and acute providers) are considering their involvement in this piece of work, we do not currently have their commitment to this. Whilst it would be preferrable to have full agreement of these partners to this proposal, we do not want it to delay this work, hence the decision being requested from Committee today.

4. Options Considered

4.1 Do Nothing

If we did nothing, then we would not be able to undertake a full discharge diagnostic. This would mean the following:

- We would not reach a full understanding of the current arrangements to ensure that we are operating within statutory duties.
- We would miss the opportunity to maximise opportunities for improvements to deliver better outcomes for people.
- There would be a significant financial risk to the delivery of the £1.2m saving in the business plan associated with a review of discharge pathways.

On balance, this would not present the best value for money.

4.2 Undertake the work with existing resources.

The council does not have the capacity, nor all the specific skills required to undertake this diagnostic piece of work. This would mean the following:

- The work would not be undertaken to the standard required or in a timely enough manner to enable us to respond effectively.
- We would not reach a full understanding of the current arrangements to ensure that we are operating within statutory duties.
- We would miss the opportunity to maximise opportunities for improvements to deliver better outcomes for people.
- There would be a significant financial risk to the delivery of the £1.2m recurring saving in the business plan associated with a review of discharge pathways.

On balance, this option would not provide best value for money.

4.3 Commence procurement of an external consultant.

Under this option, a procurement process would be carried out to secure a skilled and experienced consultancy service, that would provide a quality product that meets our requirements.

Our expectation is that this option will provide a range of findings, with recommendations to consider in relation to current processes, pathways and use of data, to help inform our capacity and demand planning.

This will mean the following:

- We would be able to reach a full understanding of the current arrangements to ensure that we are operating within statutory duties.
- We will be able to maximise opportunities for improvements to deliver better outcomes for people.
- Delivery of the £1.2m recurring saving in the business plan associated with a review of discharge pathways will be supported.

On balance, this option would provide best value for money.

Option 3 is the recommended option.

5. Conclusion and reasons for recommendations

5.1 By approving this option, it offers the opportunity undertake a diagnostic to be completed, to inform short and long-term actions to improve outcomes, ways of working and support delivery of financial savings contained within the Business Plan. This will also ensure that the Council can improve its ability to meet care and support needs in a timely manner, working effectively with wider system partners.

6. Significant Implications

6.1 Finance Implications

There is a one-off financial cost to the contract of up to £500k.This will be funded from the Just Transition Fund and has been approved at Full Council on 13th February 2024 as part of the Business Plan.

This work supports delivery of £1.2m of recurrent business planning savings from 2024/25 associated with undertaking a discharge review.

6.2 Legal Implications
There are no significant implications within this category.

6.3 Risk Implications
There are no significant implications within this category.

6.4 Equality and Diversity Implications
There will a potential positive impact under equality and diversity, as improving the pathway will improve outcomes for older people and those with disabilities and enduring health conditions who will make up a large number of those being discharged.

6.5 Climate Change and Environment Implications (Key decisions only)

6.5.1 Implication 1: Energy efficient, low carbon buildings.
neutral
Explanation: No change

6.5.2 Implication 2: Low carbon transport.
neutral
Explanation: No change

6.5.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.
neutral
Explanation: No change

6.5.4 Implication 4: Waste Management and Tackling Plastic Pollution.
neutral
Explanation: No change

6.5.5 Implication 5: Water use, availability, and management:
neutral
Explanation: No change

6.5.6 Implication 6: Air Pollution.
neutral
Explanation: No change

6.5.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable

people to cope with climate change.
neutral:
Explanation: No change

7. Source Documents

7.1 None

Agenda Item No: 6

Finance Monitoring Report – January 2024

To:	Adults and Health Committee
Meeting Date:	7th March 2024
From:	Executive Director: Adults, Health & Commissioning Executive Director: Public Health Executive Director: Finance and Resources
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The committee should have considered the financial position of services within its remit as at the end of January 2024.
Recommendation:	Adults and Health Committee is recommended to note the Adults, Health and Commissioning and Public Health Finance Monitoring Report as at the end of January 2024 and the update on Adult Social Care debt.

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

1. Background

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

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

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

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

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

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principle drivers of the financial position
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 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.

2. Main Issues

2.1 The FMR provides summaries and detailed explanations of the financial position of Adults, Health and Commissioning and Public Health services. At the end of January 2024, Adults, Health and Commissioning is projected to deliver a forecast underspend of £3,920k. This masks a significant underlying pressure of £1.3m across care costs for people with learning disabilities. In addition, care costs for older people are significantly above budget, but this is being more than offset by increases in client contributions and by the application of grant funding in 2023-24 to meet increasing costs. Public Health is projected to be £49k underspent. Headline figures are set out in the tables below:

Table 1: Adults Health and Commissioning position

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-9	Adults, Health and Commissioning	345,536	-130,109	215,428	170,706	-1,639	-0.8%
-9	**Total Expenditure**	**345,536**	**-130,109**	**215,428**	**170,706**	**-1,639**	**-0.8%**
-1,431	Mitigations	0	0	0	0	-2,281	0.0%
-1,440	**Total**	**345,536**	**-130,109**	**215,428**	**170,706**	**-3,920**	**-1.8%**

Table 2: Public Health position

Forecast Outturn Variance (Previous) £000	Directorate	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-20	Public Health - Children	15,246	-4,150	11,096	8,260	-20	-0.2%
-4	Public Health	26,047	-37,143	-7,572	-14,152	-29	-0.0%
-24	**Total Expenditure**	**41,293**	**-41,293**	**3,524**	**-5,892**	**-49**	**-0.1%**
0	Drawdown from reserves	-3,523	0	-3,523	-1,055	0	0.0%
-24	**Total**	**41,293**	**-41,293**	**0**	**-6,947**	**-49**	**-0.1%**

2.2 Adult Social Care debt position

2.2.1 The position on overdue debt as at the end of January 2024 for Adults, Health and Commissioning and Public Health is set out below. NHS debt has also been included where this relates to Adult Social Care or Public Health:

Table 4: ASC Age Debt Position - end January 2024

	Overdue			Trend Performance	
Directorate	**January 2024**	**October 2023**	**Last Year**	**Monthly**	**Yearly**
NHS Services	£5,315,644	£5,693,195	£7,020,506	Decrease	Decrease
Adults, Health & Commissioning	£20,030,537	£18,843,256	£16,314,588	Increase	Increase
Grand Total	**£25,346,181**	**£24,536,451**	**£23,335,094**		

2.2.2 **Key Highlights**

ASC debt has seen a £3.7m increase over the last twelve months across all age brackets, of which £1.8m relates to aged debts that are more than a year old. In the main the increase is across two key areas as shown below:

- £1.5m increase in debts awaiting Court of Protection (COP) – These debts are where Service Users have lost capacity to manage their financial affairs and applications are made to the COP for a family member, Advocate or the council through Client Funds to take over responsibility for property and affairs decisions. The Council has seen a significant increase in the time that such applications are completed from 16 weeks to 9 months or more. This problem is not specific to the Council and is a national problem.

- £1.7m increase in debts relating to deceased Service Users. These debts can take some time to clear due to the timescales for probate and property sales which are often needed before the debts can be cleared.

The Debt Management Improvement Plan continues and is starting to impact debt levels. Early focus of the plan has been first on Court of Protection debt, and subsequently Deceased debt. Court of Protection debt is no longer rising as it was previously and has been holding at a relatively stable level since the late summer of 2023. The overall ASC debt position is down £100k from the level at the end of December. Nevertheless this is not a short term plan and activity to reduce debt levels will continue.

The level of aged debt has necessitated an increase in the Council's bad debt provision and the reported position for the Adults, Health and Commissioning directorate reflects a £900k increase to that provision.

2.2.3 As we progress through the follow on work from the debt deep dive we will be monitoring progress closely and will focus on the percentage of overdue debt compared to revenue raised as the target to see reducing. In a steady state the actual level of debt will grow over time with inflationary uplifts so comparing with revenue raised will give a clearer picture of progress.

3. Alignment with ambitions

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

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable

There are no significant implications for this ambition.

3.3 Health inequalities are reduced

The overall financial position of the Public Health directorate underpins this ambition and elements of both Public Health reserve and grant spend have been committed to projects which seek to reduce health inequalities.

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

The overall financial position of the Adults, Health and Commissioning and Public Health directorates underpin this ambition.

3.5 Helping people out of poverty and income inequality

Public Health grant and reserve spend in 2023/24 is helping fund work undertaken to address this ambition.

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

There are no significant implications for this ambition.

3.7 Children and young people have opportunities to thrive

There are no significant implications for this ambition.

4. Source documents guidance

4.1 Source documents

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.

4.2 Location

Finance and performance reports - Cambridgeshire County Council

Appendix 1: Adults, Health and Commissioning and Public Health Finance Monitoring Report January 2024

See separate document

Directorate: Adults, Health and Commissioning and Public Health
Subject: Finance Monitoring Report – January 2023-24
Date: 12th February 2024

Contents

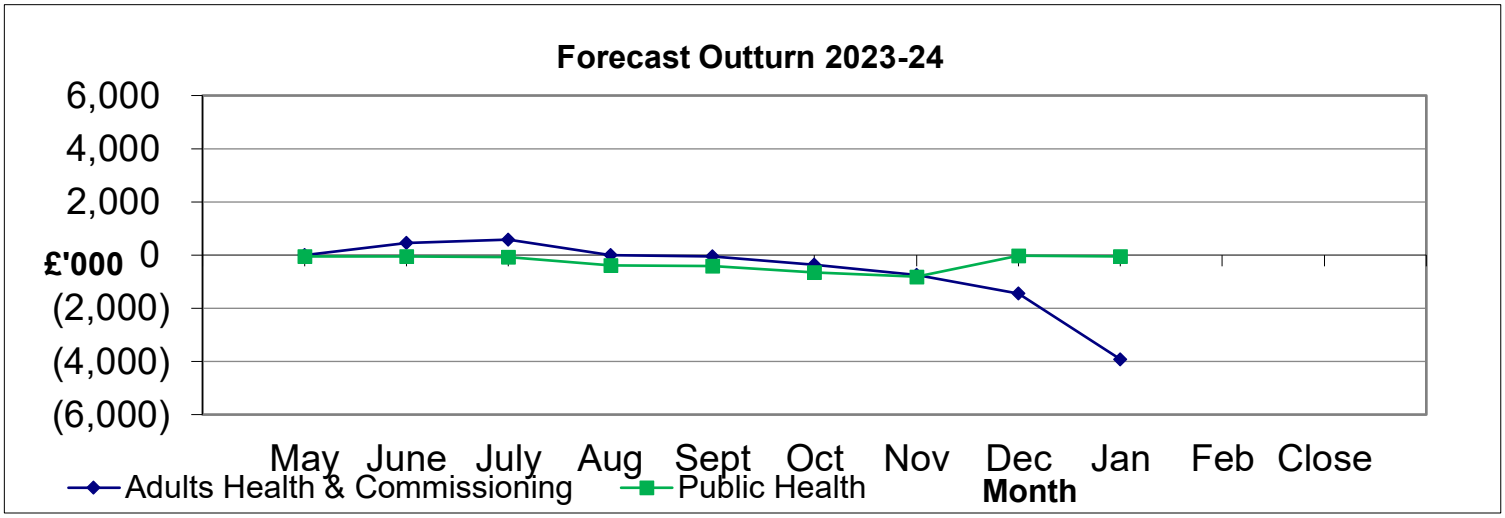
Section	Item	Description
1	Revenue Executive Summary	High level summary of information and narrative on key issues in revenue financial position
2	Capital Executive Summary	Summary of the position of the Capital programme within Adults, Health and Commissioning and Public Health
3	Savings Tracker Summary	Summary of the latest position on delivery of savings
4	Technical Note	Explanation of technical items that are included in some reports
5	Key Activity Data	Performance information linking to financial position of main demand-led services
Appx 1a	Service Level Financial Information	Detailed financial tables for Adults, Health and Commissioning main budget headings
Appx 1b	Service Level Financial Information	Detailed financial tables for Public Health main budget headings
Appx 2	Service Commentaries	Detailed notes on revenue financial position of services that have a significant variance against budget
Appx 3	Capital Appendix	This contains more detailed information about the capital programme, including funding sources and variances from planned spend.
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the Business Plan. The quarter 3 tracker is included within this report.
Appx 5	Technical Appendix	Each quarter this contains technical financial information showing: Grant income received Budget virements Earmarked & capital reserves The 3rd quarter data is included within this report.

1. Revenue Executive Summary

1.1 Overall Position

At the end of January 2024, Adults, Health and Commissioning is projected to deliver a forecast underspend of £3,920k. This masks a significant underlying pressure of £1.3m across care costs for people with learning disabilities. In addition, care costs for older people are significantly above budget, but this is being more than offset by increases in client contributions and by the application of grant funding in 2023-24 to meet increasing costs. Public Health is projected to be £55k underspent.

1.2 Summary of Revenue position by Directorate



1.2.1 Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Directorate/Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-9	Adults, Health and Commissioning	345,536	-130,109	215,428	170,706	-1,639	-0.8%
-9	**Total Expenditure**	**345,536**	**-130,109**	**215,428**	**170,706**	**-1,639**	**-0.8%**
-1,431	Mitigations	0	0	0	0	-2,281	0.0%
-1,440	**Total**	**345,536**	**-130,109**	**215,428**	**170,706**	**-3,920**	**-1.8%**

1.2.2 Public Health

Forecast Outturn Variance (Previous) £000	Directorate/Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-20	Public Health - Children	15,246	-4,150	11,096	8,260	-20	-0.2%
-4	Public Health	26,047	-37,143	-7,572	-14,152	-29	-0.0%
-24	**Total Expenditure**	**41,293**	**-41,293**	**3,524**	**-5,892**	**-49**	**-0.1%**
0	Drawdown from reserves	-3,523	0	-3,523	-1,055	0	0.0%
-24	**Total**	**41,293**	**-41,293**	**0**	**-6,947**	**-49**	**-0.1%**

1.3 Significant Issues

1.3.1 Adults, Health and Commissioning

The overall position for Adults, Health and Commissioning at the end of January 2024 is a forecast underspend of £3,920k (1.8% of budget). This masks significant underlying pressures on care and support costs, but in year this is being more than offset by grant funding, increased client contributions and forecast underspends elsewhere. This is an ongoing volatile position with some high-cost packages which can change the forecast quickly and increase costs both in year and into future years.

Going forward into 2024-25 the Adults, Health and Commissioning Directorate has a challenging set of savings targets to deliver against whilst still managing growing demand and pressures with the provider market, particularly related to increasing staffing costs along with higher acuity of those people who use services. As a result, close attention will continue to be paid to changes in demand and costs and income as the year progresses and forecasts will be adjusted accordingly.

The legacy of Covid is still being felt. Adult Social Care continues to feel the consequences of paused work and backlog on teams, and of reviews and assessments, changing demographics projections and the demand for services. The care market also manages the impact with both resident population and staff recruitment and retention a factor.

Whilst there has been significant investment into the care sector, primarily through Adult Social Care Market Sustainability and Improvement Fund, the whole adult social care market remains fragile to other factors that may impact on it. Care providers are continuing to report cost pressures related to both workforce issues and the current cost of living crisis. The position of the care market, particularly around specific types of provision and location, is making some placements more difficult to source, particularly at the more complex end of provision.

Hospital Discharge systems continue to be pressured to manage flows and demand on their services, with a subsequent focus on timely, safe and effective discharges into the correct pathways; although additional funding has been provided to both the Council and wider partners to help address these issues. The long-term legacy of the impact of the pandemic remains unclear and the implications this has on future demand for services, greater need for community support due to backlogs in elective surgery, and the availability of a skilled and experienced workforce and the wider health inequalities on our communities.

The budget for 2022-23 assumed an increased contribution from the NHS towards Learning Disability packages reflecting a shift in the percentage of packages that should be funded from Health budgets. For the current financial year we have made provision for this increased contribution, but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the pool did not proceed as expected. The Council has now served notice to end the cost sharing arrangements of the pooled budget, during 2024/25. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

Adult social care debt (excluding debt with Health partners) stood at £20.0m at the end of January, down from £20.1m at the end of December. Actions continue following a recent deep dive into some of the factors resulting in the levels of debt, along with additional resources to work on backlogs of financial assessments. Debt over 90 days old was £16.1m at the end of January also down from £16.2m at the end of December. The level of aged debt has a knock-on impact on the bad debt provision and likelihood of write offs and the in year position for the AHC Directorate reflects a contribution to the bad debt provision of £900k.

1.3.2 Significant Issues – Public Health

At the end of January 2024, the Public Health Directorate is forecasting an underspend of £49k (0.1%).

The Public Health Directorate is funded wholly by ringfenced grants, mainly the Public Health Grant. The work of the Directorate was severely impacted by the pandemic, as capacity was re-directed to outbreak management, testing, and infection control work. The Directorate has now returned to business as usual following the pandemic but there are ongoing issues that continue to impact on activity and spend:

i) much of the Directorate's spend is contracts with, or payments to Primary Care (GP practices and community pharmacies) for specific work. Primary Care continues to be under pressure, and it may take some time for activity levels to return to pre pandemic levels; and
ii) the unprecedented demand for Public Health staff across the country meant recruitment became very difficult through the pandemic resulting in underspends on staffing budgets. The position within the Public Health team has improved with recruitment becoming easier, but recruitment challenges continue to be reflected in our provider services which has affected their ability to deliver consistently.

The Public Health Directorate is currently looking to develop its structure and therefore have frozen recruitment to posts until ready to proceed with the new structure to give staff a fair chance and minimise redundancy risks.

Detailed Public Health financial information is contained in Appendix 1, with Appendix 2 providing a narrative from those services with a significant variance against budget.

2. Capital Executive Summary

Scheme category	Scheme budget £000	Scheme forecast variance £000	Budget 2023-24 £000	Actuals 2023-24 £000	Forecast outturn variance 2023-24 £000
Adults, Health and Commissioning capital schemes	73,860	0	5,975	5,027	-685

At the end of January 2023, the capital programme forecast underspend is -£685k. This is as a result of slippage in the Independent Living Service scheme and the expectation that capital funding will not be required for community equipment given the revenue position of the Directorate.

Further information on capital schemes is provided in Appendix 3 of the FMR.

3. Savings Tracker Summary

The savings trackers are produced quarterly to monitor delivery of savings against agreed plans. The second quarterly savings tracker for 2023-24 was included in the October report.

4. Technical note

On a quarterly basis, a technical financial appendix is included as an appendix to the FMR. This appendix covers:

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

The second quarterly technical note for 2023-24 was included within the October FMR report.

5. Key Activity Data

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

- Budgeted number of care services: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care services and cost: these reflect current numbers of service users and average cost; they represent a real time snapshot of service-user information.

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

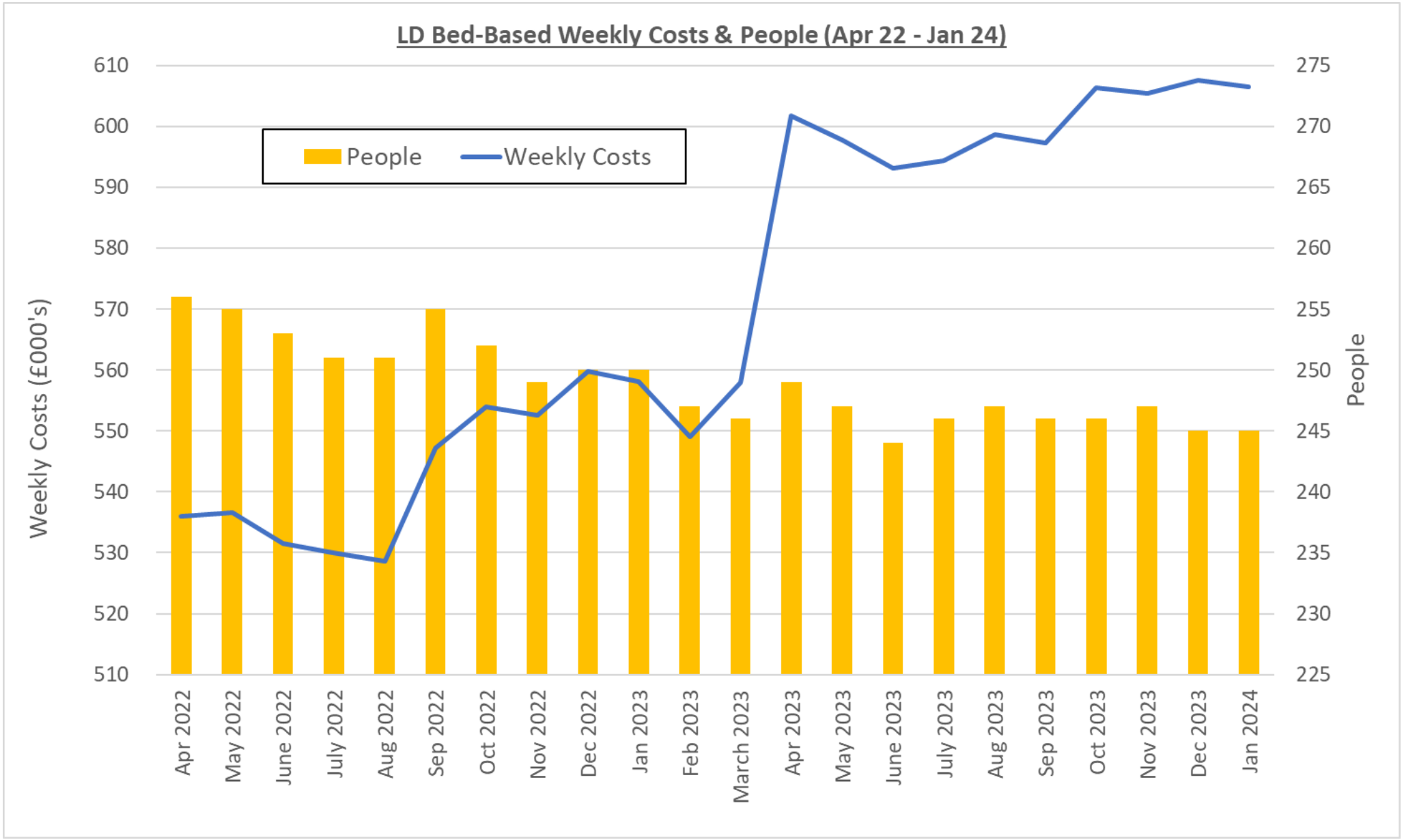
The direction of travel (DoT) compares the current month's figure with the previous month.

The activity data for a given service will not directly tie back to its outturn reported in Appendix 1. This is because the detailed variance includes other areas of spend, such as care services which have ended and staffing costs, as well as the activity data including some care costs that sit within Commissioning budgets.

