

Adults and Health Committee

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

Thursday, 05 March 2026

New Shire Hall
Alconbury Weald
Huntingdon
PE28 4YE

10:00

Red Kite Room

New Shire Hall, Alconbury Weald, Huntingdon, PE28 4YE

Agenda

Open to Public and Press

CONSTITUTIONAL MATTERS

1. Changes to Committee Membership

To note the following changes to committee membership since the last meeting:

- i. Councillor Bradnam has replaced Councillor Nethsingha
- ii. Councillor Nethsingha has been appointed a substitute member

2. Apologies for Absence and Declarations of Interest

Guidance on declaring interests is available in [Chapter F2 \(Members' Code of Conduct\)](#) of the Council's constitution.

3. Minutes - 22 January 2026 and Minutes Action Log

5 - 18

4. Public Questions and Petitions

KEY DECISIONS

5. Additional Adult Drug and Alcohol Treatment Service Funding 19 - 50

OTHER DECISIONS

6. Finance Monitoring Report – January 2025-26 51 - 92
7. Performance Report Quarter 3 2025-26 93 - 128
8. Adult Social Care Customer Care Annual Report 2024-2025 129 - 166
9. Saxon Pit -Public Health Oversight Group 167 - 170
10. Adults and Health Committee Agenda Plan, Training Plan and Committee Appointments 171 - 180
11. Exclusion of Press and Public
To resolve that the press and public be excluded from the meeting on the grounds that the agenda contains exempt information under Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to be disclosed - information relating to the financial or business affairs of any particular person (including the authority holding that information)
12. Allocation of 2026-27 Uplift Funding for the Adult Social Care Market
- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

The County Council is committed to open government and members of the public are welcome to attend Committee meetings. Public speaking related to the items listed on this agenda is also welcomed and encouraged. Requests to speak need to be submitted by 12.00 noon three working days before the meeting, with information on how to do this on the [‘Getting Involved in Meetings’](#) section of the Council’s website. Full details of arrangements for public participation are set out in [Chapter B1 \(Participation in Meetings\)](#) of the Council’s constitution.

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Livestreams and recordings of previous meetings can be found on the '[Live Web Stream](#)' of the Council's website.

The Adults and Health Committee comprises the following members:

Councillor Graham Wilson (Chair) Councillor Luis Navarro (Vice-Chair) Councillor Mike Black Councillor Anna Bradnam Councillor Sarah Caine Councillor Stefan Fisher Councillor Darren Green Councillor Tom Hawker-Dawson Councillor Richard Howitt Councillor David Keane Councillor Julie Kerr Councillor David Levien Councillor James Sidlow Councillor Steve Tierney and Councillor Christine Whelan

Clerk Name:	Richenda Greenhill
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Adults and Health Committee: Minutes

Date: 22 January 2026

Time: 10.00am -12.21pm

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

Present: Councillors M Black, A Bradnam, S Caine, L Damary-Homan, P Fane, D Green, T Hawker-Dawson, R Howitt, D Keane, J Kerr, L Navarro (Chair), S Tierney and C Whelan

42. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Councillor S Fisher; Councillor D Levien, substituted by Councillor A Bradnam; Councillor L Nethsingha, substituted by Councillor P Fane; Councillor J Sidlow; and Councillor G Wilson, substituted by Councillor L Damary-Homan.

There were no declarations of interest.

43. Minutes – 9 December 2025 and Minutes Action Log

The minutes of the meeting on 9 December 2025 were approved as an accurate record and signed by the Chair. The minutes action log was noted.

44. Petitions and Public Questions

No petitions or public questions were received.

45. 2026-29 Business Plan and Budget

The committee was invited to scrutinise those elements of the draft 2026-29 business plan and budget that related to the Adults, Health and Commissioning (AHC) directorate and to provide feedback to the Strategy, Resources and Performance Committee (SRP). The detailed tables appended to the report were the same as those which were presented to SRP in December. Updated tables would be presented to SRP at the end of January. The Council's financial position remained challenging.

The committee's attention was drawn to section 3 of the report which set out the headline budget position. A gross budget of £417.4m was proposed for AHC including Public Health in 2026/27, an increase of £37.3m. This included proposals for an additional £14.7m for Adult Social Care (ASC) provider inflation, £1.9m to meet demand for care and support amongst older people accessing both domiciliary and residential care, £4.9m to help meet rising levels of need amongst people with a learning disability and £2.1m to support people with mental health needs. These investments were critical

for maintaining the current eligibility threshold and ensuring that the care market remained viable in the context of rising costs and wage pressures.

The proposed AHC capital programme included £6.7m of expenditure in 2026-27 and a further £56.6m over the ten-year planning horizon. Capital schemes included passporting the Disabled Facilities Grant to district councils and capitalisation of community equipment costs. Some existing accommodation schemes were being removed pending further work to scope future options. This would be reported through future committee reports as required.