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

Learning Disability Partnership	BUDGET			ACTUAL (January 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	245	£2,271	£28,942k	234	↓	£2,407	↑	£29,141k	↓	£198k
~Nursing	10	£4,568	£2,220k	10	↑	£4,570	↓	£2,309k	↓	£89k
~Respite	15	£840	£656k	18	↔	£637	↔	£523k	↑	-£133k
Accommodation based subtotal	**270**	**£2,230**	**£31,818k**	**262**		**£2,324**		**£31,972k**		**£154k**
Community based										
~Supported Living	605	£1,522	£47,947k	587	↓	£1,605	↓	£48,380k	↑	£433k
~Homecare	350	£502	£9,160k	385	↓	£510	↓	£11,081k	↑	£1,922k
~Direct payments	386	£536	£10,781k	406	↓	£559	↑	£10,485k	↓	-£295k
~Live In Care	3	£2,997	£388k	5	↑	£1,997	↓	£358k	↑	-£30k
~Day Care	538	£203	£5,683k	653	↑	£209	↑	£5,368k	↓	-£314k
~Other Care	269	£138	£1,937k	288	↑	£120	↓	£2,526k	↑	£588k
Community based subtotal	**2,151**	**£678**	**£75,896k**	**2,324**		**£665**		£78,199k		£2,303k
Total for expenditure	**2,421**	**£851**	**£107,713k**	**2,586**		**£833**		**£110,171k**	↑	**£2,457k**
Care Contributions			-£5,156k					-£5,386k	↓	-£231k

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


LD Bed-Based Weekly Costs & People (Apr 22 - Jan 24)
People
Weekly Costs
Weekly Costs (£000's)
People
610
600
590
580
570
560
550
540
530
520
510
275
270
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255
250
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240
235
230
225
Apr 2022
May 2022
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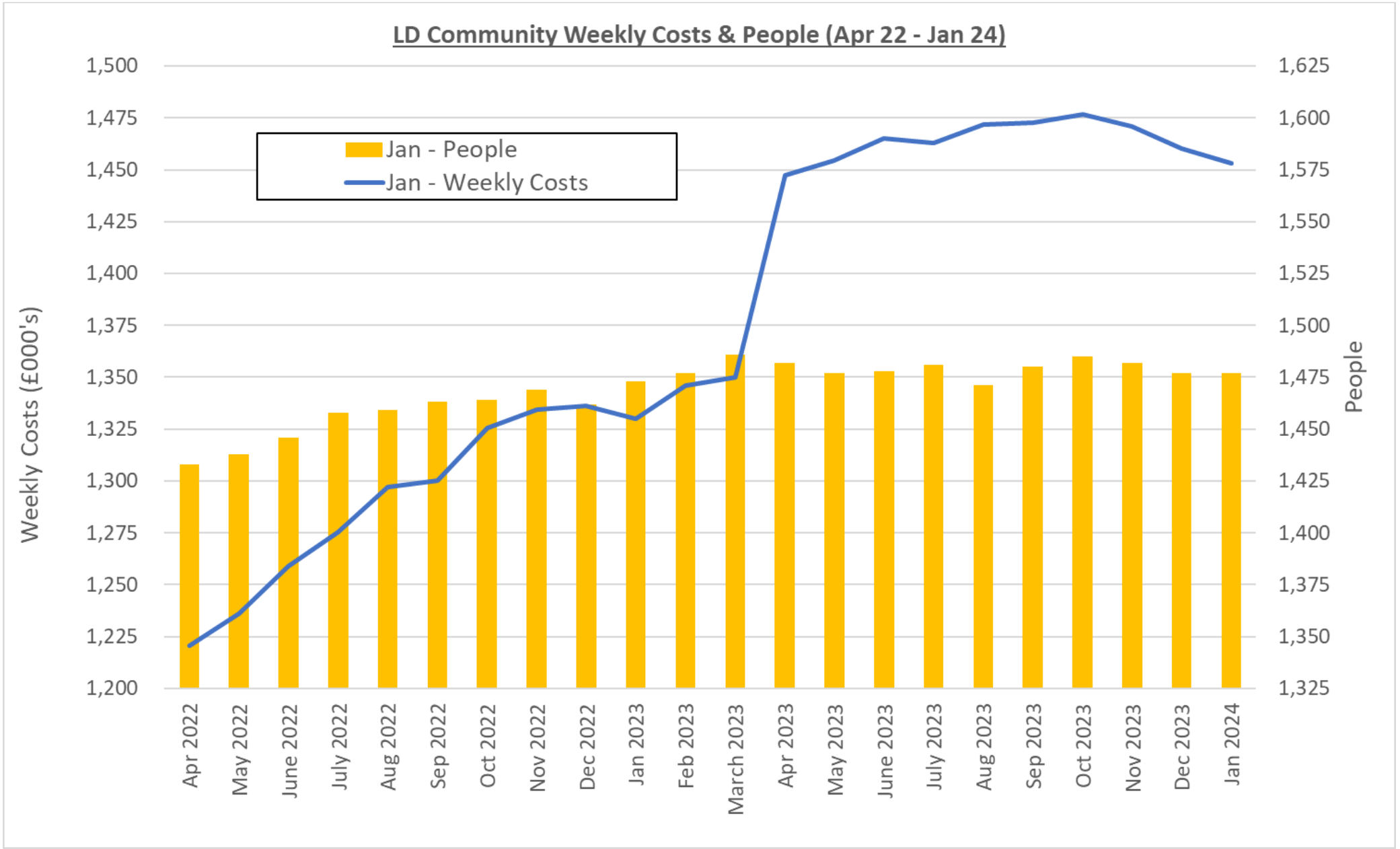
LD Community Weekly Costs & People (Apr 22 - Jan 24)
Jan - People
Jan - Weekly Costs
Weekly Costs (£000's)
People
1,500
1,475
1,450
1,425
1,400
1,375
1,350
1,325
1,300
1,275
1,250
1,225
1,200
1,625
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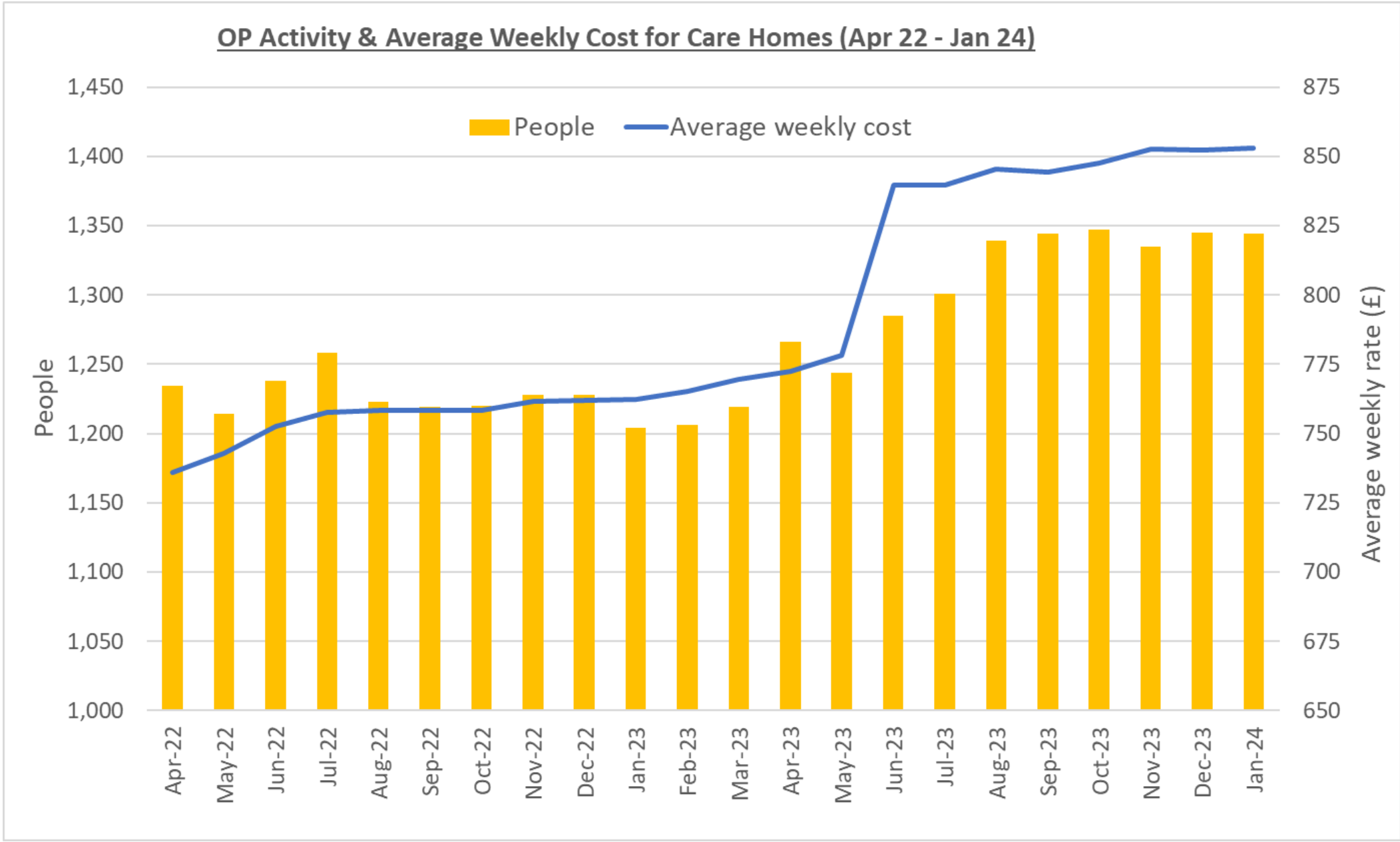
Nov 2023
Dec 2023
Jan 2024

5.2 Key activity data at the end of January 2024 for Older People and Physical Disabilities Services for Over 65s is shown below:

Older People and Physical Disability Over 65	BUDGET			ACTUAL (January 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	399	£833	£17,372k	378	↓	£800	↑	£17,045k	↓	-£328k
~Residential Dementia	450	£861	£20,258k	519	↑	£794	↑	£23,239k	↑	£2,981k
~Nursing	272	£1,040	£14,784k	254	↓	£935	↑	£15,585k	↓	£801k
~Nursing Dementia	188	£1,184	£11,638k	193	↓	£1,008	↓	£12,770k	↓	£1,132k
~Respite			£762k	70		£148		£776k	↑	£14k
Accommodation based subtotal	**1,309**	**£936**	**£64,815k**	**1,414**		**£811**		**£69,415k**		**£4,600k**
Community based										
~Supported Living	436	£302	£6,876k	430	↓	£115	↓	£6,717k	↓	-£159k
~Homecare	1,547	£312	£25,211k	1,634	↑	£322	↑	£26,419k	↓	£1,208k
~Direct payments	168	£406	£3,570k	163	↔	£479	↓	£3,868k	↓	£298k
~Live In Care	34	£1,024	£1,821k	35	↓	£1,003	↓	£2,049k	↓	£228k
~Day Care	57	£221	£659k	71	↓	£59	↓	£644k	↓	-£15k
~Other Care			£99k	9	↓	£23		£121k	↑	£21k
Community based subtotal	**2,242**	**£325**	**£38,236k**	**2,342**		**£296**		**£39,818k**		**£1,583k**
Total for expenditure	**3,551**	**£550**	**£103,051k**	**3,756**		**£490**		**£109,233k**	↓	**£6,182k**
Care Contributions			-£28,688k					-£34,954k		-£6,266k


OP Activity & Average Weekly Cost for Care Homes (Apr 22 - Jan 24)
People
Average weekly cost
People
Average weekly rate (£)
1,450
1,400
1,350
1,300
1,250
1,200
1,150
1,100
1,050
1,000
875
850
825
800
775
750
725
700
675
650
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
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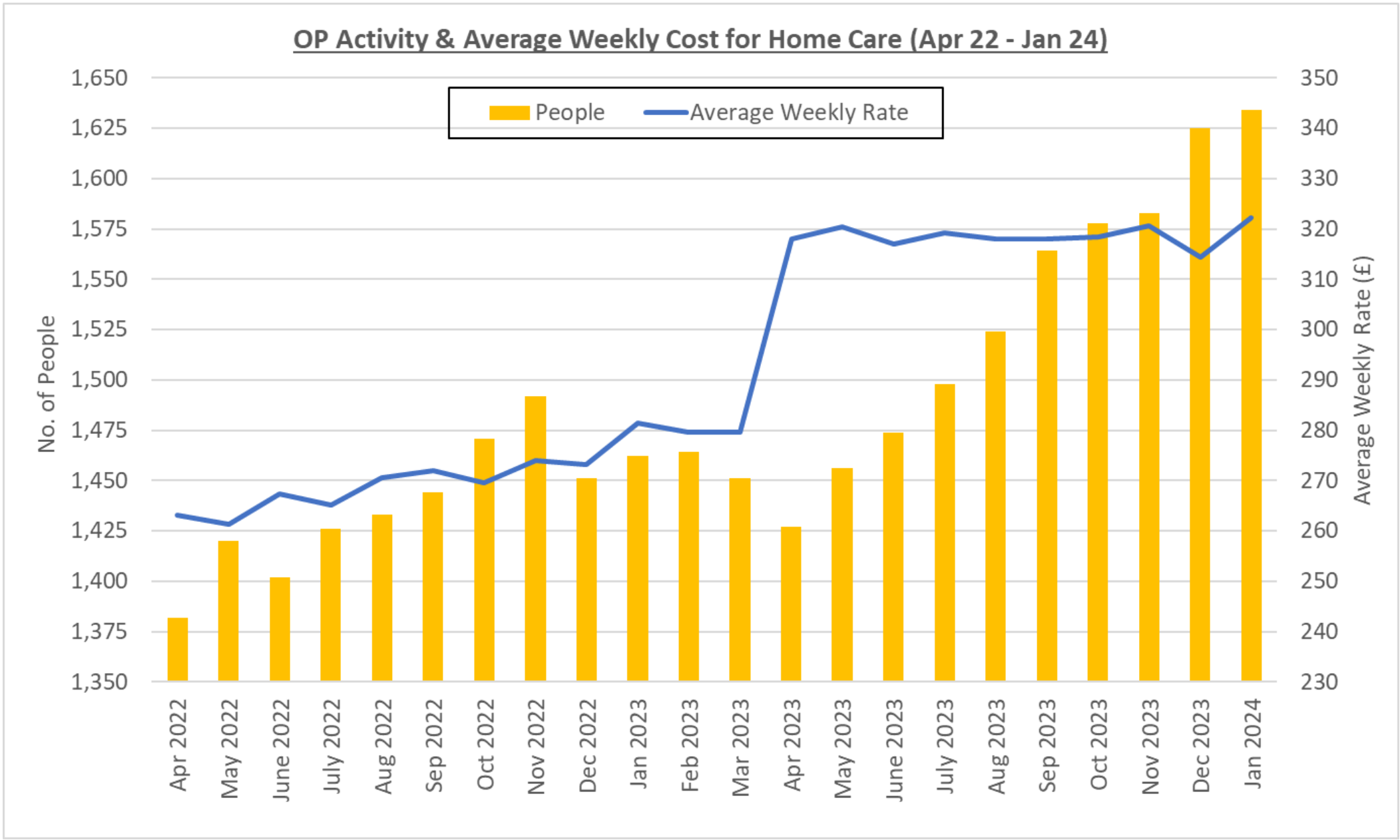
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24


OP Activity & Average Weekly Cost for Home Care (Apr 22 - Jan 24)
People
Average Weekly Rate
No. of People
Average Weekly Rate (£)
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
350
340
330
320
310
300
290
280
270
260
250
240
230
Apr 2022
May 2022
June 2022
July 2022
Aug 2022
Sep 2022
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
June 2023
July 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024

5.3 Key activity data at the end of January 2024 for Physical Disabilities Services for Under 65s is shown below:

Physical Disabilities Under 65s	BUDGET			ACTUAL (January 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	24	£1,229	£1,542k	28	↔	£1,162	↑	£1,544k	↑	£1k
~Residential Dementia	4	£897	£188k	4	↔	£884	↑	£168k	↓	-£20k
~Nursing	20	£1,286	£1,345k	24	↔	£1,191	↑	£1,399k	↑	£54k
~Nursing Dementia	0	£0	£k	1	↔	£1,180	↔	£58k	↓	£58k
~Respite			£65k	12	↔	£66	↑	£18k	↑	-£47k
Accommodation based subtotal	**48**	**£1,225**	**£3,140k**	**69**		**£954**		**£3,186k**		**£46k**
Community based										
~Supported Living	21	£343	£376k	38	↑	£510	↑	£570k	↑	£194k
~Homecare	353	£278	£5,139k	355	↑	£302	↑	£5,013k	↑	-£126k
~Direct payments	188	£372	£3,654k	185	↑	£450	↑	£3,631k	↑	-£23k
~Live In Care	27	£994	£1,403k	22	↔	£1,038	↓	£1,153k	↑	-£250k
~Day Care	20	£89	£93k	23	↑	£103	↓	£106k	↑	£13k
~Other Care			£1k	6	↑	£172	↓	£2k	↑	£k
Community based subtotal	**609**	**£335**	**£10,667k**	**629**		**£375**		**£10,475k**		**-£192k**
Total for expenditure	**657**	**£400**	**£13,807k**	**698**		**£432**		**£13,661k**	↑	**-£146k**
Care Contributions			-£1,421k					-£1,387k		£34k

5.4 Key activity data at the end of January 2024 for Older People Mental Health (OPMH) Services:

Older People Mental Health	BUDGET			ACTUAL (January 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	37	£723	£1,122k	37	↓	£734	↓	£1,250k	↓	£128k
~Residential Dementia	48	£815	£1,670k	44	↓	£856	↓	£1,734k	↓	£65k
~Nursing	33	£847	£1,271k	34	↑	£925	↑	£1,404k	↑	£133k
~Nursing Dementia	86	£953	£3,715k	77	↓	£1,083	↑	£3,722k	↓	£6k
~Respite	3	£602	£124k	2	↔	£82	↔	£16k	↓	-£108k
Accommodation based subtotal	**207**	**£849**	**£7,903k**	**194**		**£926**		**£8,126k**		**£223k**
Community based										
~Supported Living	11	£213	£45k	8	↔	£223	↑	£51k	↑	£6k
~Homecare	57	£355	£1,182k	79	↓	£311	↑	£1,338k	↓	£156k
~Direct payments	8	£645	£227k	8	↔	£1,360	↑	£362k	↑	£136k
~Live In Care	10	£1,169	£699k	9	↔	£1,074	↔	£542k	↑	-£157k
~Day Care	5	£55	£1k	5	↔	£69	↔	£2k	↔	£1k
~Other Care	5	£14	£3k	4	↔	£51	↔	£16k	↓	£13k
Community based subtotal	**96**	**£414**	**£2,156k**	**113**		**£420**		**£2,310k**		**£154k**
Total for expenditure	**303**	**£711**	**£10,059k**	**307**		**£740**		**£10,436k**	**↓**	**£377k**
Care Contributions			-£1,318k					-£1,793k	↓	-£475k

5.5 Key activity data at the end of January 2024 for Adult Mental Health Services is shown below:

Adult Mental Health	BUDGET			ACTUAL (January 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	64	£852	£2,794k	61	↔	£978	↔	£3,052k	↓	£258k
~Residential Dementia	1	£900	£47k	1	↑	£646	↑	£33k	↑	-£14k
~Nursing	9	£829	£467k	8	↓	£1,021	↑	£549k	↓	£82k
~Nursing Dementia	1	£882	£55k	1	↔	£709	↔	£48k	↑	-£8k
~Respite	1	£20	£40k	1	↔	£10	↔	£k	↔	-£40k
Accommodation based subtotal	**76**	**£839**	**£3,403k**	**72**		**£961**		**£3,681k**		**£278k**
Community based										
~Supported Living	133	£469	£4,178k	133	↑	£536	↑	£3,884k	↑	-£294k
~Homecare	158	£119	£1,465k	168	↓	£118	↓	£1,710k	↓	£245k
~Direct payments	14	£240	£181k	22	↔	£227	↓	£221k	↓	£40k
~Live In Care	2	£1,210	£134k	2	↔	£2,036	↑	£216k	↑	£83k
~Day Care	5	£62	£18k	7	↔	£62	↔	£29k	↔	£11k
~Other Care	6	£789	£2k	4	↔	£45	↓	£116k	↑	£115k
Community based subtotal	**318**	**£290**	**£5,977k**	**336**		**£300**		**£6,176k**		**£199k**
Total for expenditure	**394**	**£396**	**£9,380k**	**408**		**£417**		**£9,857k**	**↑**	**£477k**
Care Contributions			-£386k					-£510k	↑	-£124k

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

Autism	BUDGET			ACTUAL (January 2024)				Outturn		
Service Type	*Expected No. of Care Packages 2023-24*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Current Care Packages*	*DoT*	*Current Average Unit Cost (per week)*	*DoT*	*Total spend/ income*	*DoT*	*Variance*
Accommodation based										
~Residential	4	£1,835	£293k	0	↓	£0	↓	£183k	↓	-£110k
Accommodation based subtotal	**4**	**£1,835**	**£295k**	**0**	↓	**0**	↓	**£183k**	↓	**-£110k**
Community based										
~Supported Living	26	£671	£1,065k	28	↑	£913	↑	£1,247k	↑	£182k
~Homecare	31	£219	£374k	31	↓	£184	↓	£284k	↓	-£90k
~Direct payments	31	£204	£621k	32	↔	£358	↑	£558k	↑	-£64k
~Day Care	26	£92	£125k	28	↑	£66	↓	£99k	↑	-£26k
~Other Care	13	£57	£35k	7	↑	£168	↓	£92k	↑	£56k
Community based subtotal	**127**	**£265**	**£2,221k**	**126**		**£363**		**£2,280k**		**£58k**
Total for expenditure	**131**	**£313**	**£2,516k**	**126**		**£363**		**£2,462k**		**-£52k**
Care Contributions			-£123k					**-£153k**		**-£30k**

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Appendix 1a – Detailed Financial Information - Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		Executive Director						
287	A&H	Executive Director - Adults, Health & Commissioning	21,329	-50,135	-28,806	-40,408	-670	-2%
-6	A&H	Performance & Strategic Development	3,014	-160	2,854	2,158	4	0%
-3	A&H	Principal Social Worker	618	0	618	537	3	0%
		Service Director – LDP and Prevention						
1	A&H	Service Director – LDP and Prevention	407	-28	379	151	-150	-40%
-480	A&H	Prevention & Early Intervention	11,591	-1,018	10,573	9,210	-552	-5%
2	A&H	Transfers of Care	2,085	0	2,085	2,088	2	0%
-91	A&H	Autism and Adult Support	3,019	-118	2,901	2,274	-87	-3%
		Learning Disabilities						
-455	A&H	Head of Service	7,095	0	7,095	6,223	-490	-7%
1,081	A&H	LD - City, South and East Localities	49,080	-2,584	46,496	41,772	1,216	3%
-226	A&H	LD - Hunts and Fenland Localities	46,260	-2,216	44,044	37,779	-253	-1%
1,148	A&H	LD - Young Adults Team	15,487	-392	15,095	13,935	1,168	8%
95	A&H	In House Provider Services	9,592	-275	9,316	8,112	95	1%
-382	A&H	NHS Contribution to Pooled Budget	0	-29,464	-29,464	-28,376	-403	-1%
1,262		**Learning Disabilities Total**	**127,514**	**-34,931**	**92,583**	**79,445**	**1,333**	**1%**
		Service Director – Adults Community Operations						
0	A&H	Service Director - Care & Assessment	866	0	796	769	0	0%
0	A&H	Assessment & Care Management	5,000	-41	4,778	3,919	0	0%
0	A&H	Safeguarding	1,532	0	1,532	1,197	0	0%
0	A&H	Adults Finance Operations	1,952	-10	1,904	1,060	0	0%

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Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		Older People's and Physical Disabilities Services						
-1,144	A&H	Older Peoples Services - North	46,990	-13,199	33,791	28,311	-1,558	-5%
649	A&H	Older Peoples Services - South	52,819	-15,658	37,161	33,670	928	2%
215	A&H	Physical Disabilities – North	6,367	-700	5,667	5,160	253	4%
-332	A&H	Physical Disabilities - South	7,517	-1,050	6,466	5,396	-378	-6%
-612		**Older People's and Physical Disabilities Services Total**	**113,693**	**-30,608**	**83,085**	**72,537**	**-755**	**-1%**
		Service Director - Commissioning						
-21	A&H	Service Director - Commissioning	1,034	-20	1,014	419	1	0%
0	A&H	Adults Commissioning - Staffing	2,480	0	2,480	2,420	0	0%
0	CYP	Children's Commissioning - Staffing	1,267	0	1,267	1,092	-0	0%
-699	A&H	Adults Commissioning - Contracts	10,215	-4,331	5,884	5,193	-778	-13%
-34	A&H	Housing Related Support	6,506	-596	5,909	5,106	-88	-1%
136	A&H	Integrated Community Equipment Service	7,903	-5,802	2,101	3,062	86	4%
		Mental Health						
28	A&H	Mental Health - Staffing	3,578	-54	3,524	2,920	-2	0%
47	A&H	Mental Health Commissioning	2,999	-464	2,535	2,000	-41	-2%
211	A&H	Adult Mental Health	7,353	-386	6,967	6,282	208	3%
-36	A&H	Older People Mental Health	9,870	-1,406	8,464	7,275	-153	-2%
250		**Mental Health Total**	**23,799**	**-2,310**	**21,489**	**18,478**	**11**	**0%**
-9		**Adults, Health & Commissioning Total**	**345,536**	**-130,109**	**215,428**	**170,706**	**-1,639**	**-0.76%**
		Mitigations						
-1,431		Grant Funding contributing to cost increases where allowed by grant conditions (part one off)	0	0	0	0	-2,281	0%
-1,431		**Mitigations Total**	**0**	**0**	**0**	**0**	**-2,281**	**0%**
-1,440		**Overall Total**	**345,536**	**-130,109**	**215,428**	**170,706**	**-3,920**	**-1.82%**

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Appendix 1b – Detailed Financial Information – Public Health

Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		Children Health						
0	CYP	Children 0-5 PH Programme	10,707	-3,315	7,392	6,184	0	0%
0	CYP	Children 5-19 PH Programme - Non Prescribed	2,608	-778	1,831	1,434	0	0%
0	CYP	Children Mental Health	650	0	650	243	0	0%
-20	CYP	Drug & Alcohol Misuse – Young People	415	0	415	296	-20	-5%
0	CYP	Children's Weight Management	639	0	639	0	0	0%
0	CYP	Childrens Integrated Lifestyles	228	-58	169	102	-0	0%
-20		**Children Health Total**	**15,246**	**-4,150**	**11,096**	**8,260**	**-20**	**-0.18%**
		Drugs & Alcohol						
-17	A&H	Drug & Alcohol Misuse	6,113	-1,179	4,934	3,485	-17	0%
-17		**Drugs & Alcohol Total**	**6,113**	**-1,179**	**4,934**	**3,485**	**-17**	**0%**
		Sexual Health & Contraception						
-35	A&H	SH STI testing & treatment - Prescribed	5,537	-1,816	3,721	2,717	7	0%
-7	A&H	SH Contraception - Prescribed	1,086	0	1,086	417	0	0%
42	A&H	SH Services Advice Prevention/Promotion - Non-Prescribed	469	-31	438	348	0	0%
0		**Sexual Health & Contraception Total**	**7,092**	**-1,847**	**5,245**	**3,482**	**7**	**0%**
		Behaviour Change / Preventing Long Term Conditions						
-1	A&H	Integrated Lifestyle Services	3,157	-867	2,290	1,467	0	0%
90	A&H	Post Covid weight management services	727	0	727	346	0	0%

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Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-34	A&H	Smoking Cessation GP & Pharmacy	779	0	779	122	0	0%
-20	A&H	NHS Health Checks Programme - Prescribed	757	0	757	115	0	0%
-35	A&H	Other Health Improvement	276	-4	272	363	0	0%
1		**Behaviour Change / Preventing Long Term Conditions Total**	**5,696**	**-871**	**4,825**	**2,412**	**0**	**0%**
		General Prevention Activities						
-2	A&H	General Prevention Activities	561	0	561	156	-3	-1%
0	A&H	Falls Prevention	461	0	461	361	0	0%
-2		**General Prevention Activities**	**1,023**	**0**	**1,023**	**517**	**-3**	**0%**
		Adult Mental Health & Community Safety						
0	A&H	Adult Mental Health & Community Safety	541	-203	338	61	0	0%
0		**Adult Mental Health & Community Safety Total**	**541**	**-203**	**338**	**61**	**0**	**0%**
		Public Health Directorate						
14	A&H	Public Health Directorate Staffing and Running Costs	4,131	-28,283	-24,152	-25,216	-15	0%
0	A&H	Health in All Policies	55	0	55	0	0	0%
0	A&H	Household Health & Wellbeing Survey	160	0	160	152	0	0%
0	A&H	Social Marketing Research and Campaigns	0	0	0	0	0	0%
0	A&H	Enduring Transmission Grant	214	-214	0	-253	0	0%
0	A&H	Contain Outbreak Management Fund	4,546	-4,546	0	1,208	0	0%
14		**Public Health Directorate Total**	**9,106**	**-33,043**	**-23,937**	**-24,108**	**-15**	**0%**

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Forecast Outturn Variance (Previous) £000	Committee	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-24	**Total Expenditure**		**44,817**	**-41,293**	**3,524**	**-5,892**	**-49**	**-1.55%**
		Funding						
0	A&H/CYP	Drawdown from reserves	-3,523	0	-3,523	-1,055	0	0%
0		**Funding Total**	**-3,523**	**0**	**-3,523**	**-1,055**	**0**	**0%**
-24	**Overall Total**		**41,293**	**-41,293**	**0**	**-6,947**	**-49**	**-%**

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Appendix 2a – Service Commentaries on Forecast Outturn Position - Adults, Health and Commissioning

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater for a service area.

1) Executive Director – Adults, Health and Commissioning

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
21,329	-50,135	-28,806	-40,408	-670	-4%

There are a number of variances impacting the forecast for the Executive Director – Adults, Health & Commissioning line including:

i) underspends from vacant posts were larger in the first three quarters of 2023-24 than assumed in the budget and are forecast to contribute £1.7m to the Directorate's overall financial position by year end;

ii) Adults Social Care transport had an outstanding savings target of £91k brought forward from 2021-22. The work to deliver this saving had been completed, but unusually high inflationary pressures on transport costs had meant cost reductions could not be delivered in full as originally planned. Further work has now been undertaken to reduce costs but a pressure of £23k remains (down from £71k reported in December);

iii) there is a forecast underspend of £449k on the Council's Learning Disability budget held outside of the Learning Disability Partnership which is partially offsetting the forecast overspend reported on the pooled budget in note 2 below. This largely relates to grants applied to meet LD spend

iv) retention payments to ASC social workers are coming in under budget by £136k. This is a difficult area to budget for as payments depend on the length of service of individual staff at a given point in time;

v) the planned capital contribution to the community equipment budget of £400k will no longer be drawn down given the revenue position of the Directorate; and

vi) a contribution of £900k is assumed to the Council's bad debt provision reflecting the increased level of ASC aged debt.

2) Service Director LDP and Prevention

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
407	-28	379	151	-150	-40%

A planned investment into the ASC workforce in Cambridgeshire has continued as planned but been funded from grant funding rather than one off allocated budget.

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3) Prevention and Early Intervention

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
11,591	-1,018	10,573	9,210	-552	-5%

Prevention and Early Intervention services are forecasting an underspend of £552k. Previously reported underspends on equipment, unbudgeted income from providing end of life care within a prison setting and a small budgetary surplus following an in-year restructure continue to apply. In addition, we are maintaining an allowance relating to lifeline services in the forecast; as the council moves away from a direct provision model services are being maintained for current clients, but costs have reduced accordingly, creating an underspend, the exact value of which is still subject to notable uncertainty.

4) Learning Disability Services

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
127,514	-34,931	92,583	79,445	1,333	1%

The Learning Disability Partnership is a pooled budget between the council and the NHS, with shares of 77% and 23% respectively. The budget covers the care costs of people with very complex needs, which can be very hard for the care market to meet. This is the area of adult social care where we are experiencing the most difficulty in finding placements, particularly at higher levels of need. There is currently a significant number of people waiting for placements or changes to their current placements. The current forecast shows a £1.74m overspend, £1.33m for the council and £403k for the NHS. This is driven by significantly higher costs coming through than budgeted for, primarily due to the increase in complexity of need in younger adults and a larger than expected increase in rates in the South of the county. The number of people receiving support this year is decreasing, this has contained the costs slightly.

Over the past three years we have seen cost pressures faced by providers, particularly relating to staffing shortages and price inflation. The cost pressures faced by the provider market have also created a risk around the budget for uplifts paid on current placements. This is a significant risk, with some of our providers requesting uplifts far exceeding the budget available. Uplift negotiations are being managed with these providers on an individual basis.

Adults Commissioning are developing an LD Accommodation Strategy that will enable them to work with the provider market to develop the provision needed for people with learning disabilities. This should lead to more choice when placing people with complex needs and consequently reduce costs in this area. However, this is a longer-term programme and is unlikely to deliver any improvements in the market this financial year. The LDP social work teams and Adults Commissioning are also working on strategies to increase the uptake of direct payments, to deliver more choice for service users and decrease reliance on the existing care market. And a further strategy is in development to help people with learning disabilities develop their independence so they can remain living in community-based settings for longer.

The budget for 2022-23 assumed an increased contribution from the NHS reflecting a shift in the percentage of packages that should be funded from Health budgets. For the current financial year we have made provision for this increased contribution, but the joint project between the ICB and CCC to review those packages required to agree a revised split of costs going forwards for the pool did not proceed as expected. The Council has now served notice to end the cost sharing arrangements of the pooled budget and is continuing to work with the ICB to explore opportunities to agree new arrangements to meet the needs of service

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users whilst delivering revised cost shares for the future. There is a risk of short term financial pressures from this decoupling as we move to separate budgets for health and social care.

5) Older People's and Physical Disabilities Services

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
113,693	-30,608	83,085	72,537	-755	-1%

Older People's and Physical Disabilities Services demand patterns have changed significantly in recent years, particularly in relation to Older People's care home placements which experienced no overall growth, as previously reported. This resulted in a significant underspend in 2022-23, with the change in activity being factored into business planning assumptions for 2023-24 budgets. In addition, £0.75m from this budget for this financial year was redistributed to offset pressures elsewhere in Adults, Health, and Commissioning whilst recognising the potential risk of an emerging pressure within this budget area should activity increase.

Subsequently, Older People's care home demand has returned in 2023-24 with increases in placement numbers similar to pre-pandemic levels. The cost of new placements continues to rise despite additional investment from the Adult Social Care Market Sustainability and Improvement Fund, and the recent closure of a number of care homes has added additional pressure to the budget. In addition to the significant overspend on care home placements, demand for domiciliary care has been steadily rising after a period of stability between January and May 2023.

Income from clients contributing to the cost of their care continues to rise. Services have been working to streamline processes and improve the client's journey through the financial assessments process so that their assessment can be completed in a timelier manner in order to resolve a backlog of historic outstanding cases. These improvements, in conjunction with rising demand for services, have increased the level of income expected from clients contributing towards the cost of their care and this increased income aligns with the increased income assumed in the Business Plan for 2024-25. Furthermore, the Older People's and Physical Disabilities services have been allocated additional grant funding above the budgeted level to support provider uplifts in extra care. In light of these factors, we have reassessed expected income due and reduced the forecast to an underspend of -£755k.

6) Adults Commissioning - Contracts

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
10,215	-4,331	5,884	5,193	-778	-13%

Adults Commissioning – Contracts is forecasting an underspend of -£778k at the end of January. This is due to savings made through the decommissioning of a number of local authority funded rapid discharge and transition cars as part of the wider homecare commissioning model and a recharge to Learning Disability to reflect redirecting resource to support In House Provider Services in the short-term. The long-term strategy is to decommission all the local authority funded cars, meeting the need for domiciliary care through other, more cost-effective means, such as:

- A sliding scale of rates with enhanced rates to support rural and hard to reach areas.
- Providers covering specific areas or zones of the county, including rural areas.

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- Supporting the market in building capacity through recruitment and retention, as well as better rates of pay for care staff.

7) Integrated Community Equipment Service

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
7,903	-5,802	2,101	3,062	86	4%

The Integrated Community Equipment Service is forecasting an overspend of £86k at the end of January. This is an improvement of £50k on the position forecast in December. This is due to a reduction in spend in the last couple of months. The service is a pooled budget with the NHS, with partners contributing 51.8% (NHS) and 48.2% (CCC).

The overspend is due to increased levels of activity on the community equipment service contract. The number of orders for standard equipment is 12% higher than at this point last year, and 9% higher than in any other year we have data for. The increase in orders for specialist equipment is up 62% on this time last year and 2% higher than in any other year. Credits from returned equipment (that is then re-issued) are also up on previous years – 37% compared to this time last year (a year when credits were low). Although credits to date are in line with other recent years.

Work is taking place to analyse the likely cause of such demand increases. Early indications suggest some of this is related to increased demand coming from hospital discharges, and people with more complex needs being supported to live in the community. This complexity of need has also driven the increase in Special (non-stock) equipment. In a few cases these costs can be recharged to the NHS under Continuing Healthcare (CHC) protocols, but only for those patients who are CHC eligible. Some of the high value stock equipment (hoists and plus size beds) is aging which means that an increasing number are scrapped upon return to the warehouse as they are beyond economical repair. This affects the value of credit applied. We are also seeing an increasing amount of plus size equipment being requisitioned which is more costly than items with a standard user weight.

8) Mitigations

Gross Budget £000	Income Budget £000	Net Budget £000	Actuals £000	Forecast Variance £000	Forecast Variance %
0	0	0	0	-2,281	0%

Given the pressures on care budgets for users of Older People, Mental Health and Learning Disabilities services, priorities around the use of grant funding have been revisited. This identified additional spend that can be funded from external grant, freeing up £2.3m of grant monies to contribute to the identified pressures.

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Appendix 2b – Service Commentaries on Forecast Outturn Position – Public Health

There are no adverse/positive variances greater than 2% of annual budget or £100,000 whichever is greater for a service area

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Appendix 3 – Capital Position

4.1 Capital Expenditure

Original 2023-24 Funding Allocation as per Business Plan £000	Committee	Scheme	Total Scheme Budget £000	Total Scheme Forecast Variance £000	Revised Budget for 2023-24 £000	Actual Spend (January) £000	Forecast Outturn Variance (January) £000
14,370	Adults & Health	Independent Living Service: East Cambridgeshire	19,035	-	380	19	-342
5,070	Adults & Health	Disabled Facilities Grant	50,700	-	5,070	5,009	-
400	Adults & Health	Integrated Community Equipment Service	4,000	-	400	-	-400
0	Adults & Health	Capitalisation of interest costs	182	-	182	-	-
0	Adults & Health	Capital variations	-57	-	-57	-	57
19,840		**TOTAL**	**73,860**	**0**	**5,975**	**5,027**	**-685**

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found below:

Ref	Directorate / Committee	Commentary vs previous month	Scheme	Scheme Budget £m	Budget for 2023-24 £m	Forecast Outturn Variance £m	Cause	Commentary
1	Adults & Health	New	Independent Living Service: East Cambridgeshire	19,035	380	-342	Rephasing	It was expected that there would be expenditure on a substation in 23-24. However, this has now been linked to the Heads of Terms and will only be paid at acquisition of the land. Additionally, the timing of overall forecast spend for the scheme has been pushed back from assumptions in the Business Plan due to delays in the land acquisition.
2	Adults & Health	New	Integrated Community Equipment Service	4,000	400	-400	No longer needed	Given the forecast revenue position for the Adults, Health and Commissioning Directorate, capital funding is no longer required as a contribution to the costs of community equipment.

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4.2 Capital Funding

Original 2023-24 Funding Allocation as per Business Plan £000	Source of Funding	Revised Funding for 2023-24 £000	Forecast Spend – Outturn (January) £000	Forecast Variance – Outturn (January) £000
5,070	Grant Funding	5,070	5,070	-
14,770	Prudential Borrowing	905	220	-285
19,840	**Total Funding**	**5,975**	**5,290**	**-685**

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Appendix 4 – Savings Tracker

4.1 Adults, Health and Commissioning Savings Tracker Quarter 3

RAG	BP Ref	Title	Original Saving £000	Forecast Saving £000	Variance from Plan £000	% Variance	Commentary for publication
Amber	C/F 21-22 Saving	Adult Social Care Transport	-91	-12	79	87%	All routes retendered in 22-23. Saving achieved was lower than expected due to the inflationary pressures on transport.
Black	C/F 22-23 Saving	Micro-enterprises Support	-103	0	103	100%	Not fully delivered due to low number of people with a Direct Payment (DP) and Individual Service Fund (ISF) utilising capacity created in East Cambs. The Self Directed Support programme will increase uptake of DPs and ISFs and improve the pathway to Micro-enterprise provision.
Amber	C/F 22-23 Saving	Increased support for carers	-129	-31	98	76%	Carers Strategy approved and action plan in development. Reprofiled savings as part of action plan development.
Amber	C/F 22-23 Saving	Learning Disability Partnership Pooled Budget Rebaselining	-1,125	-1,125	0	0%	A one off additional contribution has been received pending detailed work with ICB to review the pool position. However, savings built into the Business Plan for future years remain at risk until the review work is completed.
Blue	A/R.6.176	Adults Positive Challenge Programme	-154	-200	-46	-30%	Over-achieved.
Green	A/R.6.185	Additional block beds - inflation saving	-263	-263	0	0%	On track
Black	A/R.6.200 plus C/F 22-23	Expansion of Direct Payments	-113	0	113	100%	Delivery of savings has been delayed, as has investment. This is a four year programme and cashable savings are only expected in towards the end of Year 2 (24-25)
Green	A/R.6.202	Adults and mental health employment support	-40	-40	0	0%	Complete

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RAG	BP Ref	Title	Original Saving £000	Forecast Saving £000	Variance from Plan £000	% Variance	Commentary for publication
Blue	A/R.6.203	Decommissioning of block contracts for Car rounds providing homecare	-1,111	-1,497	-386	-35%	Over-achieved.
Blue	A/R.6.204	Post hospital discharge reviews	-310	-374	-64	-21%	Over-achieved.
Amber	A/R.6.205	Mental Health s75 vacancy factor	-150	-106	44	29%	Partially unachieved due to staffing reorganisation and high-cost interim appointments in CPFT.
Amber	A/R.6.206	Learning Disability mid-cost range placement review	-203	-150	53	26%	Project started September. This has led to a 3-6 month delay to benefits realisation. Service reviews have taken place in approx. 1/3 of planned work and data analysis is underway with some savings identified.
Green	A/R.6.208	Integration with the Integrated Care System on digital social prescribing	-61	-61	0	0%	On track
			-3,853	**-3,859**	**-6**		

Key to RAG Ratings:

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

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4.2 Public Health Savings Tracker Quarter 2

RAG	BP Ref	Title	Original Saving £000	Forecast Saving £000	Variance from Plan £000	% Variance	Commentary
Green	E/R.6.002	Vacancy factor for Public Health staffing	-80	-80	0	0%	On track
Green	E/R.6.003	Public Health savings	-201	-201	0	0%	On track
			-281	**-281**	**0**		

Key to RAG Ratings:

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

APPENDIX 5 – Technical Note

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

Grant	Awarding Body	Amount £'000
Public Health	Department of Health and Social Care (DHSC)	332
Improved Better Care Fund	Department for Levelling Up, Housing & Communities (DLUHC)	15,170
Disabled Facilities Grant	DLUHC	5,512
Market Sustainability and Improvement Fund	DHSC	5,442
Market Sustainability and Improvement Fund - Workforce	DHSC	3,535
ASC Discharge Fund	DHSC	2,127
Social Care in Prisons Grant	DHSC	330
International Recruitment	DHSC via Norfolk County Council	22
Care Quality Commission review and assessment grant	DHSC	27
Total Non-Baselined Grants 23-24		**32,496**

5.1.2 The table below outlines the additional Public Health grant income, which is not built into base budgets.

Grant	Awarding Body	Amount £'000
Public Health	DHSC	27,596
Rough Sleeping Drug and Alcohol Treatment	DLUHC	360
Supplementary Substance Misuse Treatment Grant	Office for Health Improvement & Disparities (OHID)	592
Substance Misuse for Crime and Disorder Reduction Grant	Office of the Police and Crime Commissioner	94
Individual Placement & Support grant	Office for Health Improvement & Disparities (OHID)	77
Total Non-Baselined Grants 23-24		**28,720**

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

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

	Eff. Period	£'000	Notes
Budget as per Business Plan		**215,038**	
Executive Director People Services	Apr	-300	Transfer to Strategy and Partnerships from Executive Director People Services
Various policy lines	Apr	351	Allocation of centrally held funding for former People Services restructuring
Various policy lines	May	506	Budget resetting movements as outlined in May IFMR
Various policy lines	June	-1,621	23-24 Business Planning virements to replace expenditure budgets with reserve draw down lines
Integrated Community Equipment Service	June	-53	Adjust Public Health income budget to match amounts to be transferred under PH Memorandum of
Strategic Management - Commissioning	July	-34	Transfer to Strategy and Partnerships from Commissioning for contract administered in S&P
Executive Director – Adults, Health and Commissioning	July	-4	Realignment of transport staffing budgets to match current operating model requiring a small transfer between Adult's and Children's transport staffing budgets.
Executive Director – Adults, Health and Commissioning	August	15	Moving Budget for ADASS Regional costs to Adults from Childrens- Association of Directors of Adult Social Services (ADASS)
Various policy lines	August	-198	Move of Executive Assistant and Personal Assistant budgets to Strategy and Partnerships
Learning and Development	October	-5	Transfer budget to Learning and Development team to cover cost of Deprivation of Liberty Standards signatory training
Public Health grant transfers	November	-279	Additional transfers of Public Health grant into services
Pay award 2023-24	November	2,643	Transfer of pay award funding to services following finalisation of pay award for 2023-24
Social Care grant to Children's	January	-633	Transfer of Social Care grant element to Childrens' as approved by Strategy, Resources & Performance committee in December
Budget 23-24		**215,427**	

5.2.2 Virements and Budget Reconciliation (Public Health)

(Virements between Public Health and other service blocks)

	Eff. Period	£'000	Notes
Budget as per Business Plan		**0**	
Budget 23-24		**0**	

5.3.1 Adults, Health and Commissioning Earmarked Reserve Schedule

Budget Heading	Opening Balance 2023-24 £'000	Net Movements to January £'000	Forecast Year End Balance £'000	Reserve Description
Adult Social Care risk reserve	4,664	0	4,664	Reserve held against risk of demand for social care support exceeding the level of demand assumed in the Business Plan.
Learning Disability pooled budget reserve	1,538	0	413	Reserve to cover costs of review of the appropriate cost splits of spend in the Learning Disability pool, and to cover additional income assumed from the rebaselining of the LDP pool shares until such time as review work is complete and new cost sharing arrangements finalised.
Debt reserve	809	0	500	Reserve held to offset escalating debt position in ASC. This includes reserve for old debt pre the transition of the Cambridgeshire and Peterborough CCG to the ICB which was subject to a debt settlement but the final invoices of which are still being worked through.
Discharge reserve	500	0	0	Funding set aside as part of Discharge spend in 2022-23. Being transferred to corporate reserves.
TOTAL EARMARKED RESERVES	**7,511**	**0**	**5,577**	

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

5.3.2 Public Health Earmarked Reserve Schedule

Budget Heading	Opening Balance 2023-24 £'000	Net Movements to January £'000	Forecast Year End Balance £'000	Reserve Description
Children's Public Health:				
Best Start in Life	191	-35	94	Contribution to Best Start in Life programme
Public Health Children's Manager	54	-20	8	Additional Staffing Capacity £78k total – to be spent over 2 years – commenced in 2022-23
Tackling childhood anxiety	0	320	0	New request approved by Strategy, Resources and Performance Committee in December
Public Mental Health:				
Public Mental Health Manager	80	-20	37	Additional Staffing Capacity - Anticipated spend over 2 years
Support for families of children who self-harm.	77	-40	26	Rolling out pilot family self-harm support programme across Cambridgeshire
Training Programme Eating Disorders	44	0	5	Training Programme £78k total – to be spent over 2 years – commenced in 2022-23
Adult Social Care & Learning Disability:				
Falls Prevention Fund	110	0	32	Partnership joint funded falls prevention project with the NHS, £78k pa committed in Healthy Lifestyle contract
Enhanced Falls Prevention Section 75	669	11	379	Enhanced Falls Prevention Anticipated spend over 3 years to 2024-25
Public Health Manager - Learning Disability	78	0	60	Additional Staffing Capacity - Anticipated spend over 2 years
Improving residents' health literacy skills to improve health outcomes	400	-150	250	Additional funding to existing Adult Literacy programme
PHI and Emergency Planning:				
Quality of Life Survey	368	-152	208	Annual survey for 3 years to assess long term covid impact
Public Health Emergency Planning	9	0	0	Additional funds to respond to Health Protection incidents
Prevention and Health Improvement:				
Stop Smoking Service	71	-29	27	Additional Staffing Capacity - Focused on post to reduce smoking during pregnancy
Smoking in pregnancy	220	0	156	To fund work to decrease smoking in pregnancy
NHS Healthchecks Incentive Funding	407	-194	407	Funding to increase the number of health checks that can be undertaken to catch up with some of the missed checks during the pandemic.

Budget Heading	Opening Balance 2023-24 £'000	Net Movements to January £'000	Forecast Year End Balance £'000	Reserve Description
Sexual & Reproductive Health Needs Assessment	50	0	40	Delivery of Health Needs Assessment
Psychosexual counselling service	69	0	35	Anticipated spend over 2 years
Primary Care LARC training programme	60	-60	0	Long-Acting Reversible Contraception (LARC) training programme for GPs and Practice Nurses
Tier 2 Adult Weight Management Services	205	-68	137	
Tier 3 Weight Management Services post covid	1,465		1,119	To increase capacity of weight management services over 3 years
Social Marketing Research and Campaigns	500		350	Social marketing research and related campaigns
Support for Primary care prevention	800		400	Anticipated spend over 2 years
Strategic Health Improvement Manager	165	-25	111	Additional Staffing capacity - Anticipated spend over 2 years from 2023-24
Service improvement activity for Stop Smoking Services and NHS Health Checks	0	100	0	Additional service funding for stop smoking and health checks
Childrens' obesity	0	389	0	New request approved by Strategy, Resources and Performance Committee in December
<u>Traveller Health:</u>				
Gypsy Roma and Travelers Education Liaison officer	25	-12	1	Additional Staffing Capacity - Anticipated spend over 2 years to 2023-24
Traveller Health	30	-10	20	To increase access to services, support and advice through drop-in centre model
<u>Health in All Policies:</u>				
Effects of planning policy on health inequalities	170	0	137	
Training for Health Impact Assessments	45	0	23	Training Programme agreed as part of 2022-23 Business Plan
<u>Miscellaneous:</u>				
Healthy Fenland Fund	23	0	0	Project extended to 2023
Health related spend elsewhere in the Council	600	-400	200	Agreed as part of 2022-23 Business Plan to be spent over 3 years to 2024-25
Voluntary Sector Support for the Health and Well Being Strategy	50	0	50	
Uncommitted PH reserves	820	-820	55	Includes forecast transfer of in year underspend of £55k to reserves at year end
TOTAL EARMARKED RESERVES	**7,854**	**-1,214**	**4,375**	

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

5.3.3 Adults, Health and Commissioning Capital Reserve Schedule

Budget Heading	Opening Balance 2023-24 £'000	Net Movements to January £'000	Forecast Year End Balance £'000	Reserve Description
Head of Integration	33	0	33	Capital grant funding for AHC IT Systems
TOTAL EARMARKED RESERVES	**33**	**0**	**33**	

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

Adults, Health and Commissioning Risk Register Update

To:	Adults and Health Committee
Meeting Date:	7 March 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
Recommendation:	Adults and Health Committee are recommended to note the updated Adults, Health and Commissioning Risk Register

Officer contact:

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Tel: 01480 379739

1. Background

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

2. Main Issues

2.1 The 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 risk register contains the main strategic risks across the whole Directorate, which includes all adults operational services and commissioning. The risk register is regularly reviewed and updated by the Adults Leadership Team.

3. Alignment with ambitions

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

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.3 Health inequalities are reduced.

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.5 Helping people out of poverty and income inequality.

There are no significant implications for this ambition.

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

There are no significant implications for this ambition.

3.7 Children and young people have opportunities to thrive.

There are no significant implications for this ambition.

4. Significant Implications

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

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

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

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

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

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

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

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

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status:
Explanation: No items in the Adults, Health and Commissioning risk log relate to this implication

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status:
Explanation: No items in the Adults, Health and Commissioning risk log relate to this implication

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: No items in the Adults, Health and Commissioning risk log relate to this implication

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: No items in the Adults, Health and Commissioning risk log relate to this implication

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: No items in the Adults, Health and Commissioning risk log relate to this implication

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status:
Explanation: No items in the Adults, Health and Commissioning risk log relate to this implication

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status:
Explanation: There are no significant implications within this category.

5. Source documents guidance

5.1 None

ADULTS, HEALTH & COMMISSIONING 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 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			**16**		
HIGH		**1, 2, 5, 6, 9, 11, 13, 14**	**3, 8, 12, 15**		
MEDIUM			**4, 7, 10**		
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.**			
OWNER	**Will Patten, Service Director Commissioning / Patrick Warren-Higgs**			
RAG:	Likelihood 2	Impact 4	Score 8	Direction of risk: Decreased
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			
Mitigations & 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		
Risk review:	April 2024			
Risk date:	OCTOBER 2023: New risk added			

The Risk	**2: A serious incident occurs, preventing services from operating and/or requiring a major/ critical incident response**			
OWNER	**Patrick Warren-Higgs, Executive Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• Loss of large quantity of staff or key staff • Loss of premises (including in-house Provider services) • Loss of IT equipment, data or access including cyber threat • 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 • LA responsibilities for responding to a major incident are unclear			
Mitigations & Controls	1. Business Continuity Plans	• All services and teams have up to date BCP's in place which provide a clear plan for how services will respond in the event of a critical incident • BCP's are reviewed and updated annually - to comply with new corporate templates and process • BCP templates for Mosaic are available in the event of system downtime		

		• Adults on-call rota is in place with updated contact details available – under review • All managers to attend BCP training in October 2023
	2. 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. Vulnerable People list	• BI report for vulnerable people is available in the event of a critical incident • On-call managers are able to locate and download the Vulnerable People list • Plan to test use of vulnerable people list in simulation exercise
Risk review:	DECEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Directors. Updates have been made to these around IT systems and Provider failure. Risk rating has also been reviewed and has remained stable.	
Risk date:	SEPTEMBER 2023:: Risk title, triggers and mitigations have been reviewed with Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.	

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**			
OWNER	**Patrick Warren Higgs, Executive Director**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔
Triggers:	• Social care are paying for health services due to the unresolved issue around the ICB's contribution to the pooled budget that funds the Learning Disability Partnership. • We are not achieving best outcomes for people with learning disabilities and autism as governance arrangements between the council and health do not support the right conversations and decision making. • 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	
Mitigations & Controls	1) Action via the s75 agreement	• We have signalled our intention to end the funding aspects of the agreement. • Notice period end date to be 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	• Programme and project resources has been identified and has started work. • Internal programme Board established and associate workstreams instigated. • Further defining of financial implications has begun. • Mechanism for monitoring actions, risks and outcomes in place
	4) Ongoing relationship building with health colleagues	• DASS and service director establishing/re-establishing lines of communication with health counterparts. • The Council has drawn up governance arrangements which the ICB have been willing to adopt
Risk review:	DECEMBER 2023: Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required, the action plan has also been updated. Risk rating has also been reviewed and remains stable due to internal preparations in place.	
Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required, an action plan has also been included. Risk rating has also been reviewed and action plan put in place due to notice being served to end the S75 agreement.	