Individual members raised the following issues in discussion of the report:

- asked whether officers were confident that the £14.7m to meet inflationary impacts on local care providers was sufficient. The Executive Director for Adults, Health and Commissioning advised that officers estimated that this sum would be sufficient, although funding would require negotiation and careful management.
- asked about the steps being taken to encourage UK citizens to enter the care market.
- asked whether the figures in the report took account of the rise in national insurance. It was confirmed that they did.
- commented that they would prefer the ambition to enable full, healthy lives for all to be expressed positively in terms of maximising independence rather than as reducing the need for care and support.
- asked how the budget objective to develop in-house capabilities would be realised within AHC. The Executive Director for Adults, Health and Commissioning advised that an in-house review was looking at reablement services and other potential areas, but no opportunities to develop an in-house model had been identified yet.
- commented that the description of the Public Health team's work related to things it was already doing, and asked what new or innovative work was planned. The Director of Public Health explained that a large proportion of the Public Health grant was spent each year on meeting statutory requirements. Only the amount remaining was available for other work. Officers always tried to be innovative in the way they worked. One example of this was Public Health's work with the Integrated Care Board on cardiovascular disease prevention.
- asked for more information about the £200k increase in substitutions in 2026/27 in the use of the Public Health grant and how this was being applied. Officers advised that movements and adjustments had been reported through the regular finance monitoring reports and that the use of monies complied with the terms of the Public Health grant. A note was offered outside of the meeting to provide further detail.
Action required.
- welcomed the commitment to the real living wage and the prominence it had been given within the report, but felt that mechanisms were needed to make sure care

providers were delivering this to their employees. The Service Director for Strategy and Commissioning advised that mechanisms were already in place to ensure that the Council's commitment to paying the real living wage was passed on. This included the ability to mandate contractors to do this in new and renegotiated contracts and it was also delivered through effective provider contract management and good relationship management. The care market was closely monitored and this included pay rates for staff. A high proportion of providers were now paying the real living wage.

- described the specific enablement pathway for people being discharged from mental health hospitals as impressive, and something they would like to see brought out more clearly in the report to SRP and Council.
- commented that the savings previously attached to the decoupling of the pooled Learning Disability Partnership (LDP) budget were now being described as undeliverable, and advocated open discussions on this. The Executive Director for Adults, Health and Commissioning confirmed that the anticipated savings would not be achieved in-year. However, work was continuing to review some packages, including some for people living out of county, and it was anticipated that the deficit would reduce. It would not reach a break even position in the current financial year, but this might be achieved in the future.
- asked about the overall reserve position, and whether councillors should be seeking to increase or reduce this sum. Officers advised that the current balance was around £4.3m, some of which was already committed. The Executive Director of Finance and Resources drew the committee's attention to his [Financial Sustainability Assessment for 2026-31](#) which would be considered by SRP later in the month. This included his comments on reserves as the S151 Officer. The overall reserves were robust, but demand and cost remained a risk. There was limited contingency in the overall budget so there was a need to keep the AHC reserve under review. The Executive Director for Adults, Health and Commissioning judged that the directorate's level of reserves was currently sufficient and did not need to be increased at this stage. There had been an in-year overspend on the AHC budget and LDP and officers might want to use some of the reserve for that, but other measures would be tried first.
- welcomed confirmation that reserves were available to use if a care provider went out of business, commenting that they were glad there was a contingency plan.
- questioned whether AHC's small capital programme was ambitious enough, commenting that they would like to see this revisited. The member felt that withdrawing from the accessible housing commitment was wrong and they would like to see this decision reversed. The Service Director for Strategy and Commissioning stated that it was known that there was a strong case for capital investment in parts of the care sector like specialist accommodation, but this must be made as part of a sound plan that was properly scoped and deliverable. Partners had been procured to carry out scoping and feasibility studies and capital funding proposals would be brought to the committee over the summer which were both

sound and ambitious. It was acknowledged that similar promises had been made before, but it was felt that officers would be able to bring forward more robust business cases following a review of both the Council and directorate's capital programme.

- asked for more information about the disabled facilities grant. The committee learned that this was unusual as the grant was made to the county council who passported it to district councils. The amounts were set by Government.
- asked for examples of efficiencies achieved in previous years. The Executive Director for Adults, Health and Commissioning advised that closer contract management and taking remedial action where key performance indicators were not being met had delivered efficiencies. Taking a strengths-based approach to working with people supported independence by identifying first what people could do for themselves and then looking at what support might be needed.
- asked about officers' level of confidence in achieving the proposed savings targets. Officers advised that the savings targets were not fully assured and there was some level of risk, especially around deliverability in the timescale. Some savings programmes were already underway so the level in confidence in those was greater. Others were ready to start from 1 April 2026. All of the savings targets were RAG rated, and some had higher ratings than others. The Service Director for Strategy and Commissioning advised that a substantial amount of the savings related to the management of contractor negotiations and the challenge to the market to be as efficient as possible. The way the Council was managing negotiations year on year as evidenced by outturns meant he felt there could be a high degree of confidence in delivering that element of the savings target.
- wished officers well with their efforts to deliver the savings and efficiencies set out in the report, but had no confidence that these could be delivered.
- asked about the delivery of direct payments. Officers advised that this remained a major piece of work, but acknowledged that the Council's performance was still low compared to local and national comparators. It was important that people understood the opportunities offered by direct payments, and savings targets might not be the right driver for this.
- welcomed the progress which had been made in delivering the real living wage, but expressed regret that a national care service with national pay negotiations had not yet been established.

The Executive Director for Adults, Health and Commissioning summarised the debate. Key areas of focus had included suitable modelling and provision for providers, including the real living wage and impact on the market; the use of the Public Health Grant, including substitutions; the position of Adult Social Care and Public Health reserves and their suitability for future needs; the ambition of the directorate's accommodation and future capital programme; the level of confidence in officers'

savings and efficiency proposals; revisiting the phrasing of the directorates' ambitions and mental health plans to ensure a positive focus; use of the Public Health Ringfenced Grant; and the current position on the decoupling of the Learning Disability Partnership and reported overspend.