The Risk	**4: We cannot implement the shared care record**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: Remains same
Triggers:	• Lack of required resources and skills to implement. • council processes do not match the NHS clinical safety structures. • System partners attribute delays in implementation to lack of timely engagement by the Council and we are not able to realise the full benefits of shared records with health within expected project timelines			

Mitigations & Controls	1. Clinical Safety	• ICS wide clinical safety advisor resource now available to support the Council in setting up governance.
	2. Early adopters	• Following gaining a better understanding we have elected to go live with an early adopter group in learning disability which includes health professionals who are aware of clinical safety standards to inform our wider roll out. • Early adopter in LDP to work through clinical safety as part of the initial roll out.
	3. Engagement	• We have engaged with other Council's for whom the shared care record is live via the LGA national Shared Care Record group. From this we have gathered useful intelligence on how the clinical safety functions have been covered within council governance arrangements. • Following this better understanding we have elected to go live with an early adopter group in learning disability which includes health professionals who are aware of clinical safety standards to inform our wider roll out. • Early adopter in LDP to work through clinical safety as part of the initial roll out. • Planned options paper for increased project support capacity. • ICS wide clinical safety advisor resource now available to support the Council in setting up governance. • Links established to LGA national SHCR record group for peer support and advice
Risk review:	JANUARY 2024:	
Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Risk owner. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.	

The Risk	**5: In-House Provider Services do not have or follow safeguarding measures**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• Adults with care and support needs suffer poor, potentially fatal outcomes as a result of abuse or neglect that the local authority was or should have been aware of • Poor practice and a lack of robust safeguarding processes and assurance in place • Poor CQC rating for regulated services • Adverse publicity associated with safeguarding concerns is released • Identified risks of the physical assets through reviews working alongside regulators			
Mitigations and Controls	1. Comprehensive and robust induction and training	• Robust onboarding processes and induction processes. • Ongoing development opportunities for staff, and regular supervisions • Comprehensive safeguarding training offer beyond essential training		
	2. Oversight	• Assurance processes in place around safeguarding practice and service compliance		
	3. Registered managers in place	• Responsible for CQC compliance		
	4. Reporting of safeguarding concerns	• Process in place for safeguarding concerns to be reported to MASH and CQC where appropriate • Internal audit process in place to ensure the requirement is being met		
Risk review:	DECEMBER 2023 : Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to triggers and mitigation 4 & 5 have been added. Risk rating has also been reviewed and risk has remained stable.			
Risk date:	SEPTEMBER 2023: New risk added.			

The Risk	**6: Adults with care and support needs suffer poor, potentially fatal outcomes because of abuse or neglect that the local authority was or should have been aware of.**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• A vulnerable adult experiences harm, abuse or neglect because safeguarding measures in place were not followed. • Poor practice and a lack of robust safeguarding processes and assurance in place. • Responsiveness of services and available capacity. • Adverse publicity associated with safeguarding concerns is shared. • Inconsistency in the quality of care			

Mitigations & Controls	1. Comprehensive and robust safeguarding training	• ASC has robust processes and assurance in place that are regularly reviewed. • Safeguarding training opportunities and mandatory requirements are clear and monitored across ASC. • There are informal and formal opportunities for staff, through regular supervisions, CPD sessions, practice workshops, facts sheets, to build knowledge and confidence around safeguarding procedures and practice. • Learning from is supported within ASC, for example: robust learning from SAR's.
	2. Front Door and Immediate Responsiveness	• Strong and responsive front door • Strong and responsive Prevention and Early Intervention offer • Community Duty Teams in place for urgent, same day responses
	3. Internal Quality Assurance	• Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.
	4. Multi Agency Safeguarding Hub	• The MASH provides a robust front door multiagency single point of access on incoming safeguarding activity across ASC and system partners, providing a consistent response to SA concerns and enquiries. • The MASH is collocated to the Police and IDVA's to reduce the harm to vulnerable adults known by these partners. • The MASH provides a systematic review of safeguarding activity between partners.
	5. Multi-agency Safeguarding Boards and Executive Boards	• The SA Board coordinates work between multi-agency partners. Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the Safeguarding Boards
	6. People in Position of Trust policy	• Clear 'People in Position of Trust' policy and guidance in relation to adults
	7. Practice processes & procedures	• ASC has a continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Safeguarding Adult Reviews • ASC has an Annual Review process in place and where delays are known, waiting list mitigation plans are in place. • Joint protocols, practice standards and Quality Assurance ensure appropriate processes are in place. • Multi-Agency Safeguarding Hub (MASH) is in place and collaborative working with other agencies. • ASC have fortnightly provider Temperate Check meetings where concerns relating to care providers are shared, actions are discussed and agreed to mitigate the identified risks.
	8. Provider Monitoring	• Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place. • ASC regular meeting to monitor provider progress and risks with CQC regulator.

Risk review:	DECEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Mitigations 8&9 have been added. Score has remained stable due to current waiting list position.
Risk date:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.

The Risk	**7. Relationships and governance across Integrated Care System (ICS) do not support the best outcomes for our population**			
OWNER	**Patrick Warren-Higgs, Executive Director: Adults, Health & Commissioning**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of travel: ⟺
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 arrangement do not support effective decision making			
Mitigations & Controls	1. Attendance at Boards	• CEO 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		
	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		
Risk review:	DECEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			
Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			

The Risk	**8. Provider's leave the market and are unable to continue services leading to insufficient availability and capacity**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: Remains same
Triggers:	• Continued increase in financial pressures for providers (i.e. Significant inflation (CPI, NLW) and costs of fuel/energy, PPE, Workforce and managing preventative controls) - Providers unable to continue to operate, due to the increased costs • Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers • There is a risk that ASC Reform changes, inflationary rises and the Fair Cost of Care Review, alongside the rates the Local Authority are able to afford will result in providers withdrawing from the market			
Mitigations & Controls	1. Appropriate monitoring and plans	• Continued increase in financial pressures for providers (i.e. Significant inflation (CPI, NLW) and costs of fuel/energy, PPE, Workforce and managing preventative controls) - Providers unable to continue to operate, due to the increased costs • Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers • There is a risk that ASC Reform changes, inflationary rises and the Fair Cost of Care Review, alongside the rates the Local Authority are able to afford will result in providers withdrawing from the market		
	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 contact 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		
Risk review:	DECEMBER 2023: Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these with an increased focus on market shaping. Risk rating has also been reviewed and has increased			

Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.

The Risk	**9: There is no access to CPFT IT systems for LDP Team Managers**			
OWNER	**Patrick-Warren Higgs**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⟺

Triggers:	• Team Managers using CCC IT equipment are not able to access the IT systems of CPFT to ensure that they can effectively manage their CPFT staff.
	• The following governance responsibilities under the Formal Management Agreement with CPFT will not be met:
	  • Inability to monitor compliance with Supervision, Appraisal and Mandatory Training in line with NHS requirements
	  • Inability to access / process Datix (Patient Safety incident reporting)
	  • Inability to view / monitor Management Information i.e. Absence Management / Performance
	  • Inability to view / monitor financial activity in line with Budget Manager responsibilities
	  • Inability to order goods / process invoices (Oracle)
	  • Inability to view / access CPFT Intranet for access to policies, procedures, newsletters etc
	• The requirements of CQC will not be met and raised as an area of concern at inspection
	• Negative impact on staff retention			

Mitigations & Controls	1. Escalated to the ASDD Board	• IT solution identified and agreed. • Administration for rollout in progress • Training plan for staff agreed • Communication plan being developed		
Risk review:	DECEMBER 2023: Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required specifically around final testing of virtual desktops. Risk rating has also been reviewed and has remained stable. Expected activity may enable closure of risk at next review.			
Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required specifically around an IT solution and expected activity to ensure a resolution in October 2023. Risk rating has also been reviewed and has reduced.			

The Risk	**10: Council overall financial position is adversely impacted by continued increase in Adult Social Care Debt volume and amounts, placing the Council budget under pressure, requiring corporate support.**			
OWNER	**Patrick-Warren Higgs**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: Remains 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.			
Mitigations and Controls	1. ASC Operational & Financial Assessments	• ASC Team Managers monthly meeting with Debt Team to work on un-blocking the top 10 high-cost debt cases within the ASC system. • ASC Operations and Financial Assessments (with Debt team) weekly meetings to address complex cases for the prevention and treatment of debt. • ASC exploring ways to increase capacity on debt focus, through temporary utilisation of resource from the Payable team. • Action Plan from Direct Payment Audit, to prevent creation of debt. • Development of Threshold Policy, for smoother transitions from Self-Funders to LA-funding and invoicing client contributions • Development of Waiver Standard Operating Procedure, for formal decision making of complex cases and financial hardship. • Development of Funding Without Prejudice correspondence and agreements, to improve 'security' od debt recovery when access to funds made available.		
	2. Debt Recovery Team, Debt Deep Dive.	• Debt recovery "Statement style" letters in place, with historical debt cases starting to receive statement style letters explaining current position. Early indication is that these are supporting Debt resolutions. • A deep debt dive is being conducting alongside CCC key partner Head of Finance Operations Payable & Debt Recovery Team to explore ASC debt reduction, as debt recovery sits outside of ASC control and within this service. Deep dive is exploring: • Debt portfolio management		

		• Probate – strengthen process on Deceased notification process, escalation to Court of Protection/probate, timely billing. • Engage Legal to support production of Standard Operating Procedure for actions available to Operations and Debt Recovery (e.g. court) that comply with the Care Act, and criteria required to invoke them. • Reviewing telephony capability for Debt Recovery Team; current capability impeding effectiveness. • Business case to increase resource in Debt Recovery team.
	3. Digitalisation	• Funding has been secured for phase 1 of on-line financial assessment ability. Further digitalisation is required, such as customer portal and Self-Assessment and these are yet to be secured, posing a medium-term risk. • MSIF has been secured for on-line self-serve benefits check tool (Entitled To).
	4. Financial Assessment Team	• Due to on-going challenges with recruitment and retention focus continues early ability to digitalise Financial Assessment Activity, which will also improve timescales for customers. • Workforce benchmarking will take place regarding FA Team salaries to determine if salaries are impacting recruitment and retention. Output of Deep Dive activity. • Continuous open recruitment to meet establishment vacancies. • Procure outsourcing of financial assessment backlog cases • Business Process Redesign in Financial Assessment team to improve efficiency and effectiveness of existing resources, with development "sprints" for improvement ideas.
Risk review:	DECEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director and updates have been made to these as required. Risk rating has also been reviewed and risk has increase due to rise in debt.	
Risk date:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director and HoS ASC Financial Operations. Updates have been made to these as required, specifically around additional recruitment activity and development of debt management policy and procedures. Risk rating has also been reviewed and risk has decreased.	

The Risk	**11: Increasing demand and waiting list for Adult Social Care Services, which could impact ability to deliver within budget.**			
OWNER	**Patrick Warren-Higgs, Executive Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• Demand into ASC overtakes growth assumptions within the budgets allocated. • New customers in without prior ASC support continues to grow. • Complexity of needs places pressure on costs per package and areas such as bed-based care. • ICB changes can adversely impact ASC budgets for example D2A processes into bed-based care or FNC application.			

	• Increasing waiting lists to Adults, LDP & DoLS teams • Lack of data or oversight of waiting lists across all teams • Increase in average waiting time • Increase in complaints • Poor CQC rating because of backlogs and waiting lists • Statutory duties not fulfilled • Provider Failure/Closure	
Mitigations & Controls	1. Finance, Activity & Performance Board and Data Delivery Board	• Oversight via FAP Board, meets monthly to review waiting list performance and agree any actions required • Data Delivery Board meets monthly, to ensure data reporting meets requirements and sets priorities
	2. Response to Provider Failure	• 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
	3. Utilising available one-off grants to support wait times and waiting list numbers	• ASC and Commissioning have drawn up plans to use one off grant monies such as the MSIF to support the reduction of waiting lists and waiting numbers across the ASC system. • There is a specific improvement plan and funding secured and in place for the DOLs backlogs that has had oversight from CLT.
	4. Waiting List data reporting, management & Improvement Plan	• Waiting list data on all areas of operation is now being monitored monthly internally • AAT team additional resourcing and oversight of prioritisation by SD • DoLs additional resource signed off by Committee • Tracking data improved for LDP Health waiting list via Power BI dashboards • Reviews waiting list project and use of an agency has been undertaken to tackle the long waiters • Use of Market Sustainability and Improvement plan to secure resource to address wait lists • Improvement plan also includes: threshold assessments for people in care, OT waiting list, LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment and financial data entry delays • Strengthening of Early Intervention and Prevention offer via initiatives to secure the right staffing resource and review of customer journey to increase our ability to prevent or delay the need for long term services • Continue demand Management at the front door using VS and universal preventive services e.g. Community Navigators to reduce the pressure.

Risk review:	DECEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these around the impact of provider failure on waiting lists. Risk rating has also been reviewed and has remained stable.
Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.

The Risk	**12: We do not have oversight of our activity and cannot see areas that are performing well or require improvement.**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔
Triggers:	• Outcomes for our citizens are compromised and we fail to give an adequate account of our activity, including our narrative for improvement, to the regulator. • There is a lack of resource in the BI team to support the ASC power BI dashboard project, alongside BAU, and new incoming requests across multiple service areas • The lack of clear timescales means that the current longevity of phase 2 delivery remains unknown and an inability to deliver further critical changes due to follow phase 2 such as: Liberty Protection Safeguards and CQC assurance framework • Risk that the BI resources previously allocated to the phase 2 delivery will be diverted onto the work to split shared services and other corporate priorities. • CQC requirements cannot adequately be met within the current BI and report developer capacity • Gaps in structured recording within commissioning and capacity issues in BI limits our understanding of contract monitoring and commissioning activities, insight and intelligence which should help shape our commissioning strategy.			
Mitigations & Controls	1. BI Resource	• Funding secured for additional BI resources in CCC and recruitment activity continues • Additional programme management and project management resource in order to scope clear roadmap and resourcing requirements.		
	2. Data Delivery Board	• Regular Board between operational senior managers and Business Intelligence to agree priorities for dashboard development		
	3. Power BI Dashboards	• Priority dashboards in place and training of teams has taken place to ensure utilisation		
Risk review:	October 2023			
Risk date:	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Risk owner. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			

The Risk	**13: We fail to meet our responsibilities under changing legislation**			
OWNER	**Patrick Warren-Higgs, Executive Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: Remains same
Triggers:	• Insufficient Programme/project management resource to drive change • lack of resource in leadership and operational teams to develop and implement new ways of working • Lack of BI/Finance/Systems resource to underpin and report activity • Lack of Practitioner processes and guidance Lack staff engagement • Limited staff training or records of training in place • Non-compliance with regulatory expectations and legislative requirements resulting in poor CQC rating and reputational implications			
Mitigations & Controls	1. Assurance Preparation	• Mock CQC assurance exercise led by LGA undertaken in September 2022, recommendations have been taken forward into an action plan being overseen by the Joint Ops and Commissioning group (to be picked up by the new Performance and Improvement Board) • Refreshed Self-Assessment completed September 2023 ready for Peer and LGA Challenge • Interim appointment to Head of Performance and Strategic Development role and additional Assurance Preparation role and focused assurance preparation work now underway • Ongoing engagement with Partnership Boards and elected Members		
	2. Oversight	• Oversight from new Performance and Improvement Board, picking up the work of the ASC Reform Board and other improvement activity • Improvement in Power BI Reporting but still some areas for development • Ex-Director assessment of Self Assessment November 23		
	3. Quality & Practice Team	• Led by PSW to support practice guidance and processes • Provides regular practice updates and engagement • Works with Learning and Development to ensure delivery of appropriate training and training records		
Risk review:	DECEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced due to a further developed assurance preparation plan.			

Risk date:	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.

The Risk	**14: The internal AHC workforce does not have the skills or the capacity meet the business need**			
Risk Owner	**Patrick Warren-Higgs / Donna Glover, Service Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• We do not have and/or are unable to recruit enough staff to fulfil our statutory responsibilities • A lack of qualified workers in the job market • Decrease in employee retention • Low levels of employee engagement • Ineffective workforce planning • Receive a poor rating in CQC enhanced assurance. • Insufficient strategic management control and planning • No capacity or correct skills to manage organisational change • Long standing vacancies in Health roles where LA holds responsibility under Section 75 agreement			
Mitigations & Controls	1. 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		
	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 •		
	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 • 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
	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
Risk review:	DECEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has remained stable.	
Risk date:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made and an additional Recruitment mitigation added. Risk rating has also been reviewed and risk has decreased.	

The Risk	**15. AHC unable to deliver commissioned services within budget**			
OWNER	**Will Patten, Service Director: Commissioning**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔
Triggers:	There is a continued risk across the whole of ASC to manage budgets and deliver savings, as a result of: • growing demand on services • significant inflationary and workforce pressures on the provider market, impacting on the cost of care • Some capacity constraints, resulting in higher costs to place care, particularly in relation to specialist care • key partners are also under significant strain, which may impact on AHC directorate if demand management is not managed or increases • Fair cost of care funding cut during the MTFS cycle. • We cannot provide appropriate accommodation, or the right level of care and support be identified in a crisis for the most challenging individuals, this includes a lack of LD hospital beds. • Individuals are placed in settings that are not able to fully meet their needs, including extended use of section 136 suite or other place of safety, including extended use of section 136 suite or other place of safety.			
Mitigations & Controls	1. 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 Session to took place on 23 August
Risk review:	DECEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has remained stable.	
Risk date:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	

The Risk	**16. ASC - Council's arrangements for safeguarding vulnerable adults fail**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 3	Impact = 5	Score = 15	Direction of risk: ⇔
Triggers:	1. Inability to recruit, train and retain experienced staff 2. Inherent weaknesses in governance arrangements 3. Poor quality of practice not delivering statutory responsibilities, non- compliance with policies & practice guidance 4. Ineffective management oversight 5. High caseloads/demand on service 6. Internal organisational change 7. External system/regulatory changes 8. Major incident results in spike in demand for services and/or inability to access Council systems, records or buildings.			
Consequences:	1.Vulnerable adult is seriously harmed 2. People lose trust in Council services and/or commissioned services 3. Council is judged to have failed in statutory duties 4. Requires improvement or inadequate CQC outcome			

Likelihood	1. Decrease in government funding 2. Failure/handback from commissioned providers 3. Increased expectations on local government 4. Increase in demand for services 5. Inflation and cost of living crisis	
Mitigations & Controls	1) 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.	Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews and safeguarding. Critical Success Factors: Regular Reporting. Appropriate tools and support to practitioners to guide best practice. Effectiveness: Good Assurance: Eastern Region Sector Led Improvement Programme Adults practice governance board. LGA Peer Review and associated Improvement Plan in readiness for CQC inspection in the next 12 months.
	2) Safeguarding Training	Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions that monitor and instil safeguarding procedures and practice. Critical Success Factors: High quality supervision and support. Professional staff are able to continue registration with their professional bodies. Dedicated resource for safeguarding training within Learning and Development, specific training strategy document which is refreshed annually. Effectiveness: Good Assurance: SAB multi agency policies and procedures in place. Themed audits re safeguarding and associated learning and development. Robust training programme in place Adults practice governance board and practice guidance.
	3) 'People in Position of Trust' policy	Clear 'People in Position of Trust' policy and guidance in relation to Adults. Critical Success Factors: In place, links to practice guidance in ASC and corporate HR guidance as required. Effectiveness: Good Assurance: Appropriate training provided.
	4) 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. In particular Police, County Council, Health and other agencies who are key members of the Board and subgroups. Critical Success Factors: Regular reporting and shared working outcomes Effectiveness: Good

		Assurance: SAB annual report highlighting progress against priority areas shared with Adults & Health Committee.
	5) 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. Effectiveness: Good Assurance: Monthly Management Audits. Annual programme of Themed Audits. Adults practice governance board. Agreed Improvement Plan with Senior Responsible Leads.
	6) Monitoring of social care providers	Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission. Implementation of provider of concern process as required. Critical Success Factors: Regular auditing and reporting. Ability to support providers at risk. Effectiveness: Good Assurance: Contracts monitoring team, care home support team & provider of concern process
	7) Coordinated work with system partners and agencies	Coordinated work between multi-agency partners for both Adults and Childrens. In particular 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 Effectiveness: Good Assurance: SAB and key statutory partners
	8) Share information with the CQC	Continue to work with the CQC to share information. Critical Success Factors: Regular reporting Effectiveness: Good Assurance: Contracts monitoring team
	9) 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: Reduced waiting times. Providing proportionate and time critical responses to those at risk. Effectiveness: Good Assurance: Escalation to CLT as required.

Risk review:	February 2024: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has remained stable.
Risk date:	

Agenda Item No: 8

Public Health Risk Report

To:	Adults and Health Committee
Meeting Date:	7 March 2024
From:	Chief Executive: Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	
Outcome:	Committee are briefed on the risks in relation to public health.
Recommendation:	Adults and Health Committee are recommended to note the Public Health risk registers.

Officer contact: Anthony Griggs
Name: Anthony Griggs
Post: Public Health Operations Manager
Email: Anthony.Griggs@Cambridgeshire.gov.uk
Tel: 07443 147448

1. Background

1.1 It is a requirement to present risk reports to Committee regularly throughout the year to allow for appropriate scrutiny of the risk register. This report focuses on public health risks.

2. Main Issues

2.1 The 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 Public Health Directorate risk register can be found as Appendix 1. There are currently 8 risks being rated as amber, and one rated as red.

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.

Appendix 1 sets out the implications for this ambition.

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

Appendix 1 sets out the 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 potential implications which will continue to be monitored as part of business as usual.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications
Any related procurement activity will be compliant with the Council's Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications
Appendix 1 sets out the implications.

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

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

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

4.7 Public Health Implications
Appendix 1 sets out the implications.

4.8 Climate Change and Environment Implications on Priority Areas (See further guidance in Appendix 1): There are no significant implications for this priority.

4.8.1 Implication 1: Energy efficient, low carbon buildings.
Positive/neutral/negative Status:

Explanation: No items in the public health risk log relate to this implication

4.8.2 Implication 2: Low carbon transport.
Positive/neutral/negative Status:
Explanation: No items in the public health risk log relate to this implication

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.
Positive/neutral/negative Status:
Explanation: No items in the public health risk log relate to this implication

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.
Positive/neutral/negative Status:
Explanation: No items in the public health risk log relate to this implication

4.8.5 Implication 5: Water use, availability and management:
Positive/neutral/negative Status:
Explanation: No items in the public health risk log relate to this implication

4.8.6 Implication 6: Air Pollution.
Positive/neutral/negative Status:
Explanation: No items in the public health risk log relate to this implication

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.
Positive/neutral/negative Status:
Explanation: No items in the public health risk log relate to this implication

5. Source documents guidance

5.1 None

APPENDIX 1 – Public Health Risk Log – November 2023

The below table outlines how risks are scored on the likelihood and impact of each risk. Scores between 1-4 are green, 5-15 are amber, and 16 or over is above the Council's tolerable level and will be highlighted as a high red risk.

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

Public Health Matrix of Risks:

The below matrix provides an overview of the current risk scores for all risks relating to Public Health Services. The letters indicate which risk it relates too. These risks are explored in more detail in the table below.

VERY HIGH 5		FGHI			
HIGH 4			BD	E	
MEDIUM 3			C	A	
LOW 2					
NEGLIABLE 1					
IMPACT LIKELIHOOD	1 VERY RARE	2 UNLIKELY	3 POSSIBLE	4 LIKELY	5 VERY LIKELY

The Risk	**A. Insufficient resources to maintain service levels**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 4	Impact = 3	Score = 12	Direction of Risk: Steady
Triggers:	• Future Public Health grant allocations are insufficient to cover inflationary pressures or increased demand on services. • Insufficient internal staffing capacity to meet current service levels and ambitions of the health and wellbeing strategy. • Inability to sustain current staffing due to ending of short-term grant funding or cessation of externally funded posts. • Inability to recruit to short-term grant funded posts due to lack of competitive offer. • Increase in reserves leading to reduction in future grant allocations.			
Potential 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	• Ongoing prioritisation exercises based on clear evidence-based criteria to assess current service provision. • Working with partner organisations to maximise the value of service provision. • Active management of reserve spends to reduce the risk of significant underspend. • Planning underway for a process to strengthen the workforce to support the delivery of plans. • Working with service providers to identify more efficient service delivery, e.g., hybrid/digital delivery models, revised skill mix.			
Contingency plans	• Further prioritisation of services based on clear evidence-based criteria if there is a need to review service provision due to a lack of funding or other resource. • Seek further efficiencies through alternative delivery methods. • Contingency spending plans.			
Date Risk Reviewed	01/02/2024			

The Risk	**B. There is a risk of increasingly diverse needs across the populations and local authorities of Cambridgeshire and Peterborough.**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of Risk: Increasing
Triggers:	• Separation of key shared operational services (i.e., IT). • Further changes in key process areas required for operational delivery (i.e., finance, legal, procurement etc). • Different commissioning decisions are reached by the two authorities. • Increasingly diverse population needs across Cambridgeshire and Peterborough.			
Potential consequences	• An increase in staffing hours spent on operational management/issues. • Difficulties/delays in specific areas i.e., recruitment, procurement etc. • Loss of efficiencies that were previously gained through collaborative working across the local authorities. • Loss of economies of scale in commissioning. • Additional pressures on the wider health and social care system.			
Controls	• Clarifying and establishing alternative processes for collaborative working with regard to shared posts, and joint commissioning. • Planning underway for a process to strengthen the workforce to meet the diverse needs across Cambridgeshire and Peterborough.			
Contingency plans	• Adaptions to service delivery where appropriate. • Forward planning to identify potential risks.			
Date Risk Reviewed	01/02/2024			

The Risk	**C. There is a risk of barriers to sufficient systemwide collaboration on public health.**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of Risk: Steady
Triggers:	• Lack of clear roles and responsibilities. • Complex multilateral agreements with unclear governance pathways. • Challenging finances across the system lead to a retraction of preventative investments.			