The Chair thanked officers for their report and response to questions. The Adults, Health and Commissioning directorate now had a strong team in place, but the Council faced difficult budget decisions. The combination of rising demand for services and increasing complexity of need placed significant pressures on adult social care and public health provision. The Council was continuing to meet its statutory responsibilities in a safe, lawful and compassionate way. The work being done through the Public Health Strategy and with partners through the Health and Wellbeing Board to shift the focus to prevention and early intervention would not be quick, but it was essential. Councillors did not take budget decisions lightly, and those decisions should be financially responsible and rooted in a commitment to Cambridgeshire's residents, especially those in deprived areas.

It was resolved to:

- a) consider and scrutinise the proposals relevant to this committee within the 2026-29 Business Plan and Budget put forward by the Strategy, Resources and Performance Committee on 11 December 2025.
- b) recommend changes and/ or actions for consideration by the Strategy, Resources and Performance Committee at its meeting on 29 January 2026 to enable a business plan and budget to be proposed to Full Council on 10 February 2026.
- c) receive the fees and charges schedule for this committee included at Appendix 2.

46. Mental Health Early Intervention and Prevention Tender

The Mental Health Early Intervention and Prevention Service represented a key part of Adult Social Care's approach to mental health, helping people remain independent by connecting them with services and activities in their communities. The current service had provided support to over 4,500 people so far. The re-designed offer had been informed by a collaborative review which included independent co-production work to include people with lived experience. Key improvements would include the way 1:1 support hours were commissioned and re-aligning rates to similar services. This would deliver an efficiency of around £200k which could be reinvested into mental health support. The re-designed service would be commissioned separately from Peterborough City Council (PCC). Confirmation of a funding contribution from the Integrated Care Board (ICB) was awaited. If this was not confirmed the amended budget set out in the report would be used to maintain stable provision. If approved by the committee the new contract would be awarded in September 2026.

Individual members raised the following issues in discussion of the report:

- received confirmation that the re-designed service would continue to offer a 1:1 personalised service, including sign-posting people to support for frequently co-occurring needs like drug and alcohol support.
- described the importance of preventive and early intervention services in achieving better outcomes for people and delivering long-term savings. They welcomed the intention to continue the café model at locations around the county.
- expressed concern at the number of young people waiting long periods to access mental health support and asked if there was anything the Council could do to address this. Officers explained that the support described in the report was for adults over the age of 18 who were experiencing mental health challenges. They offered a note outside of the meeting on what support was available to children and young people. **Action required.**
- asked what other support was available to adults with mental health needs. The committee learned that the Council was involved with, supported or contributed to a number of mental health support services, including some led by the local Integrated Care Board (ICB) A number of reviews were taking place which would inform how the £200k saving would be re-invested to maximise its impact. These included a review of community mental health services commissioned by the ICB and an in-house review of Section 75 services.
- expressed criticism of PCC's decision to establish its own service going forward which they felt prejudiced the existing service model for the service provider. They questioned whether the viability of the scheme would be at risk if the ICB decided against making a contribution, noting the pressure which the ICB was under to save money. They would like the documentation to be shared with committee members if possible. Officers advised that PCC was pursuing a separate contract which would maintain the service. The co-production process included hearing the voice of providers as well as service users, and this conversation continued through the contract management process. There had been healthy interest in the tender from the market. The committee would be kept updated on the ICB's decision on whether to make a funding contribution. **Action required.**
- commented that people experiencing a mental health crisis might miss appointments. It seemed that the cost risk for that was being transferred from the Council to the care provider and they questioned whether this was morally justifiable. Officers advised that the savings were based on the overall efficiency of the service and were more nuanced than looking solely at the number of missed appointments.
- asked for an assurance that the £200k saving would be reinvested in mental health services. They asked that this promised redistribution should be recorded in the minutes.

- recognised that the Council had legal duties around commissioning, but expressed concern that a lot of money was spent on commissioning and that it involved a lot of bureaucracy. They did not feel that an in-house solution had been explored.
- asked about the purpose of the re-design of the café model. The committee learned that this was mainly about providing equity across the county and between districts. There would be 12 café locations which would typically run weekly.

It was resolved unanimously to:

- a) approve the commissioning of a Mental Health Early Intervention and Prevention service from 01/09/26 for a total period of 3+1+1 years at a maximum annual value of £943,462, giving a total contract value over the period of £4,717,310. Future uplifts are at the discretion of the Council and will be enacted through an annual uplift policy.
- b) delegate authority for awarding and executing a contract for the provision of the service starting 1 September 2026 and subsequent extension periods to the Executive Director for Adults, Health and Commissioning in consultation with the Chair and Vice Chair of the Adults and Health Committee.

47. Impact and Consideration of Legislative Changes for the Adult Social Care Workforce

The report provided a response to Councillor Bulat's [motion to Council in October 2025](#) on the impact of the Government's commitment to end overseas recruitment for social care visas. The report set out the impact of these changes locally and the mitigations being put in place. It also set out the introduction of a fair pay agreement for the Adult Social Care (ASC) market which was designed to attract more UK nationals into the profession. These reforms were still a work in progress and councils nationally were working to understand their impact. There had been around a 50% decline in the number of overseas nationals entering the ASC workforce and there had also been a decline in the number of UK nationals joining the workforce due to its relatively unattractive pay and conditions. The report set out the actions being taken locally to try to mitigate this. This included shaping new contractual arrangements to incentivise recruitment and having a tailored approach to different provider relations. Activity was also taking place nationally to support the care market to adapt. The Council was not currently seeing an increase in concern about recruitment from providers, but there was a risk to the stability of the care market during the transition from overseas to domestic workers and this was being closely monitored. Regionally it was anticipated that 30,000 ASC roles would need to be filled in the future, but at the moment working in a supermarket would pay the same or more. A national consultation on the establishment of a fair pay agreement had closed on 16 January 2026. This proposed setting up an ASC negotiating body. The Council had submitted a response to the consultation and the outcome was awaited.

Individual members raised the following issues in discussion of the report:

- thanked the Chair and Vice Chair for including this report on the agenda in response to Councillor Bulat's motion.

- shared their observation that UK nationals joining the care sector tended to be older people, so there would be a need to replace them as they left the profession. The committee learned that an ageing workforce within care homes was a national issue and there was no pipeline to replace them. On paper the fair pay agreement should help encourage more people to join the care sector, but there was a need to say how it would work in practice.
- asked how many care workers were earning over £31,300 per annum, which was the minimum threshold for overseas workers. Officers undertook to find out. **Action required.**
- commented that improving the pay and conditions was important, but a better deal for care workers needed to go beyond this. The care workforce needed to be valued. They felt the care sector was already in crisis, including issues with providers used by the Council, and it would be important to monitor progress.
- described the fair pay agreement as a good thing as there would be better pay for care workers. They expressed the hope that the Council's response to the consultation could be shared with committee members.
- noted that Councillor Black had taken [a motion to Council](#) on the care workforce and international workers in March 2025. They felt this report could have been an opportunity to address that issue and to make some recommendations. There were reports of migrant workers being charged to do a low paid job. That was an abuse, and the Council should be tackling it. The Executive Director for Adults, Health and Commissioning advised that the Council worked within the necessary immigration arrangements and had a tracker for any providers of concern. At present that was probably at the lowest it had been. Officers also worked closely with the NHS and police.
- commented that the previous Administration had championed the Care Academy and paying people more and more fairly. They did not feel the current Administration was championing this in the same way. They felt that there was nothing new in the report and felt the Council should be more ambitious. They would like the Administration to look again at this policy area and take a more ambitious stance.

Summing up, the Chair welcomed the work around the fair pay agreement. However, there was a need to be careful that the staging of these measures was coherent. In parts of Cambridgeshire unemployment was low and competition for skilled workforce was high. Ending visas now and fixing the workforce later was in his opinion a risky approach, particularly in the care sector. The additional £500m being provided equated to an uplift of only 20p per hour, but the Council had no option but to endure the situation.

The committee:

- a) noted the impact arising from the recent cessation of international recruitment into the adult social care workforce.

- b) noted the ongoing consultation on a Fair Pay Agreement, proposed by the Government, for adult social care, which is seen as a key mitigation nationally to facilitate the recruitment of British nationals into roles previously held by overseas workers.

48. Adults and Health Committee Agenda Plan, Training Plan and Appointments to Internal Advisory Groups and Panels and Outside Bodies

The committee reviewed its agenda plan. A member noted that the Chair and Vice Chair were considering a request for a committee report on insourcing and hoped a decision on this would be made soon.

The committee training plan was reviewed and two changes agreed by Spokes were noted. A training session on the Cambridgeshire care market had been moved from 28 January 2026 to 18 March 2026, and a session on joint commissioning with health partners and Section 75 arrangements had been moved from 18 March 2026 to 25 March 2026.

The committee:

- a) noted the agenda plan.
- b) noted the training plan, including revised dates for two sessions.
- c) noted that committee appointments to outside bodies and internal advisory groups remained unchanged.

(Chair)

Adults and Health Committee – Minutes Action Log

Purpose:

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

Minutes – 7 March 2024

Minute No.	Report Title	Lead officer/s	Action	Response	Status
240.	Finance Monitoring Report January 2024	Patrick Warren-Higgs	The Committee requested a specific session for the committee on workforce.	<p>To propose this as a topic as part of Members’ development sessions.</p> <p>09.06.25 – Executive Director to discuss at Spokes for a future development session.</p> <p>19.02.26: Included in the draft 2026/27 committee training programme shared with Spokes 19.02.26.</p>	Completed

Minutes – 19 June 2025

Minute No.	Report Title	Lead officer/s	Action	Response	Status
11.	Committee Agenda Plan, Training Plan and Appointments	Patrick Warren-Higgs	A member noted that a report on insourcing had previously been scheduled for this meeting and asked whether it would be brought to a future meeting. Officers advised that this would be discussed with the Chair and Vice Chair.	Discussion will take place with the Chair and Vice Chair about inclusion of any reports relating to insourcing and consideration of any reports for committee on this topic in delivering the councils ambitions. 19.02.26: The committee agenda plan is reviewed at each Spokes meeting.	Completed

Minutes – 9 October 2025

Minute No.	Report Title	Lead officer/s	Action	Response	Status
29.	Finance Monitoring Report – August 2025	Patrick Warren-Higgs	An update was requested on discussions around the decoupling of the Learning Disability Partnership given that it now seemed that not all of the anticipated savings would be achieved.	Some of the disputed cases within the Learning Disability Partnership are being reviewed under the agreed joint protocols, with backdating applied where appropriate, which will help offset part of the savings gap. Alongside this, targeted work is underway to review the budget structure and methodologies to reduce overall spend and further address the remaining gap.	Completed