Potential consequences	• Worse population health outcomes. • Opportunities for prevention are missed leading to escalating need for health and social care. • Resources are not used efficiently. • Longer waiting times for services. • Additional pressures on the wider health and social care system.
Controls	• Ongoing work to produce MOUs to clarify roles and responsibilities between the local authority and partner organisations. • Participation in system-wide boards and groups to promote public health as a system priority and support the wider work of the healthcare system. • Planning underway for a process to strengthen the workforce to support the delivery of plans with capacity to support partnership working and system leadership.
Contingency plans	• Refocus capacity towards system leadership to ensure system resources are maximised for improving health outcomes, prevention and reducing inequalities.
Date Risk Reviewed	01/02/2024

The Risk	**D. 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.**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of Risk: Steady
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.			
Potential 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	• Support for and participation in CPLRF lessons learned exercises. • Allocation of resource for resilience measures, such as FFP3 fit testing capacity. • Participation in system-wide planning exercises. • CPLRF lessons learned process ongoing.			
Contingency plans	• Development of an MOU with UKHSA • Development of a pandemic plan and prolonged incident plan			
Date Risk Reviewed	01/02/2024			
The Risk	**E. There is a risk that system staffing capacity will be insufficient to implement or maintain commissioned services.**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 4	Impact = 4	Score = 16	Direction of Risk: Steady
Triggers:	• Lack of skilled workforce in general within the system. • Lack of specific workforce cohorts creates competition amongst services with workers attracted to organisations that can pay higher salaries. • Short-term grant funding streams making job offers less attractive and causes fluctuating staffing resource.			
Potential consequences	• Provider services cannot deliver the services commissioned or meet mandatory targets. • Waiting times increase for services. • Delays in implementing new services due to staffing shortages.			
Controls	• Skill-mix workforce modelling to promote the availability of necessary staff skill mixes to implement and maintain services. • Reviewing service delivery such as digital or hybrid offers to reduce staffing capacity required for service delivery.			
Contingency plans	• Work with providers on a case-by-case basis to support service delivery where issues arise.			
Date Risk Reviewed	01/02/2024			

The Risk	**F. There is a risk of data breach or similar event could take place in the event of a lack of sufficient Information governance controls.**

OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady
Triggers:	• Increasing complexity of data sharing given integration across the system increases the risk of poor compliance with good information governance principles and increases monitoring requirements. • Increased complexity of data storage options places a greater burden on commissioned providers, requiring high levels of IT capability. This increases risks of data breaches for services who may lack specialist internal IT expertise/capacity. • Smaller/third sector providers having insufficient resource to properly understand/implement the necessary data management controls. • Insufficient staff training in proper information governance practices and principles.			
Potential consequences	• Breach of client/patient confidentiality. Financial penalties in the event of data breach. • Lack of access to the data required to inform the work of the Public Health Directorate. • Reduced levels of trust in the public health directorate and the local authority more generally.			
Controls	• Discussions with ICS/NHS partners to secure robust and comprehensive data sharing agreements moving forward. • Ensure that data storage is compliant with source organisations IG rules and find solutions where current IT solution is not viable. • Ensure all provider contracts contain adequate data protection clauses and clear data sharing agreements which are monitored through contract processes. • Ongoing review of data storage and the data held by public health to ensure compliance with appropriate regulations.			
Contingency plans	• Respond to any incidents that occur in a timely fashion and using the proper guidelines and process that are outlined by the data management team.			
Date Risk Reviewed	01/02/2024			

The Risk	**G. There is a risk of liability for injury or other serious incident for service users in services commissioned or otherwise organised by the Public Health Directorate**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady

Triggers:	• Insufficient risk assessment/health and safety procedures in place to ensure preventable incidents do not occur. • Insufficient communication between Public Health and commissioned services on appropriate health and safety arrangements.
Potential consequences	• Potential harm to service users • Financial/legal liability. • Reputational damage.
Controls	• Ongoing review by senior commissioning leads to review the health and safety practices that are in place, and to create a more streamlined process by which services can report health and safety incidents. • Improved reporting of incidents, complaints, quality improvement plans to public health via the Public Health Commissioning Governance Group. • Review of prescribing in commissioned services • Directorate health and safety group formed as part of the wider local authority system for responding to health and safety incidents, and to implement an effective lesson learned process. • Training being delivered to commissioning managers to provide a better understanding of health and safety legislation, implementation of health and safety requirements as part of an effective procurement process, and effective ongoing review as part of the ongoing contract management process.
Contingency plans	• Respond to any incidents that occur in a timely fashion and using the proper guidelines, mechanisms and processes that are outlined by the health and safety team.
Date Risk Reviewed	01/02/2024

The Risk	**H. There is a risk of contract failure in our commissioned services**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady
Triggers:	• Significant inflationary pressures, especially in areas such as energy costs (estates & travel) and NHS pay awards. • Provider failure due to inability to recruit an appropriately trained workforce. • Insufficient contract management systems in place for jointly commissioned services. • Insufficient PH grant funding or other factors which prevent adjustment to deal with inflationary pressures.			

	• Insufficient capacity within the public health team to appropriately manage commissioned services.
Potential consequences	• Worse health outcomes from loss of access to services. • Additional pressure on the wider health and social care system.
Controls	• Ongoing contract management processes to promote early identification of any potential contract failures. • Where appropriate, using larger well established system providers to reduce the risk of contract failure.
Contingency plans	• Implementation of a contingency plan will take place on a case-by-case basis due to the wide variation in types and criticality of commissioned services, supported by appropriate business continuity plans.
Date Risk Reviewed	01/02/2024

The Risk	**I. Risk of poor commissioning governance**			
OWNER	Executive Director Public Health: Jyoti Atri			
RAG:	Likelihood = 2	Impact = 5	Score = 10	Direction of Risk: Steady
Triggers:	• Insufficient workforce capacity and /or skills to undertake more specialist procurement and audit functions. • Insufficient internal Directorate skills to undertake clinical audit of commissioned services. • Insufficient accountability in commissioned services for the use of resources. • Increasingly complex governance requirements.			
Potential consequences	• Potential lack of identification of lack of value for money and quality of services not maximised. • Clinical risk could impact on service user outcomes. • Reputational risks associated with poor service user outcomes.			
Controls	• Review of all contracts to ensure that they include all necessary clauses for financial, service, and clinical audit. • PH staff to undertake training in open book accounting and to dip sample accounts. • Strengthening of contract management of commissioned services. • Secure capacity and support from specialist officers from Procurement and Audit Teams.			
Contingency Plans	• All staff in the Directorate with commissioning responsibilities to complete all internal related training and external training at an appropriate level for key specialist areas. • Secure support through a flexible contractual arrangement with a clinical specialist to provide clinical input to commissioned services as required.			

Date risk reviewed	01/02/2024

Agenda Item No: 9

Adults Corporate Performance Report

To:	Adults and Health Committee
Meeting Date:	7 March 2024
From:	Executive Director for Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	The report provides the Committee with a performance monitoring information update for Adults and Commissioning.
Recommendation:	Adults and Health Committee is asked to: a) Note and comment on 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 relate to 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 three 2023/24, up to the end of December 2023.

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 indicators monitored by the Committee is as follows:

- New contacts for Adult Social Care remains high but is lower than the comparison to 2022/23.
- The number of people who have not received a review of their long term care and support needs within the last 12 months is reducing.
- A high proportion of support for carers is carried out through carers conversations which provides a constructive and timely intervention for carers.
- 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 remains static although reducing as a percentage of Adult Social Care service users.
- Reablement continues to deliver successful outcomes and improves independence reducing the number of people requiring longer term care and support.
- Safeguarding indicators show that Making Safeguarding Personal is embedded in practice and a high percentage of people feel that their desired outcomes are fully or partially met.

Targets against all indicators will be in place for 2024/25 following a review of current performance trends and national, regional and statistical neighbour benchmarking.

3.2 Commentary on the indicators is as follows:

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

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The figures have decreased slightly during the first 3 quarters of 2023/24 compared to last year, but still remain above the equivalent quarters for 2020/21 and 2021/22.

Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392).

Although the level of new contacts remain high this is reduced when compared to 2022/23 and may indicate universal and targeted services are more effectively managing need in the community without the need for formal care and support.

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

Comparisons with statistical and national averages at the end of 2022/23 showed Cambridgeshire had a slightly higher % of contacts which didn't lead to long term support.

Performance in 2023/24 for Cambridgeshire has been similar to 2022/23 trends, increasing from 87.62% in Q1 to 88.8% at the end of Q3. When interpreted in line with indicator 230, which presents slightly less contacts for Q3 2023/24 compared to 2022/23, the overall picture is that the need for Long Term services remains higher with slightly fewer contacts than the equivalent point last year, but with a slightly higher % resulting in Long Term support.

3.2.3 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

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 the first 3 quarters of 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 positive progress and a comparatively low percentage of clients who have not received a review in the last 12 months compared to statistical and national averages.

3.2.4 Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of 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. There has been a move away from carers assessments by default to more constructive and timely conversations which accounts for the lower volume of carers assessments.

During Q3 2023/24 (cumulative YTD) we have completed:

- 175 carers assessments
- 36 carers reviews
- 4763 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. However 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.

3.2.5 Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes as part of a Safeguarding Enquiry

During Q3 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year and also improve visibility of data quality issues in recording practise.

The % of enquiries where outcomes have been partially or fully achieved has increased slightly during the first 3 quarters of 2023/24 compared to the equivalent period last year.

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

The percentage of people receiving direct payments in Q3 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. The continuing minor decrease compared to 2022/23 is predominantly due to increasing service user numbers, whilst the number of clients with direct payments has remained relatively stable (812 at the end of Q3 2022/23 compared to 808 for Q3 2023/24).

Work continues to improve the range of options which are available for people who chose to take a direct payment.

3.2.7 Indicator 140: Proportion of people receiving reablement support who did not require long term care and support after the reablement intervention was completed

Reablement interventions continue to provide successful outcomes, improving independence and preventing people from requiring longer term care and support. Although there was a minor reduction in the indicator between Q2 and Q3 of 2023/24 the percentage of people is slightly higher than in comparison to the same period in 2022/23 (86.39% compared to 84.73%).

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

The percentage of clients accessing long term support in the community aged 18-64 increased to slightly above the national average for the full year 2022/23. Performance has remained fairly static during 2023/24, with a rate of 91.17% across the first 3 quarters of the year, compared to 90.25% for the equivalent period in 2022/23.

3.2.9 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 has increased during the course of 2023/24, and is currently a similar level (63.15%) for the first three quarters of the year compared to the equivalent period in 2022/23 (64.23%).

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

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

During Q3 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year and to improve visibility of data quality issues in recording practise. The high % of enquiries where MSP questions were

asked (95.15% year to date) is an increase compared to 2022/23 and suggests the making safeguarding personal approach is fully embedded into working practise.

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

Performance for the year to date Q3 2023/24 (89.1%) has been slightly lower than the equivalent period last year (90.83%), though with a small improvement across the last 3 months.

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.

4. Conclusion and reasons for recommendations

4.1 72% (8 out of 11) KPIs have improved from Quarter 2 to Quarter 3. The three indicators that declined are:

- Indicator 126: Proportion of people using social care who receive direct payments declined from 17.2% to 17.1%.
- Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed marginally declined from 86.7% to 86.4%
- Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked showed a small decline from 96% to 95.1%.

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 Adults Corporate Performance Report Appendix 1 Quarter 3 2023-24

Produced on: 18 January 2024

Performance Report

Quarter 3

2023/24 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

February 2024

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	3172.8	2150.7	Improving

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)

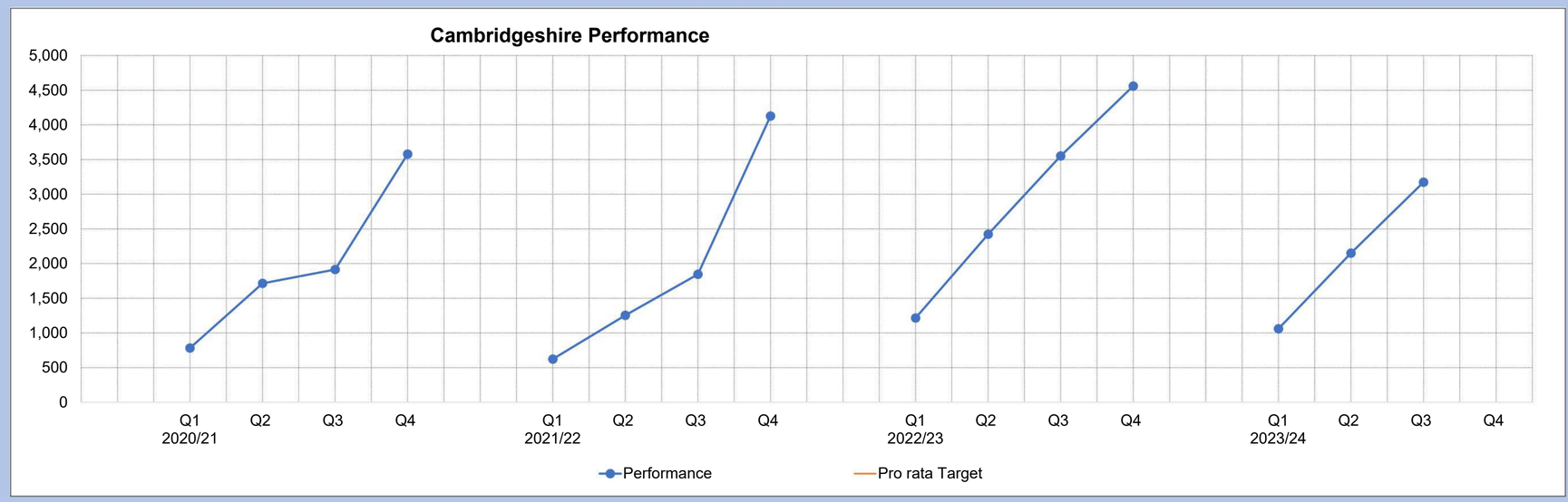
Y = 18+ population

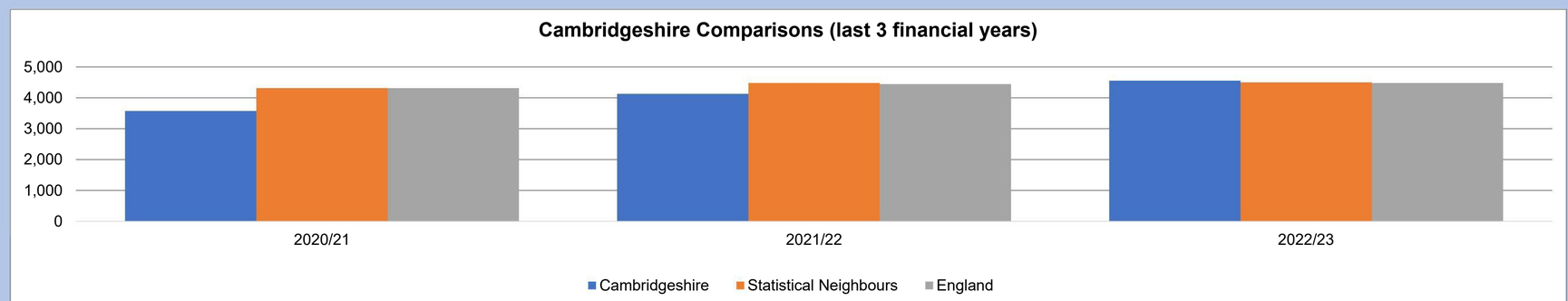
Useful Links

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

New client contacts per 100,000 of population increased across all 4 quarters in 2022/23 compared to 2021/22. The figures have decreased slightly during the first 3 quarters of 2023/24 compared to last year, but still remain above the equivalent quarters for 2020/21 and 2021/22.

Cambridgeshire recorded a higher number of new client contacts in 2022/23 compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However, there has been a level of increase in new client contacts that is felt to be linked to need in the community (see indicator 231), reflected in the increased numbers of new client assessments for care and support being undertaken (2021/22 monthly average of completed assessments/reassessments: 330, 2022/23 monthly average = 392). Part of the increase in contact numbers may also be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms. During the 2022/23 financial year, Cambridgeshire implemented a system to receive electronic referrals from GP and social prescribing systems in order to improve the referral route and increase the quality of information received.

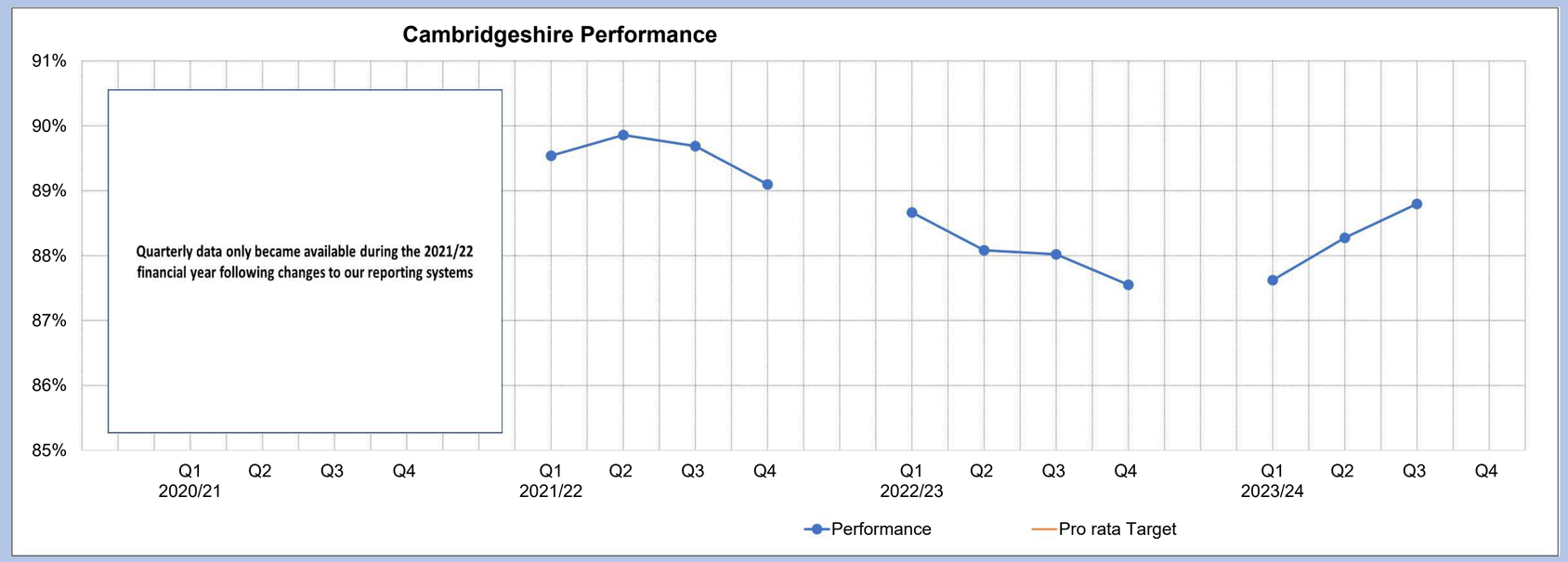
Actions

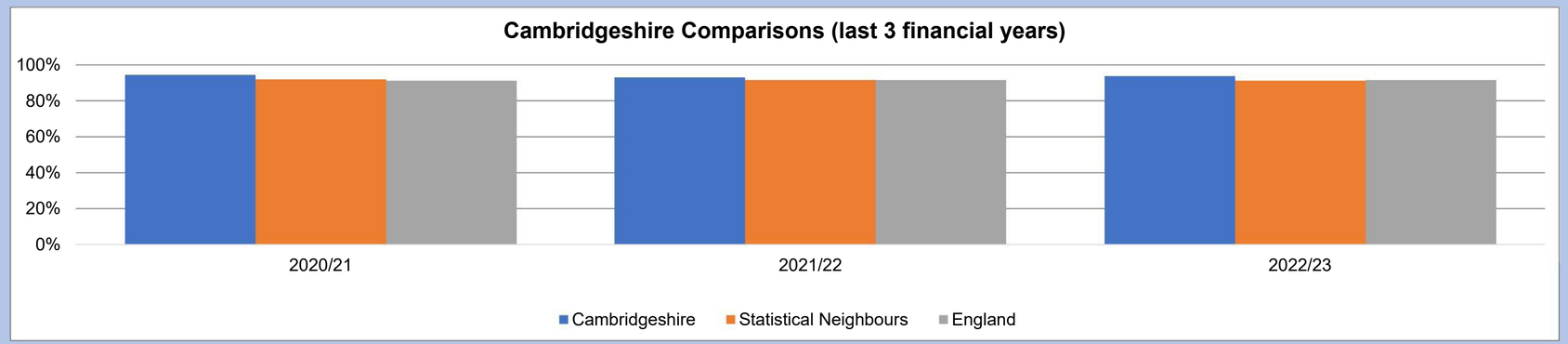
Indicator 231: % of new client contacts not resulting in long term care and support

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	88.8%	88.3%	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)

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

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. Cambridgeshire performance in 2023/24 has been similar to 2022/23 trends, increasing from 87.62% in Q1 to 88.8% at the end of Q3. When interpreted in line with indicator 230, which presents slightly less contacts for Q3 2023/24 compared to 2022/23, the overall picture is that the need for Long Term services remains high with slightly fewer contacts than the equivalent point last year, but with a slightly higher % resulting in Long Term support.

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

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

February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↓	26.2%	26.8%	Improving

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

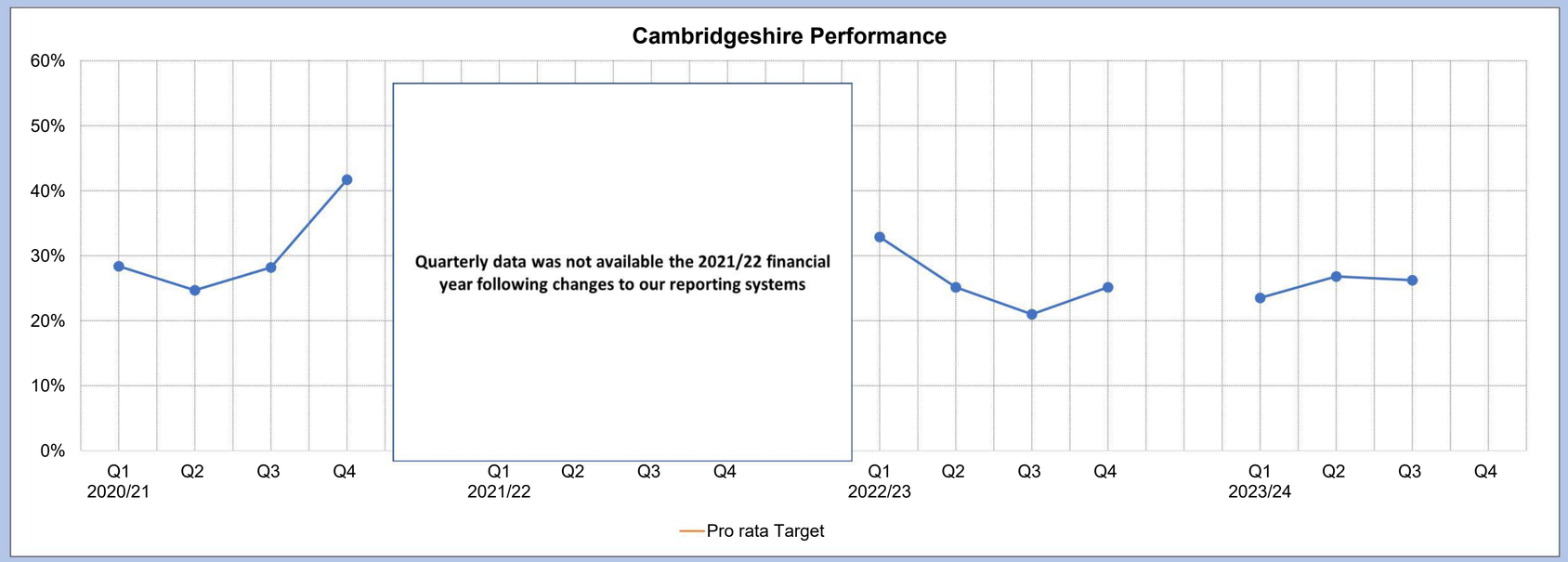
Y = Total number of people receiving long-term support for over 12 months at the end of the period

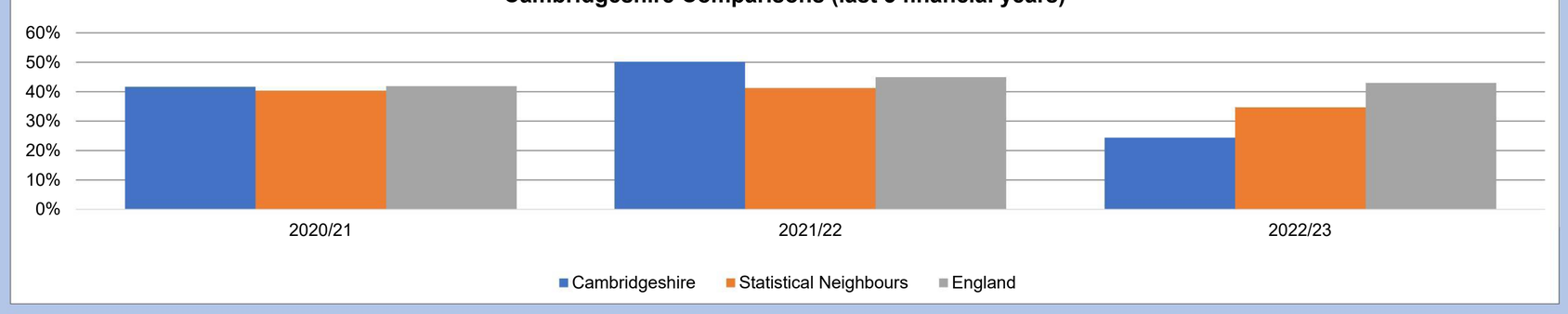
Useful Links

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:





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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

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 the first 3 quarters of 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 have not received a review in the last 12 months compared to statistical and national averages.