Minutes – 9 December 2025

Minute No.	Report Title	Lead officer/s	Action	Response	Status
39.	Performance Monitoring Report Quarter 2 2025/26	Sally Cartwright/ Val Thomas	Members learned that the childhood obesity web management service brought together early intervention and prevention and set a pathway for children with additional needs to be referred to the service direct. A breakdown of the outcomes would be provided outside of the meeting.	09.02.26: Briefing note circulated to committee members.	Completed

Minutes – 22 January 2026

Minute No.	Report Title	Lead officer/s	Action	Response	Status
44.	2026-29 Business Plan and Budget	Justine Hartley	A member asked for more information about the £200k increase in substitutions in 2026/27 in the use of the Public Health grant and how this was being applied.	30.01.26: Briefing note circulated electronically to committee members.	Completed
46.	Mental Health Early Intervention and Prevention Tender	Shauna Torrance/ Guy Fairbairn	A member expressed concern at the number of young people waiting long periods to access mental health support and 180	19.02.26: Officers have liaised with the commissioners in Children's Services to find out details of available provision to	In progress

			asked if there was anything the Council could do to address this. Officers explained that the support described in the report was for adults over the age of 18 who were experiencing mental health challenges. They offered a note outside of the meeting on what support was available to children and young people.	support young people under the age of 18 and a briefing note is being prepared.	
		Shauna Torrance/ Guy Fairbairn	The committee would be kept updated on the Integrated Care Board's decision on whether to make a funding contribution to this service.	19.02.26: The ICB has taken a recommendation through its governance process and this Council is awaiting confirmation of the outcome in writing.	In progress
47.	Impact and Consideration of Legislative Changes for the Adult Social Care Workforce	Chris Bush/ Sarah Bye	A member asked how many care workers were earning over £31,300 per annum, which was the minimum threshold for overseas workers.	18.02.26: This Council does not collect data on the number of hours worked/ salary earnings for care workers across the provider workforce market. However, we are not aware of any breaches affecting overseas workers within Cambridgeshire, indicating that overseas workers who provide services to this council have met the minimum earnings threshold.	Completed

Additional Adult Drug and Alcohol Treatment Service Funding

To: Adults and Health Committee

Meeting Date: 5th March 2026

From: Executive Director, Adults, Health, and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2026/046

Executive Summary: This report is to secure the support of the Adults and Health Committee to award grant related funding to commissioned providers through modification of the contract and the Section 75 agreement. The report includes background information and complexities associated with the additional grant funding.

Recommendation: The Committee is asked to approve the following recommendations:

- (a) To support the modification of the contract awarded to 'Change Grow Live' for the provision of the Cambridgeshire Drug and Alcohol Treatment and Recovery Service, to include additional grant funding up to the total contract value of £52,811,677 over the seven-year contract duration from 1 April 2026 to 31 March 2033. Inflationary uplifts may be added to the contract value as deemed appropriate and in line with the Council's approved annual Business Plans.
- (b) To support an extension of three years to a Section 75 agreement with the Cambridgeshire and Peterborough Foundation Trust for them to continue to provide the Individual Placement Support Service across Cambridgeshire and Peterborough from 1 April 2026 and ending 31 March 2029 with the total agreement value of £903,681. Inflationary uplifts may be added to the contract value as deemed appropriate and in line with the Council's approved annual Business Plans.
- (c) Peterborough City Council to extend its current Delegation and Partnering Agreement that delegates authority to Cambridgeshire County Council to enter on its behalf into the extended Section 75 agreement with the Cambridgeshire and

Peterborough NHS Foundation Trust to provide the Individual Placement Support Service from 1 April 1, 2026, to 31 March 2029.

- (d) To delegate authority to the Executive Director of Adults, Health, and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair to award the additional funding of £4,950,353 to Change Grow Live as an uplift on the value of the contract that will commence 1 April 2026 and end on 31 March 2033.
- (e) To delegate authority to the Executive Director of Adults, Health, and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair to extend the current Section 75 agreement with the Cambridgeshire and Peterborough Foundation Trust from 1 April 2026 until 31 March 2029 with the total value of £903,681.

Officer contact:

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1. A healthy, fair and sustainable Cambridgeshire

Support a green and sustainable county

1.1 Low carbon Council

- CGL has a net-zero emissions target of 2040, committing to a 50% reduction in carbon emissions in the Cambridgeshire service by 2030
- Providing place-based services, improving accessibility and treatment engagement.
- Encouraging staff and service users to walk, cycle, car share or use public transport (CGL's national 'cycle to work' loans for staff)
- Carefully planned, clustered outreach appointments reducing unnecessary travel
- Providing staff with 2 electric bikes to undertake home and hub visits
- An Environmental Champion in each locality, promoting initiatives to staff

1.2 Tackling Climate risks

- CGL have worked with service users to regenerate the gardens within their fixed sites to encourage wildlife and growing of plants/vegetables and promoting benefits of green outdoor space.

1.3 Restoring nature

- The CGL service encourages the use of nature areas across Cambridgeshire, giving more people in recovery access and experience of green spaces.
- CGL have worked with service users to regenerate the gardens within their fixed sites to encourage wildlife and growing of plants/vegetables and promoting benefits of green outdoor space.