Actions

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

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	38.5	27.9	Improving

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

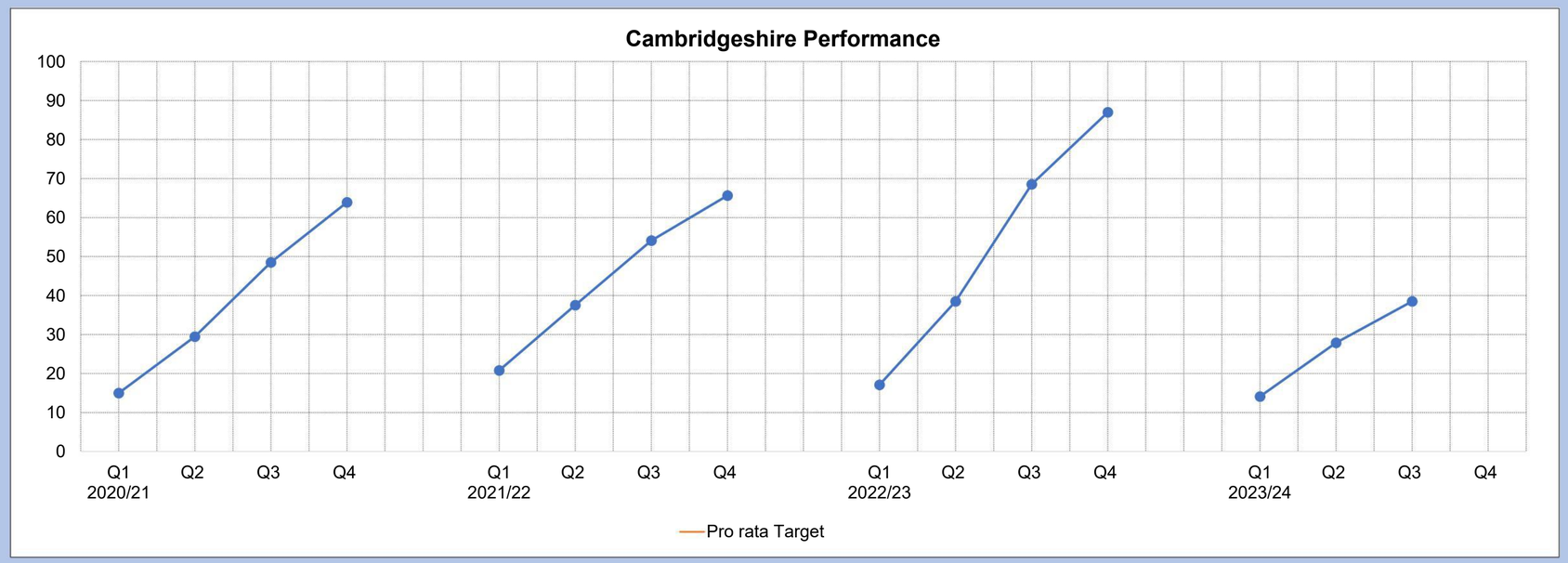
Y = 18+ population

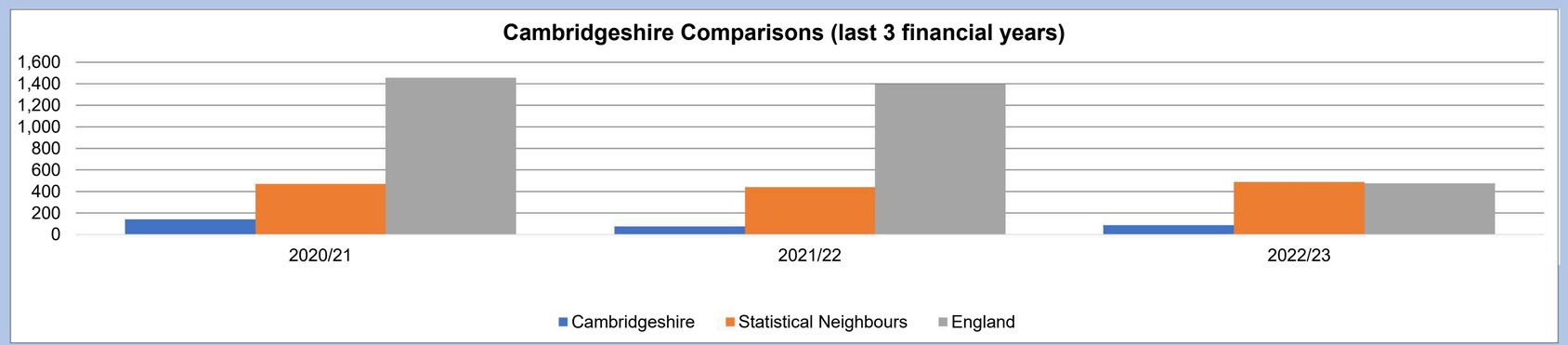
Useful Links

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.
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 Q3 2023/24 (cumulative YTD) we have completed:

- 175 carers assessments
- 36 carers reviews
- 2132 carers conversation steps (often completed when assessing the cared-for service user - see bullet point below)
- 4763 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

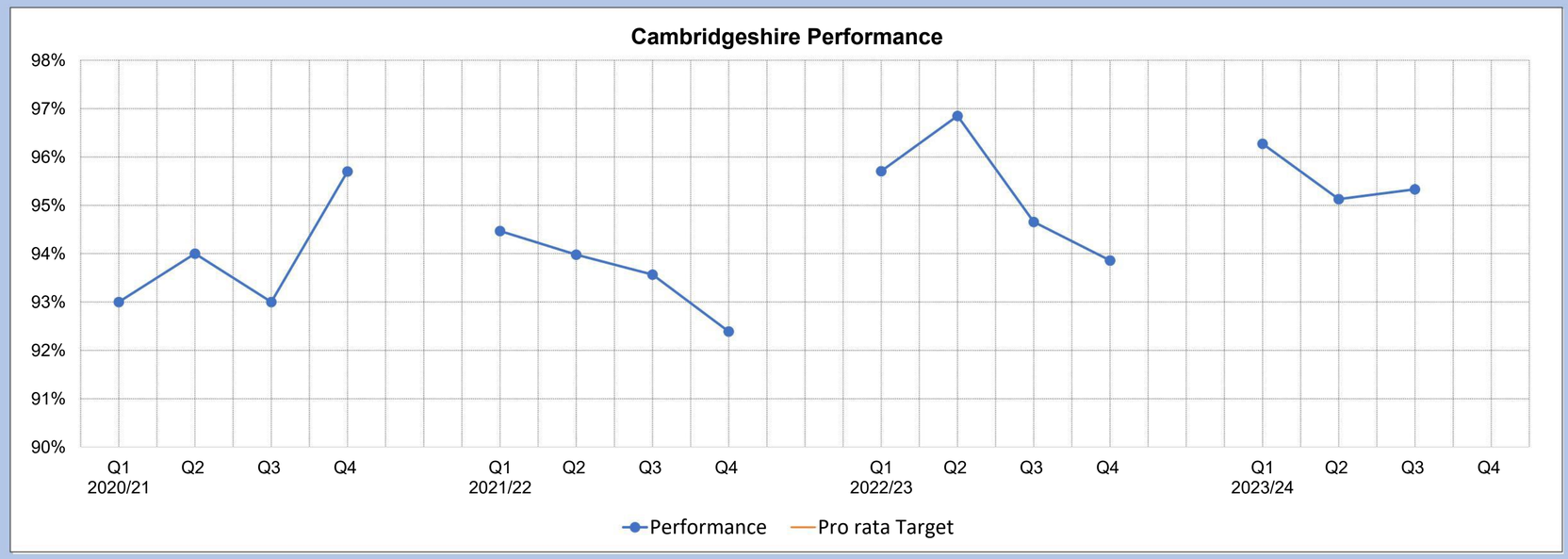
Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

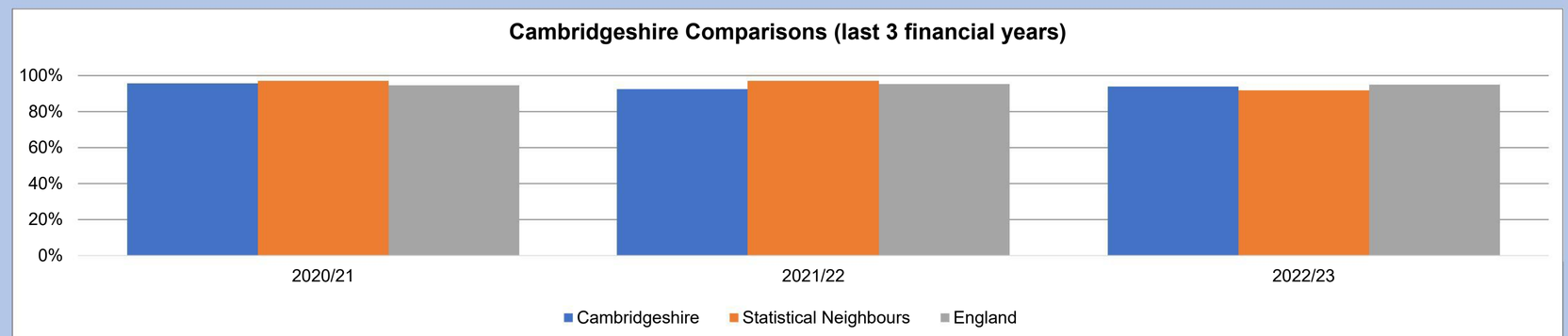
Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	95.3%	95.1%	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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

During Q3 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year, plus provide visibility of data quality issues in recording practise.

The % of enquiries where outcomes have been partially or fully achieved has increased slightly during the first 3 quarters of 2023/24 compared to the equivalent period last year.

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

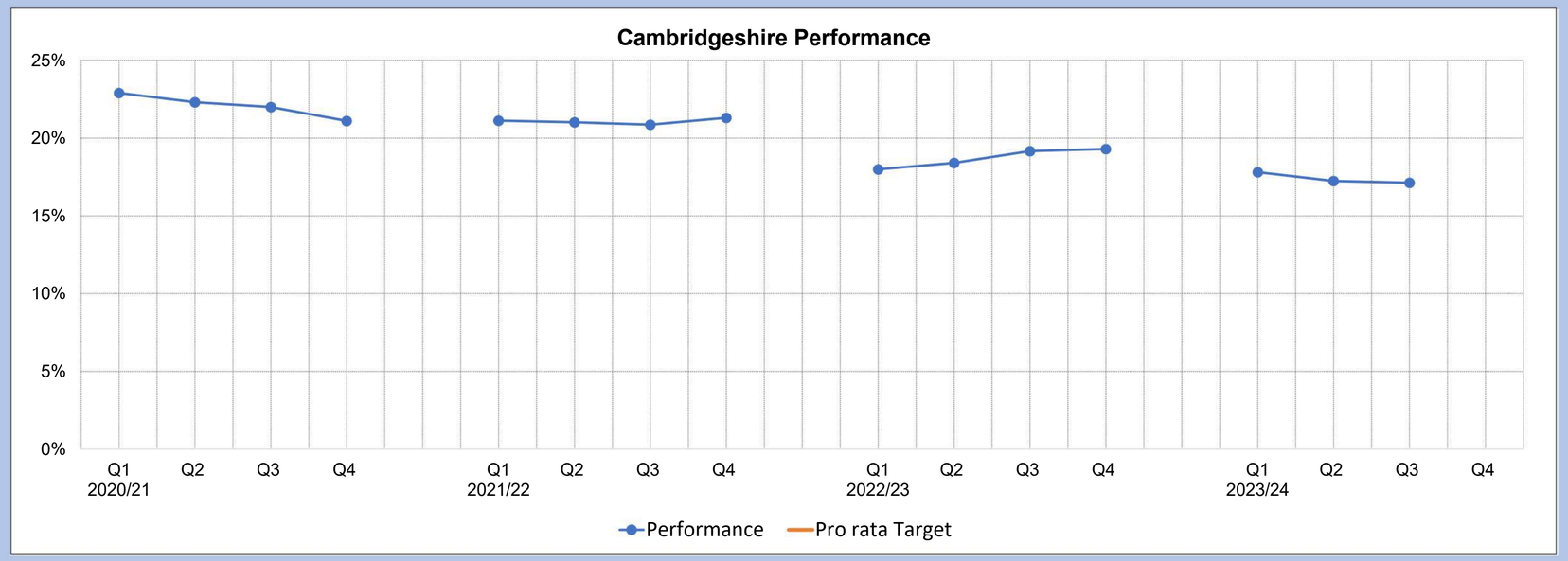
Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	17.1%	17.2%	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.

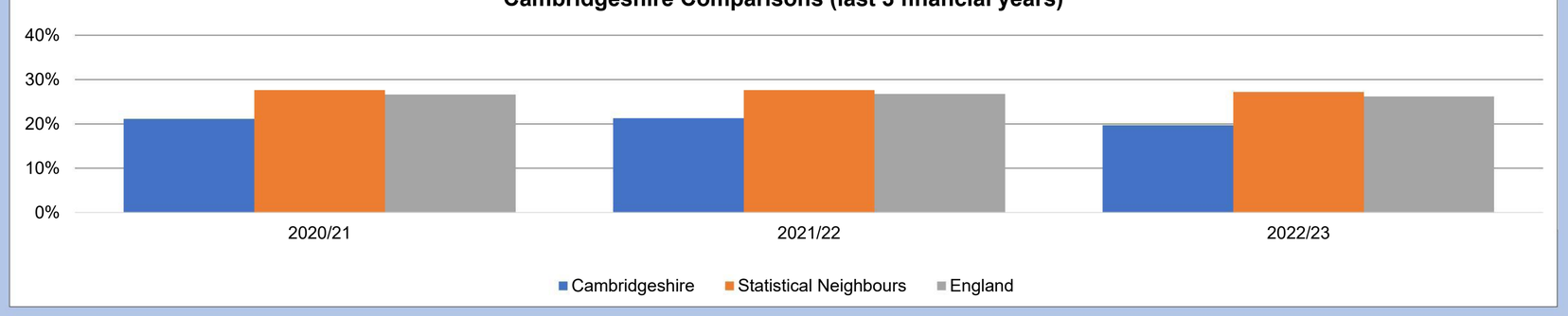
Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

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.



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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

The percentage of people receiving direct payments in Q3 2023/24 continues to be low, reflecting the challenge in making direct payments an attractive solution. The continuing minor decrease compared to 2022/23 is predominantly due to increasing service user numbers, whilst the number of clients with direct payments has remained relatively stable (812 at the end of Q3 2022/23 compared to 808 for Q3 2023/24).

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.

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 Q4 onwards. We now have a programme manager in place to oversee the work to increase direct payments and hopefully this will support progress to begin to deliver a noticeable impact.

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

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	86.4%	86.7%	Declining

Statistical Neighbour Mean	England Mean	RAG Rating
90.4%	91.0%	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".

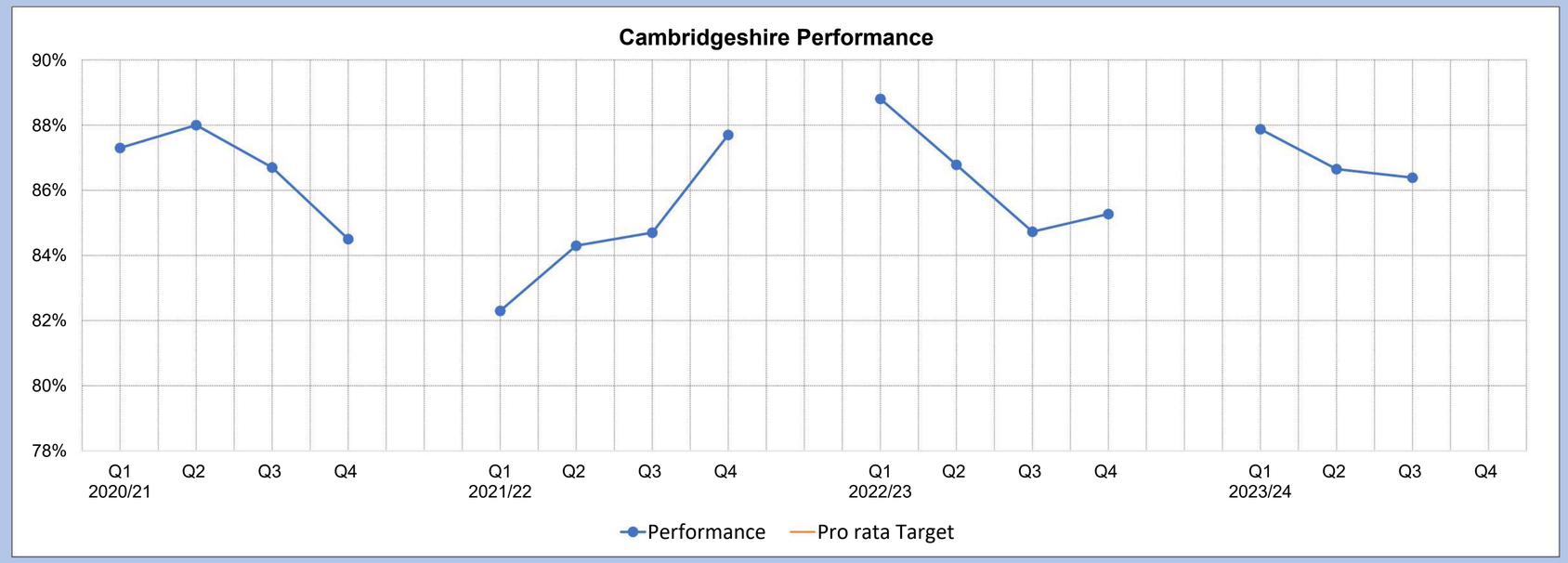
Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

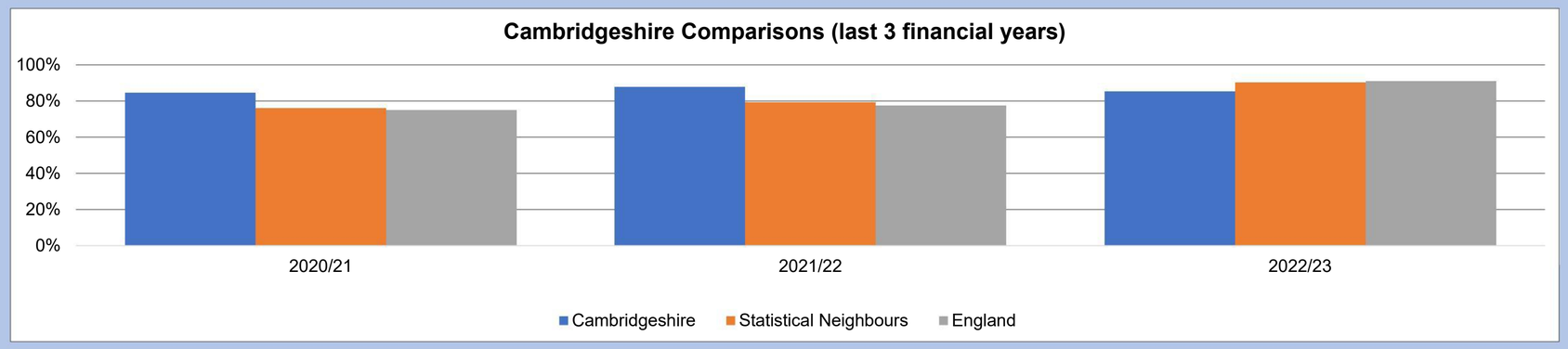
Useful Links

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

Year to date figures for Q3 2023/24 are slightly higher than in 2022/23 (86.39% compared to 84.73%).

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

Return to Index February 2024

Target	Direction for Improvement	Current Month	Previous Month	Change in Performance
In Development	↑	91.2%	90.8%	Improving

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.

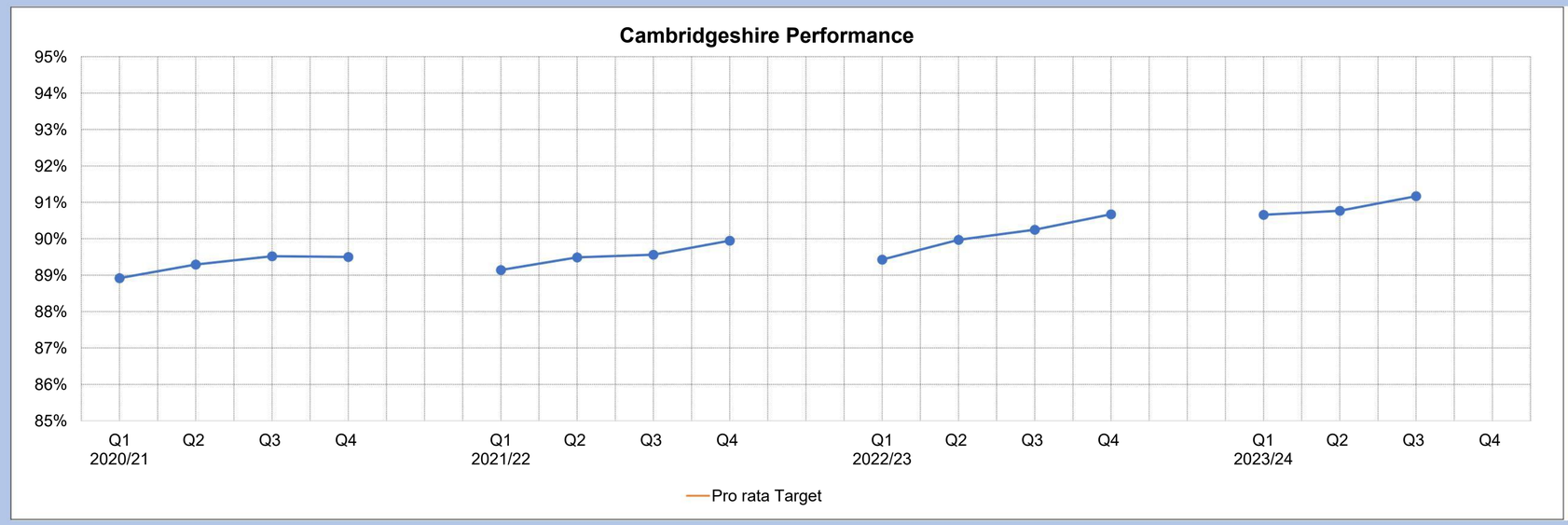
Calculation:

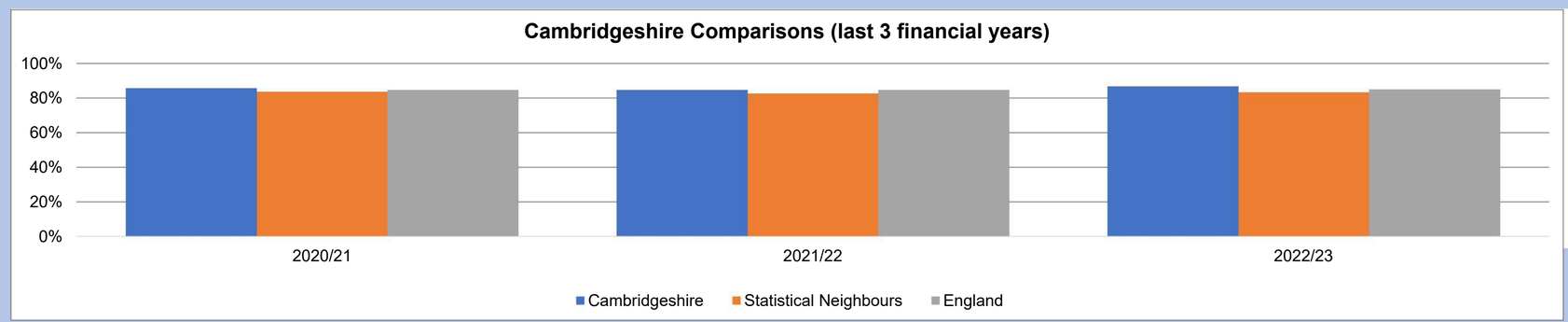
(X/Y)*100

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





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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

There is a planned change to local reporting from Q1 2024/25 to align this indicator more closely with statutory reporting methodology.