1.4 A circular economy

- The treatment service will save on waste through a:
- National contract with Sustainable Waste Services.
- Small budget for repairs and decorations, supporting preservation and sustainable development of existing spaces (e.g. by using LED lighting)
- Using 100% green electricity in hubs
- 'Print Re-leaf' scheme, offsetting paper wastage
- Delivering needle and syringe service which includes clinical waste disposal

Enable full, healthy lives for all

1.5 Eating well

- The CGL service promotes positive physical and mental health and wellbeing
- The CGL main service and recovery service provide food in every hub to ensure individuals have access to food (healthy and nutritious)
- The Edge café which has a Food Hub for the community works closely with CGL in Cambridge to deliver food to service users. (run in collaboration with supermarkets to reduce food waste)

1.6 Stronger ties

- The CGL recovery service runs recovery groups in local communities across Cambridgeshire (connecting those in recovery, tackling stigma and reducing isolation)
- The CGL service delivers support to family, friends and carers

- The CGL service runs a volunteer scheme, building closer links with local communities, enabling individuals to 'give back' which provides confidence and independence from drug/alcohol dependency

1.7 Active living

- CGL recovery service promotes physical exercise as key aspect of sustaining recovery and offers activity-based groups including recovery walking

1.8 Independent living

- CGL service supports individuals to make positive change which will include less reliance on services.

Ensure fairness and opportunity wherever we can

1.9 The best start in life for children and young people

- Dedicated practitioners to provide intensive support to parents who use substances to improve the life changes of their children.

1.10 Jobs for the future

- The dedicated individual placement service (IPS) enables those with drug and alcohol dependency issues to access employment and return to the workplace.

1.11 Financial security

The specialist drug and alcohol service support this ambition through:

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

1.12 Well connected

- The CGL service provides holistic support, delivering coordinated care by linking in a range of health, social care and community-based services
- CGL supports access to devices (and data) to enable service users to access digital based provision/services which helps to address digital poverty and promote inclusion.

2. Background

- 2.1 There is substantial evidence that demonstrates the value of drug and alcohol treatment services. Estimates show that the social and economic annual costs of alcohol related harm amount to £21.5 billion and from illicit drug use £10.7 million. The combined benefits of drug and alcohol treatment amount to £2.4 billion every year, resulting in savings in areas such as crime, Quality-Adjusted Life Years (QALYs) improvements and health and social care. [Alcohol and drug prevention, treatment, and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

- 2.2 Drug and alcohol prevention and treatment services are funded from the Cambridgeshire County Council (CCC) Public Health Grant. The services are not specifically mandated, but the Public Health Grant conditions include the following statement: A local authority must, in using the grant, "...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services..."
- 2.3 Following the publication a new National Drug Strategy "From Harm to Hope" in December 2021, Local Authorities have received Central Government annual drug strategy related grant funding to meet national strategic ambitions. These focus upon increasing and improving the capacity and quality of treatment services to reduce harm and improve recovery rates over a ten-year period.

In 2025/26, the Office Health Improvement and Disparities (OHID) amalgamated two National Drug Strategy grants namely the Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant and the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) into the single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The DATRIG funding was paid to, and is managed by local authorities, via a Section 31 grant. The DATRIG funding could only be used for investment into the local drug treatment system in line with clear grant conditions and an annual grant spend plan, with associated performance ambitions, locally developed and signed off by OHID. *Section 31 grants are funding from Central Government to local authorities to support specific activity and usually come with conditions.*

- 2.4 The Adults, Health and Commissioning Committee on the 19th of June 2025 approved the re-commissioning of the Adult Drug and Alcohol Treatment service. The new contract would be funded from the core Public Health grant along with the national funding associated with the National Drug Strategy and local external grant funding streams. (The Office of the Police and Crime Commissioner (OPCC) and the Probation Service)

The decision log reflecting the decision making below.

'Approve a competitive procurement to commission the specialist Service to start on the 1 April 2026 and ending on the 31 March 2033: with the option of a break at 2 years to accommodate any necessary novation of contracts arising from Local Government Reorganisation. Then a further break at 4 years, up to a total value of £47,861,324 (the procurement and contract contain caveats to reduce any risk associated with annual confirmation of external grants). Inflationary uplifts may be added to the contract value as deemed appropriate and in line with the Council's approved annual Business Plans'

- 2.5 The new contract includes caveats relating to the risks associated with additional grant funding arising from the ongoing uncertainty beyond 31 March 2026 about the continuation and value of the national drug strategy and local external grant funding that has been historically awarded to locally commissioned services. As such the Committee approved funding for the new treatment contract based on levels received in 2025-26, recognising that these may increase, decrease or remain the same. It was agreed that this information would be brought back to Committee if additional approvals were required.
- 2.6 Subsequently following a competitive procurement the contract for the Cambridgeshire Adult Drug and Alcohol Treatment Service was awarded to Change Grow Live (CGL)

who are the current adult treatment service provider. The new contract will start on 1st April 2026.

2.7 The CGL Adult Treatment Service will continue to provide the core elements of drug and alcohol specialist treatment for adults aged 18 years and above including.

1. Assessment and delivery of structured treatment (both psychosocial and pharmacological) and harm reduction interventions.
2. Commissioning responsibility for substance misuse services in community pharmacy settings (supervised consumption, needle and syringe provision, naloxone distribution).
3. Delivery of integrated pathways (hospital Liaison, homeless outreach, inpatient and residential rehabilitation, criminal justice system, family intervention service)
4. Delivery of a community co-produced/peer led recovery service.

The new Service will build on the current delivery model with the following overarching principles.