The percentage of clients accessing long term support in the community aged 18-64 increased to slightly above the national average for the full year 2022/23. Performance has remained fairly static during 2023/24, with a rate of 91.17% across the first 3 quarters of the year, compared to 90.25% for the equivalent period in 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 Q4 onwards

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

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	63.2%	61.9%	Improving

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

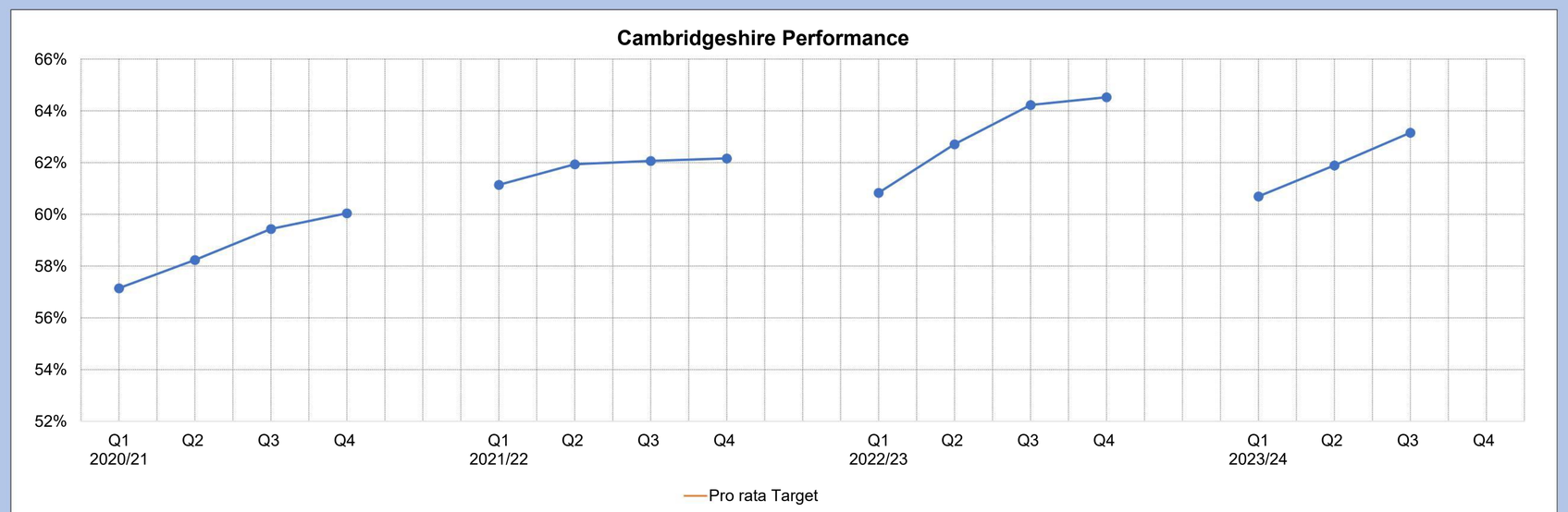
Y = Total number of people accessing long-term support aged 65 and over

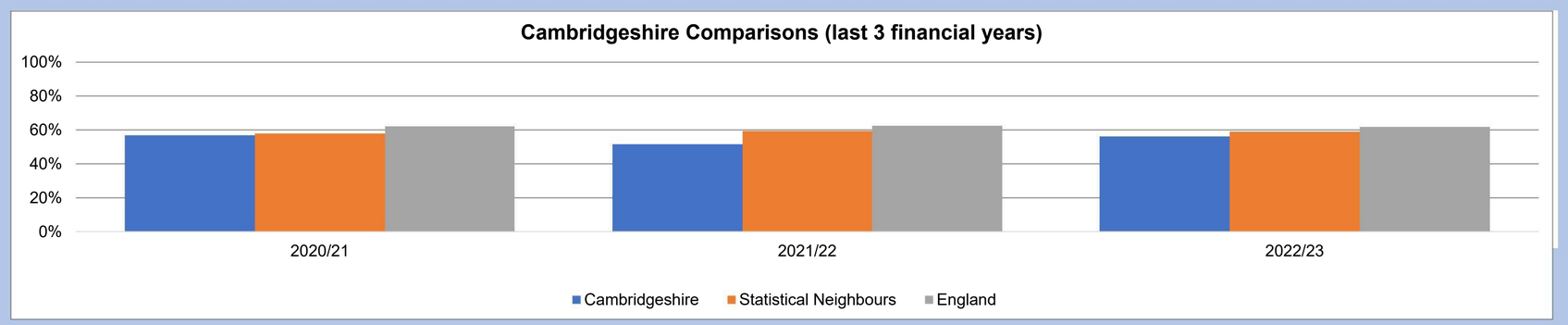
Useful Links

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

There is a planned change to local reporting from Q1 2024/25 to align this indicator more closely with statutory reporting methodology.

The percentage of clients aged 65+ accessing long term support in the community has increased during the course of 2023/24, and is currently a similar level (63.15%) for the first three quarters of the year compared to the equivalent period in 2022/23 (64.23%).

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

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

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	95.1%	96.0%	Declining

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

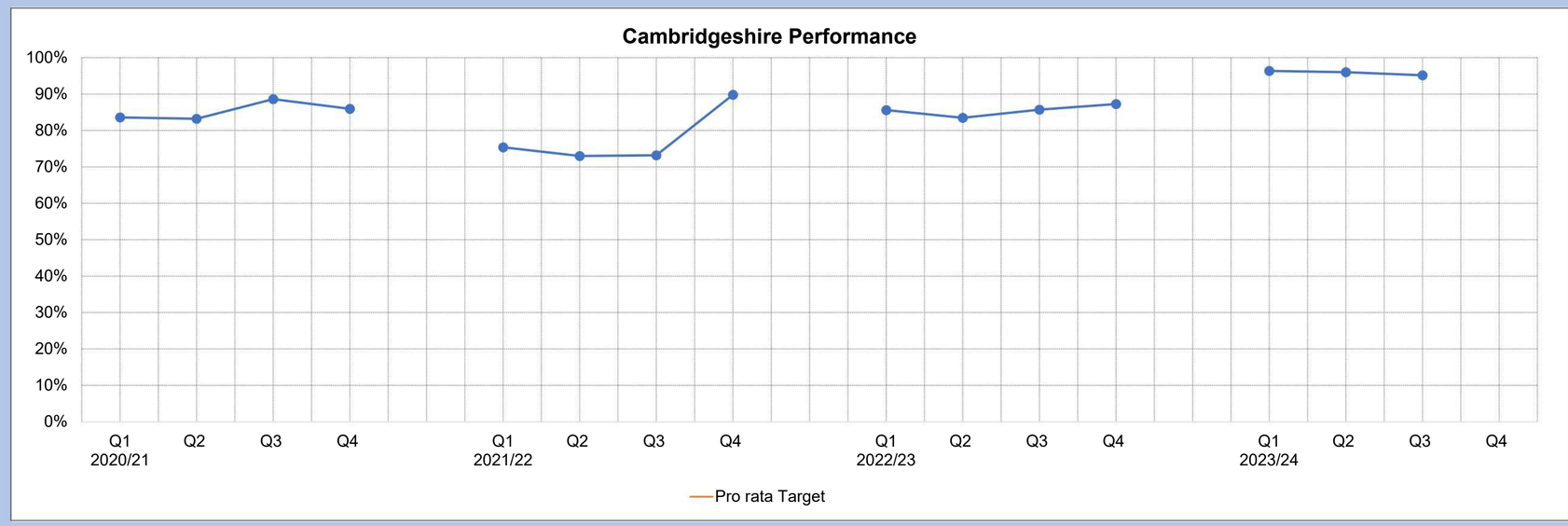
Y = The number of concluded enquiries

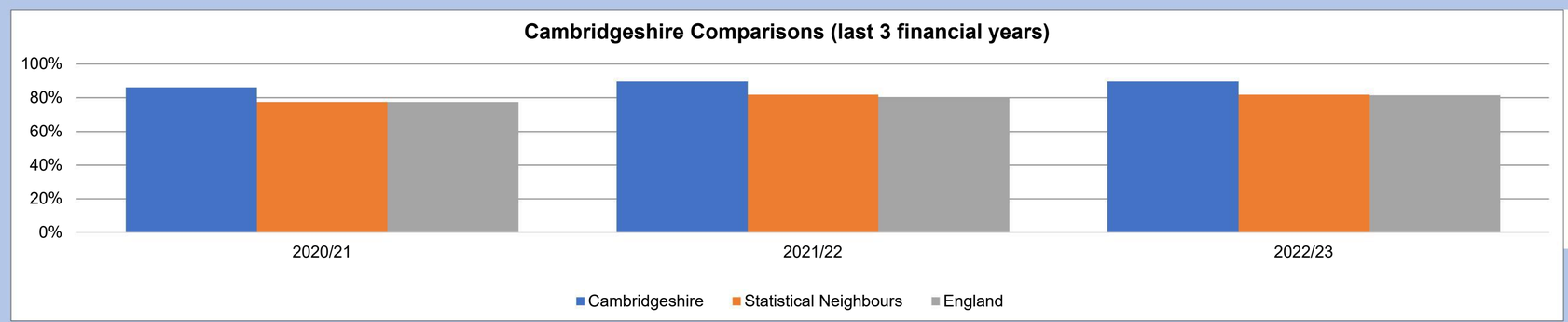
Useful Links

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

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

During Q3 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year, plus provide visibility of data quality issues in recording practise. The high % of enquiries where outcomes were asked (95.15% year to date) is an increase compared to 2022/23 and 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 Q4 onwards

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

Return to Index February 2024

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
In Development	↑	89.1%	88.6%	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

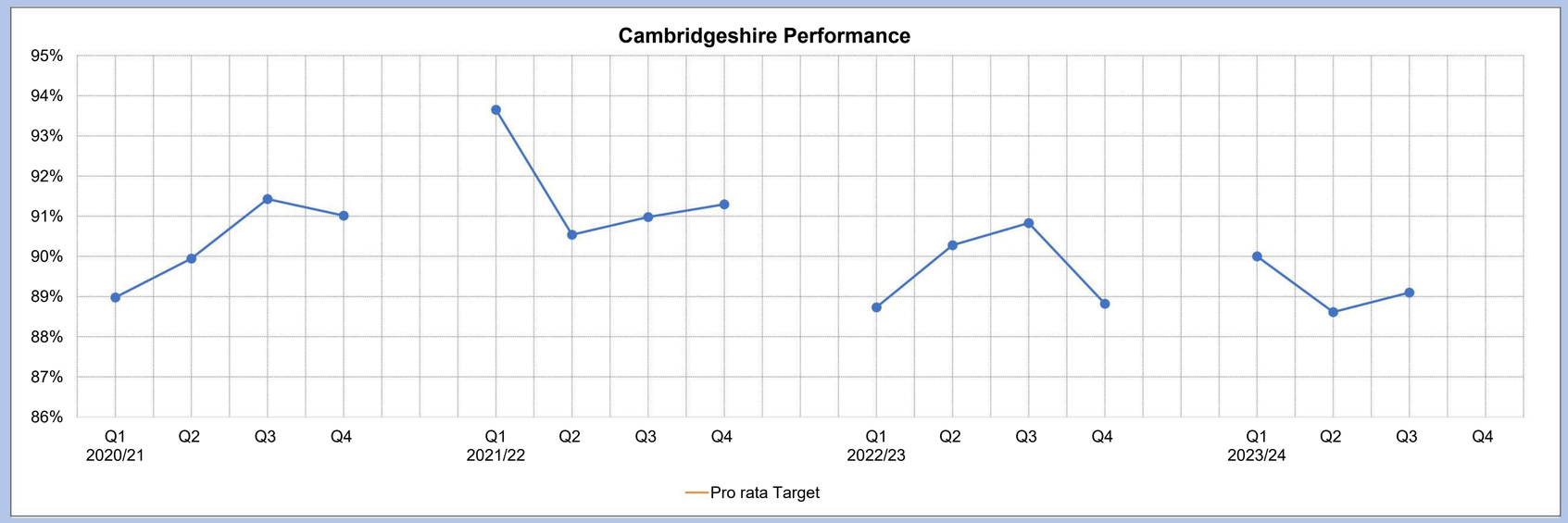
Y = The number of concluded enquiries where a risk was identified

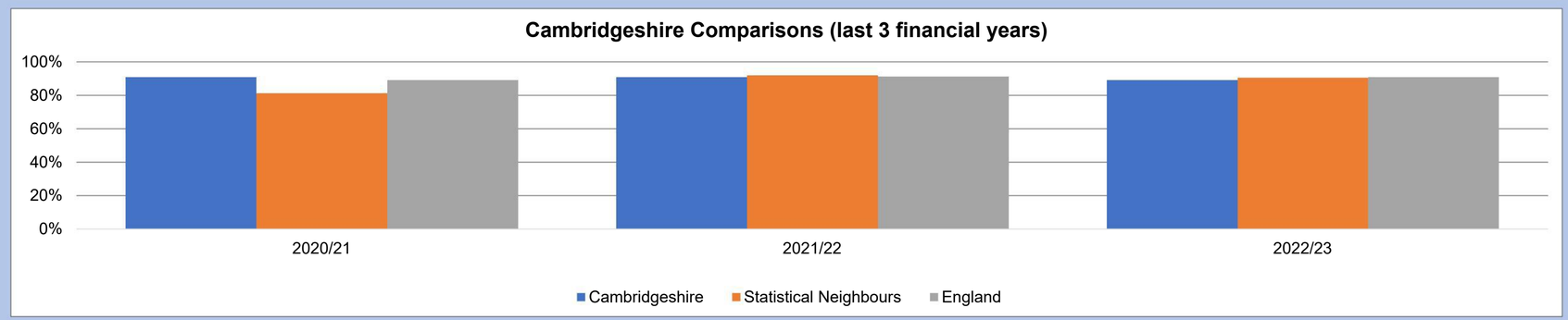
Useful Links

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 statutory returns, which have recently been published for 2022/23. Please note that the CIPFA nearest neighbour comparison group for Cambridgeshire has changed for 2022/23.

During Q3 2023/24, a new Power BI dashboard was published to report on Making Safeguarding Personal outcomes throughout the year, plus provide visibility of data quality issues in recording practise.

Performance for the year to date Q3 2023/24 (89.1%) has been slightly lower than the equivalent period last year (90.83%), though with a small improvement across the last 3 months.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q4 onwards

Agenda Item No: 10

Public Health Performance Report: Quarter 3 2023/24

To:	Adults and Health
Meeting Date:	7 March 2024
From:	Executive Director of Public Health
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 3, 2023/24.

The Committee is asked to consider and comment on the Public Health Performance Report.

Recommendation: The Committee is asked to:

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

Officer contact:
Name: Val Thomas
Post: Deputy 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 services do impact health inequalities this is not detailed in the report.

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 2, 31st October 2023.

3. Main Issues

3.1 These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are key performance indicators for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the Children and Young People's Committee (CYP) Committee they are included here as priority indicators. There are 9 priority indicators in this set.

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.

Drug and Alcohol Services

Indicator	FY 22/23	National average (latest Q)	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Status
201: % Achievement against target for drug and alcohol service users who successfully complete treatment. (Benchmarked against national average)	**21.2%**	**20.3%**	**21.8%**	**21.2%**	**22.2%**	**21.1%**	**Blue**
Please note that performance data is extracted from the national dataset (NDTMS). The 23/24 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. Q1 & Q2 23/24 performance data for this indicator remains strong and the Cambridgeshire service, provided by CGL, is performing above national average.							

Health Behaviour Change Services

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3	Q4	Status
82: Tier 2 Weight Management Services: % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. **Target: 30% of those in the service.** **Consistently well above target.**	**49%**	**45%**	**54%**	**47%**		**Blue**
237: Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service received from deprived areas. **Target: 30%** **Remains consistently on target.**	**35%**	**30%**	**33%**	**30%**		**Green**

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**	**683 quits. (31% of annual target)**	**180 quits. (38% of quarterly target)**	**158 quits. (33% of quarterly target)**	**Not yet available**		**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: 20,000** **Below target but improving**	**13,763 (69% of annual target)**	**3,960 (79% of quarterly target)**	**4,778 (96% of quarterly target)**			**Red**

Commentary on performance:

Indicator 82: Tier 2 Adult Weight Management.
Referrals into the Tier 2 services continue to be very high with 1,159 referrals received in Q3 against a target of 492 (236% of target). This is associated with the continuation of the enhanced specification whereby GP practices receive a financial incentive for each referral to a weight management service. However, referrals were slightly lower in Q3 than Q2, which is a positive impact of regular communications with primary care about demand pressures in Tier 2 and alternative referral options.

The target number of referrals commencing on a course was considerably below target in Q3 (185 against a target of 419, 44%), although remaining at 89% YTD. This was largely due to the fact that this covered November and December which are historically difficult months for engagement with weight management services, with most individuals choosing to start the intervention in the new year. The provider has modelled to compensate for this, with additional courses within Q4 to catch up by the end of year.

The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 47% achieving a 5% weight loss in Q3.

Indicator 237: Health Trainer.
Referrals into the Health Trainer service were slightly below target for Q3, with 614 referrals received against a target of 689 (89%). However, the YTD actual sits at 98% of the target. 30% of referrals received were from the 20% most deprived areas which is exactly on target and sits above the YTD target at 32%.

Indicator 56: Stop Smoking Services

Stop Smoking performance data are always two months behind the reporting period. This is due to the intervention taking two months in total to complete. It means that the complete 23/24 quarter 3 data are not available. During quarter 2 23/24 the Behaviour Change Service/Stop Smoking Service achieved 33% of its trajectory 4-week quitter target.

GP practices are still experiencing demand pressures and are finding it challenging to provide stop smoking services. In addition, two of the main smoking cessation pharmacotherapies (Champix and Zyban) have been withdrawn due to safety issues, and there have been national shortages of multiple nicotine replacement therapies. Although this is now resolving. These issues combined are impacting the overall 4-week quit numbers. New stop smoking projects are being developed in Fenland and the NHS Neighbourhood Managers have committed support to promote and develop local clinics.

Indicator 53: NHS Health Checks

NHS Health Checks are primarily delivered in GP practices. Delivery was significantly impacted by the pandemic with only 46% of the local target achieved in 21/22, this increased to 69% in 22/23.

Programme recovery continues to improve with Q2 data indicating 4,778 NHS Health Checks were completed, which is 96% of the quarterly target and a year-to-date trajectory at 87%.

The commissioning of NHS Health Checks has been diversified with GP Federations* and the behaviour change services - *Healthy You* - supporting the delivery on behalf of some practices; as well as offering opportunistic NHS Health Checks in the community. Based on historical performance data it is expected that Q3 delivery will be, at least, on target and that Q4 will significantly exceed target, as it is the busiest quarter of the year. On this basis, a year-end 10% over-achievement has been modelled.

*A GP Federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy.

Healthy Child Programme

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	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%** **Below target but rising quickly**	40%	75% (Rising to 96% including those completed after 14 days)	85% (Rising to 97% including those completed after 14 days)	87% (Rising to 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%** **Below target but rising quickly**	38%	39% (Rising to 93% including those completed after 8 weeks)	77% (Rising to 95% including those completed after 8 weeks)	83% (Rising to 96% 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%** **Below target but improving**	54%	72% (Rising to 81% including those after 2.5 years old)	73% (Rising to 80% including those after 2.5 years old)	74% (Rising to 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.	56%	57%	60%	62%		**Green**

Commentary on performance:

Indicators 59 & 60: Health visiting mandated checks (New Birth Visit & 6-8 check).
The Health Visiting service have been working hard to bring key contacts with families back into nationally set timescales following timescales being stretched as a pandemic response. Performance data for Quarter 3 shows that 87% of families now receive their new birth visit within 14 days, up from just 40% in Q4 last year.

There has also been a significant improvement at the 6-8 week contact with 83% now been seen within 8 weeks. This indicator was at 39% in Q1 of this year.

For both these key contacts, the overall percentage of families seen remains high at 96% respectively when you include those families seen later than the mandated period.

Indicator 62: Health visiting mandated check (2.2.5-year review).
The improvements on the delivery of this contact that were seen throughout 22/23 have been maintained during the first 3 quarters of 23/24. We are currently working with our provider colleagues and public health intelligence team to take a detailed look at the results from the Ages and Stages Questionnaire development assessments that form a part of this check to identify any health inequalities.

The learning from this work will form part of the Children's JSNA that will be completed next April.

Indicator 57: % of infants breastfeeding at 6-8.
The overall breastfeeding prevalence of 62% is higher than the national average of 49% and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county. Broken down by districts, breastfeeding rates for 2023/24 Q3 stand at 76% in Cambridge City, 66% in South Cambridgeshire, 63% in East Cambridgeshire, 59% in Huntingdonshire, and 47% 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. Highlights from that during this period include:

The Children and Young People's JSNA is still underway, and we have been working with the data team at CCS to see if we can identify any trends in the data. Indicators we are looking at include age of parent, ethnicity, place in family, etc. We are also able to see any changes in feeding status between 10 days and 6-8 weeks. There is more work to do to fully understand the data, and we will share the learning at the infant feeding network to identify any actions needed to improve our offer.

The infant feeding team is now nearly up to full capacity with the additional posts.

Introducing solid food workshops have been mostly well attended and the feedback received has been overwhelmingly positive. Introducing Family Foods workshops are now up and running across Cambridgeshire and Peterborough.

The new peer support contract with the National Childbirth Trust (NCT) has gone live, and as it is now offering integrated support around infant feeding and emotional health and wellbeing, peers in the hospital are able to initiate support conversations with all consenting service users on the hospital wards. This is enabling support to be given on both subjects without a new parent having to label themselves as breastfeeding. Peer Supporters are now regularly in attendance on the wards at Hinchingbrooke as well as at Peterborough hospital.

The NCT have launched the new infant feeding website to help families locate support in Cambridgeshire and Peterborough. Peterborough & Cambridgeshire Infant Feeding Support (pbcinfantfeeding.org). They have rebranded to 'NCT Birth Feeding and You' after engaging with local families and their preferences and are looking at how the website can be developed further to improve accessibility, i.e., built in translating functions.

Sessions of the infant feeding awareness training have been run for staff in Child and family centres. Both have been fully booked and there are further fully booked sessions planned.

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 and the Healthy Child Programme, both have had considerable improvements on the 2022/23 performance and are moving closer to target. 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.

The main area of concern is Stop Smoking Services Recent national additional funding has been allocated for expanding and developing stop smoking and the wide 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

Adults and Health Policy and Service Committee Agenda Plan

Published 1 February 2024
Updated 14 February 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	Timings	Deadline for reports	Agenda despatch date
07/03/24	Occupational Therapy Section 75 Agreement with CPFT	D Mackay	2024/007		23/02/24	28/02/24
	Procurement of Diagnostic of Hospital Discharge Arrangements	W Patten	2024/056			
	Finance Monitoring Report	J Hartley	Not applicable			
	Adults - Performance Monitoring Report – Quarter 3	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 3	V Thomas	Not applicable			
	Public Health Risk Register	J Atri	Not applicable			
	Adults Risk Register	P Warren Higgs	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Health Scrutiny items					
	Dental Provision in Cambridgeshire under new Integrated Care Board Arrangements	J Bendon, ICB	Not applicable			
	Approval process for responses to NHS Quality Accounts 2023/24	R Greenhill	Not applicable			
	Rapid Review of the Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24	R Greenhill	Not applicable			
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
25/04/24 Reserve Date					12/04/24	17/04/24
27/06/24	Block Bed Tender (T3)	L Hall	2024/014		14/06/24	19/06/24
	Care Together - Place Based Homecare Phase 1	J Melvin / A Belcheva	2024/006			
	Learning Disability Supported Living Services	D Mc Murray	2024/041			
	Re-commissioning Behaviour Change Services	Val Thomas	2024/010			
	Future Accommodation Programme	L Sparks	2024/008			
	Re-commissioning Community Integrated Sexual and Reproductive Health Services	Val Thomas	2024/005			
	Re-Commissioning of Prevention of Sexual ill Health Services	Val Thomas	2024/052			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Finance Monitoring Report	J Hartley				
	Adults - Performance Monitoring Report – Quarter 4	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 4	V Thomas	Not applicable			
	Health Scrutiny items					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
19/09/24 Reserve Date					06/09/24	11/09/24
10/10/24	Finance Monitoring Report	J Hartley			27/09/24	02/10/24
	Adults - Performance Monitoring Report – Quarter 1	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 1	V Thomas	Not applicable			
	Public Health Risk Register	J Atri	Not applicable			
	Adults Risk Register	P Warren Higgs	Not applicable			
	Health Scrutiny items					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
12/12/24	Finance Monitoring Report	J Hartley			29/11/24	04/12/24

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Adults - Performance Monitoring Report – Quarter 2	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 2	V Thomas	Not applicable			
	Health Scrutiny items					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
23/01/25	Business Planning - Scrutiny and overview of Adults and Health proposals	P Warren Higgs/ J Atri	Not applicable		10/01/25	15/01/25
06/03/25	Finance Monitoring Report	J Hartley			21/02/25	26/02/25
	Adults - Performance Monitoring Report – Quarter 3	A Reddy	Not applicable			
	Health - Performance Monitoring Report – Quarter 3	V Thomas	Not applicable			
	Health Scrutiny items					
	Health scrutiny work plan	R Greenhill	Not applicable			
	Health scrutiny recommendations tracker	R Greenhill	Not applicable			
19/06/25	Finance Monitoring Report	J Hartley			06/06/25	11/06/25
	Adults - Performance Monitoring Report – Quarter 4	A Reddy	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Timings	Deadline for reports	Agenda despatch date
	Health - Performance Monitoring Report – Quarter 4	V Thomas	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 democraticservices@cambridgeshire.gov.uk if you require this information in a more accessible format.

Adults and Health Committee Training Plan 2023/24

Below is an outline of topics for potential training committee sessions and visits for discussion with the new Adults and Health Committee.

The Adults & Health Committee induction recording can be sent to Members by contacting democraticservices@cambridgeshire.gov.uk

Date	Timing	Topic	Presenter	Location	Notes	Attendees
Thursday 21st September 2023 (reserve committee date)	2.00pm to 5.00pm	Health Scrutiny training and development session	David McGrath, Link UK LTD	Red Kite Room, New Shire Hall* *Members are encouraged to attend the session in person if possible, but a Zoom link will be available if needed	Open to all members and substitute members of A&H	**Scrutiny Training** Cllr Howitt Cllr van de Ven Cllr Howell Cllr Costello Cllr Hay Cllr Slatter Cllr Daunton Cllr Black Cllr Seeff Cllr Bulat Cllr Shailer Cllr Dr Nawaz - FDC Cllr Horgan - ECDC Cllr Garvie – SCDC **Social Value Development Session** As above but apologies from Cllr Daunton and Slatter and plus Cllr Goodliffe.

21 Feb 2024 – 12.30-1.30		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	**via teams**	Open to all members	Cllr Black Cllr Bradnam Cllr Bulat Cllr Daunton Cllr Murphy Cllr Slatter Cllr van de Ven
TBC		Care Together				
TBC		Market Shaping				

Please note that the training plan is in the process of being updated

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING
More information on these services can be found on the Cambridgeshire County Council Website: https://www.cambridgeshire.gov.uk/residents/adults/

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plans are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (ie; this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
TEC	Technology Enabled Care	TEC team help service users to use technology to assist them with living as independently as possible
OT	Occupational Therapy	
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
TOCT	Transfer of Care Team (sometimes Discharge Planning)	This team works with hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported

MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
OP	Older People	OP team helps to support older adults to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss
FAT	Financial Assessment Team	The Financial Assessment Team undertakes assessments to determine a person's personal contribution towards a personal budget/care
AFT	Adult Finance Team	The Adult Finance Team are responsible for loading services and managing invoices and payments
D2A	Discharge to Assess	This is the current COVID guidance to support the transfer of people out of hospital.

Carers Triage	Carers Triage	A carers discussion to capture views and determine outcomes and interventions such as progress to a carers assessment, what if plan, information, and/or changes to cared for support
DP	Direct Payment	An alternative way of providing a person's personal budget
DPMO	Direct Payment Monitoring Officer	An Officer who audits and monitors Direct Payments
Community Navigators	Community Navigators	Volunteers who provide community-based advice and solutions

GLOSSARY OF TERMS / TEAMS ACROSS PUBLIC HEALTH

ABBERVIATION/TERM	DESCRIPTION
Common Terms Used in Public Health	
Accreditation	The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
Assessment	One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.
Assurance	One of the three core functions in public health. Making sure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organisations, by requiring action through regulation, or by direct provision of services.
Bioterrorism	The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population
Capacity	The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic

	infrastructure of the public health system, including human, capital and technology resources.
Chronic Disease	A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a non-reversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.
Clinical Services/Medical Services/Personal Medical Services	Care administered to an individual to treat an illness or injury.
Determinants of health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations
Disease	A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.
Disease management	To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.
Endemic	Prevalent in or peculiar to a particular locality or people.
Entomologist	An expert on insects
Epidemic	A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.
Epidemiology	The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.
Foodborne Illness	Illness caused by the transfer of disease organisms or toxins from food to humans.
Health	The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality
Health disparities	Differences in morbidity and mortality due to various causes experience by specific sub-populations.
Health education	Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour (in individuals, groups, or communities) conducive to health.

Health promotion	Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health.
Health status indicators	Measurements of the state of health of a specific individual, group or population.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence
Infant Mortality Rate	The number of live-born infants who die before their first birthday per 1,000 live births.
Infectious	Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable
Intervention	A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.
Infrastructure	The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.
Isolation	The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.
Morbidity	A measure of disease incidence or prevalence in a given population, location or other grouping of interest
Mortality	A measure of deaths in a given population, location or other grouping of interest
Non-infectious	Not spread by infectious agents. Often used synonymously with “non-communicable”.
Outcomes	Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.
Outcome standards	Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.
Pathogen	Any agent that causes disease, especially a microorganism such as bacterium or fungus.
Police Power	A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population
Population-based	Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.
Prevalence	The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

Prevention	Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).
Primary Medical Care	Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.
Protection	Elimination or reduction of exposure to injuries and occupational or environmental hazards.
Protective factor	An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.
Public Health	Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, pre-empt and counter threats to the public's health.
Public Health Department	Local (county, combined city-county or multi- county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.
Public Health Practice	Organisational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.
Quality assurance	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.
Quarantine	The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Risk Assessment	Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.
Risk Factor	Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.
Screening	The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.
Social Marketing	A process for influencing human behaviour on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.

Social Norm	Expectations about behaviour, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.
Standards	Accepted measure of comparison that have quantitative or qualitative value.
State Health Agency	The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.
Surveillance	Systematic monitoring of the health status of a population.
Threshold Standards	Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.
Years of Potential Life lost	A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.
Health and Care Organisations in Cambridgeshire & Peterborough	
CAMHS	Community Child and Adolescent Mental Health Services https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/?gclid=EAIaIQobChMIr_P53PKW8QIV_4FQBh1GmgBYEAAYASAAEgI2Q_D_BwE
CAPCCG	Cambridgeshire and Peterborough Clinical Commissioning Group https://www.cambridgeshireandpeterboroughccg.nhs.uk
CCC	Cambridgeshire County Council https://www.cambridgeshire.gov.uk
CCS	Cambridgeshire Community Services NHS Trust http://www.cambscommunityservices.nhs.uk/
CHUMS	Mental Health & Emotional Wellbeing Service for Children and Young People http://chums.uk.com/
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust (Mental health, learning disability, adult community services and older people's services) http://www.cpft.nhs.uk/
CQC	Care Quality Commission (The independent regulator of health and social care in England) http://www.cqc.org.uk/
CUH	Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's and the Rosie) https://www.cuh.nhs.uk

EEAST	East of England Ambulance Service NHS Trust http://www.eastamb.nhs.uk
HH	Hinchingbrooke Hospital (Provided by North West Anglia NHS Foundation Trust – NWAFT) https://www.nwangliaft.nhs.uk
HUC	Herts Urgent Care (provide NHS 111 and Out of Hours) https://hucweb.co.uk/
ICS	Integrated Care Systems
Helpful NHS Terminology Links	
https://www.nhsconfed.org/acronym-buster	The NHS uses a number of acronyms when describing services this acronym buster may be of some help.
https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work	The Kings Fund have produced a good video explaining how the NHS in England works. The Kings Fund website in general contains many resources which you may find helpful.
https://www.england.nhs.uk/learning-disabilities/	NHS terms used in the field of disabilities
https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/	Think Local Act Personal jargon buster search engine for health and social care.

Agenda Item No: 12

The provision of NHS Dental Services in Cambridgeshire

To:	Cambridgeshire Adults and Health Committee
Meeting Date:	7 March 2024
From:	Chief Executive or Executive Director etc.
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	For key decisions Democratic Services can provide this reference
Outcome:	To update the Committee regarding the current provision of NHS dentistry services to the local population of Cambridgeshire.
Recommendation:	Members of the Adults and Health Committee are asked to note the content of the report. a) Cambridgeshire and Peterborough Integrated Care Board want to assure members that we are working closely with dental providers who deliver an NHS dental contract in Cambridgeshire to continue to recover and restore effective dental services, since the delegation of the commissioning of these service since 1 April 2023.

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1. Background

1.1 The committee has requested information regarding:

a) The current provision and access to dentistry in Cambridgeshire.
b) An overview of how dental provision has been managed previously in Cambridgeshire.
c) How this is changing since the Integrated Care Board (ICB) took over responsibility for some aspects and the picture going forward.

2. Main Issues

Delegation of Dental Services and delivery of dental services

2.1 The Health and Care Act received Royal Assent on 28 April 2022 and as a result Integrated Care Boards (ICB) became legally and operationally established on 1 July 2022. This fulfils the long-term policy ambition of giving systems responsibility for managing local population health needs, tackling inequalities and addressing fragmented pathways of care.

2.2 In the East of England, the Primary Medical Care (PMC) function was delegated to Integrated Care Boards (ICB) effective from 1 July 2022. The responsibility for Dental and Pharmacy and Optometry (P&O) functions were delegated to ICBs with effect from 1 April 2023.

2.3 The governance framework within which NHS Dental Services are provided is through a national Dental Contracting Framework. This overarching governance frames how services are delivered, prior to delegation by NHS England – East of England and then following delegation of dental services, ICBs.

2.4 Cambridgeshire and Peterborough Integrated Care System has inherited a number of NHS Dental contracts that have underperformed since at least 2018 / 19, against the national General Dental Services contract that has been in place since 2006 and is activity driven. The pandemic exacerbated the under delivery and the restoration of NHS Dental Services has been slow to recover, largely as a result of the pricing structure of this contract.

Local context

2.5 On 1 April 2023, NHS Cambridgeshire & Peterborough, the local Integrated Care Board (ICB), became responsible for the commissioning and management of NHS dental services in the area. As part of its commitment to supporting around a million people in the local area to have healthier futures, the ICB has secured £6.1m to help improve access to dental services and support our communities.

2.6 The ICB has engaged with local providers who deliver NHS Dental Services across the system, who are very supportive and eager to work with us, to improve access to NHS Dental Services for all patients across the area.

2.7 The ICB used commissioning, population health and health inequalities data to identify the geographical areas of Cambridgeshire and Peterborough, where the majority of additional resource should be focused. Cambridgeshire: namely Fenland, Littleport and Ely (and

Peterborough) were highlighted as the areas of need, where there are the highest level of health inequalities and therefore will benefit from a larger proportion of this additional resource.

2.8 NHS Cambridgeshire & Peterborough has a Dental Improvement Plan in place to use this funding to improve local people's experiences of NHS dentistry. This plan includes:

Initiative	Summary
Paediatric pathway review and further development of this pathway to make it more sustainable and robust	• Additional resource for prevention to support the Local Authority statutory responsibility. • Additional sessions for paediatric patients including Children in Care. • Setting up of Child Focused Dental Practice (CFDP) initiative
Support to the Special Care Dental Service	Additional sessions for Special Care Dental Service will be provided
General Dental Services (High Street dental practices)	Additional sessions for High Street Dental Practices will be offered. In areas of higher access need more sessions will be offered.
Orthodontic Service	Additional resource will be offered to reduce Orthodontic provider waiting lists.
Care Home support	Offer Care Home staff support with Oral Health of residents and then onward referral to a dental practice for treatment as required.
Golden Hello	Offer one off additional payment to a young dentist / just qualified to come and work at a specific practice in the ICB. To align with national recovery plan
Patient engagement	To gain a real insight into the challenges that patients are facing with access to NHS Dental Services.

2.9 The additional sessions for high street dental practices have been offered to all dental providers delivering an NHS contract. This will be followed shortly with the offer for Orthodontic waiting lists and support to the Special Care Dental Service. The other initiatives will be rolled out in a phased approach.

2.10 It is envisaged, through these measures, to improve dental access, that they will reduce inappropriate presentations of dental problems to General Practice and Emergency Departments. Therefore, increasing access to those services for more appropriate support and meaning patients are more likely to get definitive treatment of their dental issues from a dental professional rather than 'first aid' from a medical practitioner in those other settings.

2.11 Types of NHS dental service provision across Cambridgeshire

The type and number of dental contracts that are delivered across Cambridgeshire are listed below:

- High street dental practices that deliver an NHS contract offer mandatory services to the population of Cambridgeshire, of which there are 66 contracts.
- One Special Care Dental Service, with a number of sites across the area.
- One Dental Access Service, with a number of sites across the area.
- 6 Orthodontic contracts across Cambridgeshire.
- 3 Level 2 Minor Oral Surgery contracts across the area.
- 2 Secondary Care providers that deliver Oral Surgery, Maxillofacial Services and Orthodontic Services across the area.

New National Dental Recovery Plan

2.12 On 7 February 2024, NHS England published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry.

2.13 As part of the national plan, supported by £200m of government funding, NHS dentists will be given a 'new patient' payment of between £15 - £50 (depending on treatment need) to treat around a million new patients who have not seen an NHS dentist in two years or more.

2.14 The plan sets out how the NHS and government will drive a major new focus on prevention and good oral health in young children and deliver an expanded dental workforce.

2.15 The plan will also see the government roll out a new 'Smile For Life' programme which will see parents and parents-to-be offered advice for baby gums and milk teeth, with the aim that by the time children go to school, every child will see tooth brushing as a normal part of their day.

2.16 To attract new NHS dentists and improve access to care in areas with the highest demand, around 240 dentists will be offered one-off payments of up to £20,000 for working in under-served areas for up to three years.

2.17 NHS work will also be made more attractive to dental teams with the minimum value of activity increasing to £28 (from £23). This will affect a small number of contracts across Cambridgeshire and Peterborough. It is understood that any additional funding will be required to be covered from the current dental budget for the ICB.

2.18 New ways of delivering care in rural and coastal areas will also be rolled out, including by launching 'dental vans' – with at least one of these vans coming to Cambridgeshire and Peterborough, as part of the plan.

2.19 Following the publication of this plan, the ICB is awaiting further national guidance regarding what this will mean on a local level to support our patients across Cambridgeshire and Peterborough.

3. Source documents guidance

3.1 Source documents

Joint NHS and Department of Health and Social Care (DHSC) plan

3.2 Location

Our plan to recover and reform NHS dentistry - GOV.UK (www.gov.uk)

Approval Process for Responses to NHS Quality Accounts 2023/24

To:	Adults and Health Committee
Meeting Date:	7th March 2024
From:	Executive Director Adults, Health and Commissioning Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Executive Summary:	The Committee is asked to approve arrangements to review and respond to local NHS providers' Quality Accounts for 2023/24.
Recommendation:	The Committee is recommended to:

a) establish six Working Groups to review the draft Quality Accounts for 2023/24.

b) agree that these Working Groups consist of the members of the relevant NHS provider Liaison Group, plus any additional members agreed by the Committee. Partner Governors appointed by the Committee to NHS providers will also be invited to join the relevant Working Group.

c) delegate authority to the Democratic Services Officer, at the direction of the Working Groups and in consultation with Adults and Health Committee Spokes, to submit the Committee's statements on the 2023/24 Quality Accounts.

Officer contact:
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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 Act 2009 and Health and Social Care Act 2012 places a requirement on large NHS healthcare providers to produce an annual Quality Account.

1.2 Quality Accounts are an important way for NHS providers to report on the quality of their services. This includes any improvements made or areas of challenge identified during the reporting period. The quality of services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

3. Main Issues

3.1 It is a requirement for NHS healthcare providers to provide a draft copy of their Quality Account to their local Health Overview and Scrutiny Committee/s (HOSCs) for review and comment. In Cambridgeshire, the Adults and Health Committee discharges the Council's statutory health scrutiny function. There is no statutory requirement for a HOSC to respond to the Quality Account, but where it does that statement must be included in the provider's published Account.

3.2 Healthcare providers are required to submit the final version of their Quality Account to the Secretary of State for Health and Social Care by the end of May (for Foundation Trusts) and by the end of June for all other providers. Draft Accounts are sent to stakeholders around the middle to end of April, which means that there is limited time for Committee members to consider the reports and formally agree a response. This has been achieved in recent years by establishing a working group to consider each Quality Account, and delegating authority to an officer to submit a statement on behalf of the Committee in consultation with Committee Spokes.

3.3 Members of provider liaison groups have an existing knowledge of these organisations and would be well placed to scrutinise and comment on their Quality Accounts. Details of liaison group membership is attached at Appendix 1. The committee also appoints Partner Governors to a number of local Trusts, and they would also have valuable knowledge and insights to offer. Other Members may have a particular interest or expertise and want to be

involved in this work. In practical terms, a working group of between three to five members tends to work best.

4. Alternative Options Considered

4.1 The Committee could delay submitting comments on local healthcare providers' Quality Accounts until it meets next in June, but this would be too late for those comments to be included in the final documents submitted to the Department for Health and Social Care and published.

5. Conclusion and reasons for recommendations

5.1 The Committee is recommended to establish six working groups to produce a statement on each local provider's Quality Account for 2023/24, and to delegate authority to the Democratic Services Officer to submit these in consultation with Committee Spokes. This will ensure collective Member engagement and oversight of the process and allow responses to be submitted in time to be included in providers' published Accounts.

6. Significant Implications

6.1 Finance Implications

None.

6.2 Legal Implications

None.

6.3 Risk Implications

None.

6.4 Equality and Diversity Implications

None.

7. Source Documents

7.1 NHS Guide to Quality Accounts

7.2 National Quality Board guide to Quality Account requirements

Liaison Group Members

Liaison Group members are appointed by the Adults and Health (A&H) Committee:

Cambridge University Hospitals NHS Foundation Trust	Cllrs Howitt, Slatter and van de Ven* *Cllr van de Ven is also a Partner Governor appointed by A&H
Cambridgeshire Community Services (CCS) NHS Trust	Cllrs Bulat, Goodliffe, Garvie and van de Ven
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)	Cllrs Daunton*, Garvie, Dr Nawaz and van de Ven *Cllr Daunton is also a Partner Governor appointed by A&H
East of England Ambulance Service Trust (EEAST)	Cllrs Howitt and van de Ven
North West Anglia Foundation Trust **(**NWAFT)	Cllrs Seeff, Slatter, Wilson Cllr Sanderson is a Partner Governor appointed by A&H
Royal Papworth NHS Trust	Cllrs Howitt and van de Ven Cllr Slatter is a Partner Governor appointed by A&H

Rapid Review of the Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24

To:	Adults and Health Committee
Meeting Date:	7th March 2024
From:	Executive Director Adults, Health and Commissioning Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Executive Summary:	To place on record the findings and recommendations of the Rapid Review of the Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24.
Recommendation:	To note the Rapid Review Group's findings and recommendations.

Officer contact:
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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 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.

2. Background

2.1 A health scrutiny session on the Cambridgeshire and Peterborough Integrated Care System's Winter Plan for 2023/24 was arranged for 5th October 2023. The report author was unable to attend due to ill health so a Rapid Review Group was established to progress this work.

3. Main Issues

3.1 A Rapid Review Group comprising Councillors Black, Costello and Daunton was established on 5th October 2023 to review the local Integrated Care System's winter plans for 2023/24. Delegated authority was given to the Democratic Services Officer to provide feedback to the ICS at the direction of the Rapid Review Group and in consultation with Committee Spokes.

3.2 The Group considered the following evidence:

i. Written responses from the ICS to questions raised during the Committee's scrutiny pre-meet on 2nd October 2023.

ii. A report by the Associate Director of Performance and Operations at the ICS to the Adults and Health Committee meeting on 5th October 2023. Item 15 refers

iii. Meeting on 8th December 2023 with Jan Thomas, Chief Executive Officer, Cambridgeshire and Peterborough Integrated Care System (ICS) and Kate Hopcraft, Director of Performance and Delivery, Cambridgeshire and Peterborough Integrated Care System (ICS).

3.3 The Rapid Review Group's conclusions and recommendations were shared with Committee Spokes and sent to the Chair of the Cambridgeshire and Peterborough Integrated Care Board on 24th January 2024. A copy was circulated to committee members for information and is attached at Appendix 1.

3.4 The Group's recommendations have been added to the Scrutiny Recommendations Tracker which is reviewed at each scheduled committee meeting to ensure Member oversight.

4. Alternative Options Considered

4.1 Not applicable.

5. Conclusion and reasons for recommendations

5.1 The Committee is recommended to note the Rapid Review Group's findings and recommendations. A copy is attached at Appendix 1.

6. Significant Implications

6.1 Finance Implications

n/a

6.2 Legal Implications

n/a

6.3 Risk Implications

n/a

6.4 Equality and Diversity Implications

n/a

7. Source Documents

7.1 A&H Committee 5 October 2023 - Item 15 - Cambridgeshire and Peterborough ICS Winter Plan 2023-24

Cambridgeshire County Council Adults and Health Committee Rapid Review of the Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24

Rapid Review Group:

Cllr M Black
Cllr A Costello
Cllr C Daunton

Evidence received:

i. Written responses from the ICS to questions raised during the Committee's scrutiny pre-meet on 2nd October 2023.

ii. Associate Director of Performance and Operations, Cambridgeshire and Peterborough Integrated Care System (ICS)

- 05.10.23 Published report - Item 15 refers

iii. Chief Executive Officer, Cambridgeshire and Peterborough Integrated Care System (ICS) Director of Performance and Delivery, Cambridgeshire and Peterborough Integrated Care System (ICS)

- 08.12.23 Verbal evidence - Teams meeting

Questioning focused on:

- seeking assurance about the plans in place to manage the high levels of demand for healthcare services during winter 2023/24 and the mitigations and planning in place around potential upturns in numbers of covid or flu cases during the winter period, including increased demand on the ambulance service.
- the use of NHS reservists to create additional capacity, and the size and make-up of this group.
- the positive collaboration between local authorities, health service providers, volunteer and charitable organisations and local community groups in Cambridgeshire in response to the covid pandemic, and whether these relationships could be used to help support the NHS in addressing winter pressures.
- the causes for low attendance rates at respiratory hubs the previous year and how the hubs had been publicised.
- the processes in place to manage the impact of industrial action during the winter period, including the work of the Emergency Planning Resilience Team.
- the support available to maintain good mental health and wellbeing during the winter months when people could become more isolated.
- The role of community pharmacies in complimenting the services provided by other healthcare professionals and ways to keep these businesses sustainable and able to serve their local communities.

Feedback

The Rapid Review Group, in consultation with Adults and Health Committee Spokes:

1. welcomes the assurance provided by the Integrated Care System about the plans in place to manage winter pressures in Cambridgeshire in 2023/24, including pressures relating to covid or flu cases and increased demands on the ambulance service. This includes greater use of virtual wards to manage people's care at home and a continued focus on minimising delayed transfers of care and reducing the time people spend in Accident and Emergency Departments.

2. endorses the collaborative work taking place between ICS partners including the County Council and local voluntary and community sector groups in support of health service providers over the winter period of peak demand.

3. notes that the success of community services in caring for those with mild to moderate health care needs means that those people who are seen in hospital tend to have more serious or complex health needs.

4. welcomes the commitment of the senior leadership team at the ICS to making sure that health care staff have the support and tools they need available to them.

5. endorses discussions with developers around building community health care support into new housing developments which reflects the needs of the population which will be living there, allows people to receive care and support within their communities and enables people to stay in their own homes for longer.

6. endorses the work being done by community hubs, libraries, food banks and warm hubs to support mental and physical health and wellbeing and combat isolation during the winter months. This reduces pressure on hospitals and health care providers during the period of peak demand for their services.

Recommendations:

In the context of its statutory health scrutiny function the Adults and Health Committee:

1. 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. **Action required – Chief Nursing Officer, ICS**

2. requests that all County Councillors and co-opted members of the Adults and Health Committee be made aware of the 'Stay Well for Winter' leaflet produced by the County

Council and how to obtain electronic or hard copies of this. **Action required – CCC Communications Team**

Adults and Health Policy and Service Committee
Health Scrutiny Work Plan – March 2024

Committee date	Agenda item	Lead officers	Agenda despatch date
07/03/24	Dental Provision in Cambridgeshire under new Integrated Care Board Arrangements	J Bendon, Senior Dental Contract Manager for the East of England	28/02/24
	Approval process for responses to NHS Quality Accounts 2023/24	R Greenhill	
	Rapid Review of the Cambridgeshire and Peterborough Integrated Care System Winter Plan 2023/24	R Greenhill	
	Health Scrutiny Recommendations Tracker	R Greenhill	
	Health scrutiny work programme 2024/25	R Greenhill	
25/04/24 Reserve Date			17/04/24
27/06/24	Health Scrutiny Work Plan	R Greenhill	19/06/23
	Health Scrutiny Recommendations Tracker	R Greenhill	

Committee date	Agenda item	Lead officers	Agenda despatch date
19/09/24 Reserve Date			11/09/24
10/10/24	Health Scrutiny Work Plan	R Greenhill	02/10/24
	Health Scrutiny Recommendations Tracker	R Greenhill	
12/12/24	Health Scrutiny Work Plan	R Greenhill	04/12/24
	Health Scrutiny Recommendations Tracker	R Greenhill	
23/01/25	Health Scrutiny Work Plan	R Greenhill	15/01/24
	Health Scrutiny Recommendations Tracker	R Greenhill	
06/03/25	Health Scrutiny Work Plan	R Greenhill	26/02/25
	Health Scrutiny Recommendations Tracker	R Greenhill	
	Approval process for responses to NHS Quality Accounts 2024/25	R Greenhill	
19/06/25	Health Scrutiny Work Plan	R Greenhill	11/06/25

Committee date	Agenda item	Lead officers	Agenda despatch date
	Health Scrutiny Recommendations Tracker	R Greenhill	

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	Review date
Shared Care Records	K Russell Surtees, ICS/ CPFT	Digitisation in relation to social care was identified as a key issue, and the committee asked to see timetables on that outside of the meeting. The Committee welcomed the assurances given that there would be no commercial exploitation of patient data, and emphasised the need to be clear how people could opt out.	29.09.23: The Shared Care Record Phase 2 (including social care records) is being scoped. This work should be completed by the end of December 2023, and an update on timetables will be provided then together with details of how people can opt out. 07.02.24: Reminder sent. 23.02.24: Update circulated electronically to committee members.	Completed
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	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.	March 2024

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
		provided once the review was completed.	04.12.24: The report will be reviewed in January 2024, so the earliest date it is expected to be available is March 2024.	

Meeting 5th October 2023

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
Cambridgeshire and Peterborough Integrated Care Board Finance Report	R Greenhill	The Democratic Services Officer was given delegated authority to send the Committee's conclusions to the Chief Finance Officer at the Integrated Care System, in consultation with the Chair and Vice Chair of the Adults and Health Committee.	The minute of the discussion was sent on 23rd October 2023.	Completed
Cambridgeshire and Peterborough Integrated Care System (ICS) Winter Plan 2023/24	R Greenhill	A Rapid Review Group was established comprising Councillors Black, Costello and Daunton to meet with the report author and follow up the lines of questioning identified at the Committee's pre-meet and that review. The Democratic Services Officer was given delegated authority to provide feedback to the Integrated Care System following this meeting at the direction of the Rapid Review Group and in consultation with the Adults and Health Committee Spokes.	The Rapid Review Group's findings and recommendations were submitted to the Chair of the Cambridgeshire and Peterborough Integrated Care Board on 24th January 2024. Two actions were identified which are set out below.	Completed

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

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
	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.		Follow up April 2024
	CCC Communications Team	Requests that all County Councillors and co-opted members of the Adults and Health Committee be made aware of the 'Stay Well for Winter' leaflet produced by the County Council and how to obtain electronic or hard copies of this.	11.01.24: A copy was circulated electronically to committee members.	Completed

Meeting 14th December 2023

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
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		Follow up requested January 2025

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
		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 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 requested January 2025
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

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
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 Learning Disabilities	R Greenhill, Democratic Services Officer	The Committee will consult the Learning Disability Partnership, Voiceability and Healthwatch in 12 months' time to request their perspectives 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 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		Follow up requested January 2025

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
		performance against national training completion rates.		
NHS Workforce Development – Primary Care and Nursing Workforce	C Iton, Chief People Officer, ICS	A note was offered after the meeting on what percentage of the local primary care workforce was recruited internationally	15.01.24: Reminder sent. 19.02.24: Reminder sent 23.02.24: Update circulated electronically to committee members.	Completed
NHS Workforce Development – Primary Care and Nursing Workforce	C Iton, Chief People Officer, ICS	Requests a note in six months' time on the measures in place to ensure that digital access to NHS health services is not the only route available to local people.		Follow up requested July 2024
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.		Follow up requested April 2024
NHS Workforce Development – Primary Care and Nursing Workforce	Co-opted members of the Committee	Requests co-opted members of the Adults and Health Committee to share with their home Authorities the Integrated Care Board's interest in working collaboratively with the County Council and District and City	26.01.24: Request shared with co-opted members.	Completed

Report title	Officer/s responsible	Recommendation/s	Outcomes	Review date
		councils to look at ways of encouraging health care professionals who train locally to stay in Cambridgeshire, for example in relation to accommodation issues.		