- Improving access across the county recognising the rurality and diversity of Cambridgeshire.
- Integrated place-based approach to service delivery will be adopted, addressing the complex needs of service users (local system approach).
- Quality of care and provision, supporting those with complex needs alongside other services.
- Recovery orientated, promoting and supporting sustainable recovery at all stages in the treatment journey.
- Innovative and sustainability, test, and trialling new and dynamic ways of delivering services.
- Integration and collaboration (working in partnership) with partner agencies to deliver interventions and develop services.
- Value for money, continued service quality, and improvement within a challenging budget.

2.8 Over the length of the current contract there has been a steady and consistent improvement in the performance of the contract. The National Drug Strategy brought a top ambition to increase overall numbers in specialist drug and alcohol treatment services. Cambridgeshire set an ambition to increase the total numbers in treatment (adults) to 2900 by 31st March 2025 (baseline in March 2022 was 2555). CGL achieved this target in April 2024 and despite re-commissioning of the service, numbers in treatment continue to grow throughout 25/26 and currently sit 2.7% above target.

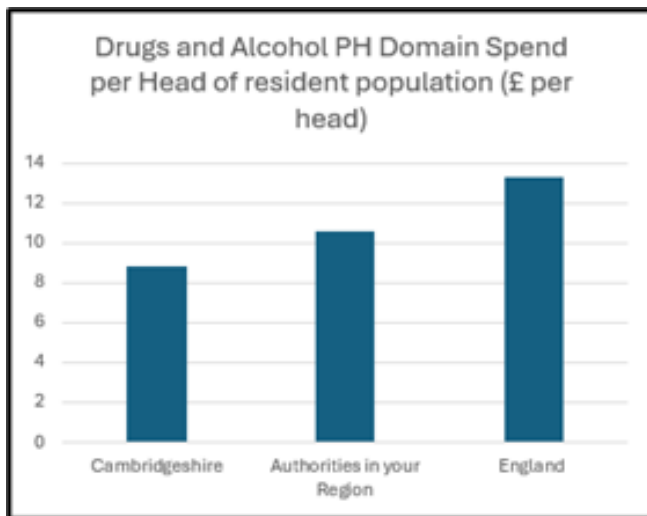
Drug and Alcohol community treatment statistics are restricted and therefore 25/26 performance data cannot be released into the public domain until Dec 2026. The below table shows a snapshot of performance data in March 2025 (24/25).

Table 1: Cambridgeshire and National Treatment Measures Performance March 2024/25

	Cambridgeshire March 2025 %	England March 2025 %
Treatment progress measure (successful completions, drug free in treatment or reduction in drug use) <i>Higher rates optimal</i>	47%	National Outcome Measures (Adults)
Deaths in structured treatment <i>Lower rates optimal</i>	1.20%	1.28%
Retention rates in treatment (retained or successfully completed at 12 weeks) <i>Higher rates optimal</i>	87%	82%

2.9 The spend per head on current drug and alcohol treatment services benchmarks positively against the East of England local authorities and England. Spend per head in Cambridgeshire is £8.78, East of England average, £10.58 and the England average is £13.29.

Figure 1: Spend per Head on Adult Drug and Alcohol Treatment Services



2.10 CCC also receives the Individual Placement and Support Service (IPS) grant funding which is one of the component parts of the National Drug Strategy related funding.

The IPS programme aims to support people with substance use problems to achieve paid employment and enjoy a good quality of life through the benefits associated with paid employment including independence, social inclusion, better recovery, and reduced health inequalities. IPS is highly personalised and features significant employer engagement and offers 'in-work' support as well as 'pre-employment' support.

The distinguishing feature of IPS is that employment support is provided alongside specialist drug/alcohol treatment by integrating employment specialists within the

treatment service as an equal member of the multi-disciplinary team. This establishes employment as a key aim of recovery and integral to the aims of treatment that employment should be part of the recovery journey. It is currently provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

3. Main Issues

3.1 The additional grant funding provides the opportunity to develop services and contribute to improving the health outcomes for substance misuse service users. However, there has been historically ongoing uncertainty about their continuance and annual value with confirmation for each year occurring late in the financial calendar. This results in delays in securing the appropriate governance of any additional grants, consequently delaying the appropriate contractual and service delivery, which has occurred with the 2026/27 allocations

Summary of Additional National and Local Funding Grants Awarded to Cambridgeshire for 2025/26

3.2 The Central Government drug strategy related grants received by Cambridgeshire County Council in 2025-26 (broken down by component parts) including the value and intended purpose are listed in Table 2.

Table 2: List of Drug strategy related grants received by Cambridgeshire County Council in 2025-26 including a description and annual allocation.

Drug Strategy related funding received by CCC in 25/26	Purpose of the grant funding	2025/26
Supplementary Substance Misuse Treatment and Recovery (SSMTR) (consolidated into DATRIG)	Funding to enhance and improve quality of local drug/alcohol treatment to meet national ambitions	£1,098,415
Rough Sleeping Drug and Alcohol Treatment (RSDAT) (Cambridge City only) (Consolidated into DATRIG)	Funding for Cambridge City to provide dedicated drug/alcohol treatment support for those impacted by rough sleeping/homelessness	£514,014
Individual Placement and Support (IPS)	Funding for a dedicated employment Service for those in structured drug/alcohol treatment	£170,538
Total value of Central Government grants received by CCC in 25/26		£1,782,967

3.3 CCC has historically also received smaller local external grants (OPCC and the Probation Service) which provide relatively low value funding for co-commissioned elements of the current treatment system. Table 3 shows the local

external grants received in 2025-26, continuation of these grants is confirmed on an annual basis.

Table 3: List of local external grants received by Cambridgeshire County Council in 2025-26 including a description and annual allocation.

Local external grant funding received by CCC in 25/26	Purpose of the grant funding	2025/26
Office of Police and Crime Commissioner: Crime and Disorder Reduction Funding	Contribution towards the Cambridgeshire Drug and Alcohol Treatment system to reduce drug/alcohol related crime and disorder.	£94,000
East of England Probation Service	Co-commissioning and co-investment in rehabilitative and resettlement interventions	£105,536
Total value of local external grants received by CCC in 25/26		£199,536

Changes to National and Local External Grants from 2026/27

- 3.4 In mid-December 2025, Central Government confirmed continuation of the national Drug Strategy related grant funding and published a three-year multi-year grant settlement for 2026-2029. The DATRIG grant funding will no longer be a Section 31 agreement. It has now been amalgamated into a new ringfenced element of the Public Health grant which must be used solely for the purposes of commissioning and providing drug and alcohol prevention, treatment and recovery related services. The IPS funding from 2026/27 has also been amalgamated into the new ringfenced element of the Public Health grant for drug and alcohol services. There will be assiduous monitoring by OHID of the grant which will be reported to Central Government to ensure that the Local Authority does not disinvest, and ring fenced spend for drug and alcohol treatment services.
- 3.5 Local Authorities received allocations reflecting current level of need and service demand in their area. The new multi-year settlement has also tried to address geographical funding disparity by revising and reviewing the funding formula. This acknowledged that areas that were allocated as a tranche one area received up to three times as much funding per person in treatment than tranche three areas by 2024/25. Cambridgeshire was a tranche three area and therefore received lower funding compared to a tranche one area and consequently Cambridgeshire will receive an uplift in funding over the forthcoming three-year period.
- 3.6 Table 4 below shows both the multi-year drug strategy related grant settlement for Cambridgeshire 2026-29 and local external grants (now confirmed for 26/27) broken down by component parts, including funding received in 2025-26 for comparison purposes.

Table 4: A breakdown of component grant funding for drug and alcohol prevention, treatment, and recovery to be received by Cambridgeshire County Council over three-year funding period (2026-2029).

Component parts of the Drug Strategy related funding received by CCC	2025/26	2026/27	2027/28 (indicative)	2028/29 (indicative)
Supplementary Substance Misuse Treatment and Recovery (SSMTR)	£1,098,415	£1,251,393	£1,557,350	£1,863,306
Rough Sleeping Drug and Alcohol Treatment (RSDAT) (Cambridge City only)	£514,014	£491,105	£467,932	£467,932
Individual Placement and Support (IPS)	£170,538	£175,654	£180,603	£185,953
Total value of Central Govt grants received by CCC	£1,782,967	£1,918,152	£2,205,885	£2,517,191

Component parts of local external funding received by CCC	2025/26	2026/27	2027/28 (Not confirmed)	2028/29 (Not confirmed)
OPCC Grant	£94,000	£83,790	£83,790	£83,790
Probation grant	£105,536	£96,741	£96,741	£96,741
Total value of local external grants received by CCC	£199,536	£180,531	£180,531	£180,531

Total drug/alcohol related grant funding received by CCC	2025/26	2026/27	2027/28 (Not confirmed)	2028/29 (Not confirmed)
Total Value of grants received by CCC (Central Government and local external grants)	£1,982,503	£2,098,683	£2,386,416	£2,697,722

Funding Implications for the New Adult Drug and Alcohol Treatment Service from 2026

- 3.7 Table 5 below shows the funding breakdown for the new adult Drug and Alcohol Treatment contract which was tendered in 2025 before the updated grant funding was announced by Central Government (December 2025).

Table 5: A breakdown funding summary of the tendered adult treatment contract

Funding component	Per annum	7 years contract duration
Core Public Health Grant	£5,060,570	£35,423,990
Central government DATRIG (SSMTR & RSDAT)	£1,587,436	£11,112,052
Local probation & OPCC grant	£189,326**	£1,325,282
Total		£47,861,324

**Based on confirmed funding by OPCC (£83,790) & unconfirmed probation funding (£105,536)*

The total value of the tendered contract in 2025 (secured by CGL) was £47.8 million over the full 7-year contract term and included an assumption of a grant contribution equal to the 2025/26 value. *Please note that the IPS funding element has been removed from this table and will be addressed in the latter part of the paper and is not included in the CGL Adult Drug and Alcohol Treatment and Recovery contract.*

- 3.8 Table 5 provides a summary of the updated funding following confirmation of uplifts for 2026/27 and indicative funding for the following two years. To note, assumptions have been made in relation to external grant funding elements (national and local) continuing beyond current terms at current levels. The shaded areas in the table below are, at the time of writing the report, not confirmed and therefore subject to change and annual confirmation.
- 3.9 Additionally, public health commissioners have been requested by NHS England (NHSE) to complete a business case for funding an initial 2 year period, to deliver increased levels of long-acting opioid substitute therapy (OST) to those leaving prison as a means of improving continuity of care, reducing risks of overdose, reduced re-offending rates and improving long term outcomes for individuals. This funding, although currently not secured, has been built into the grant funding figures below to avoid having to return to Committee for further approval if the Authority is successful in its bid.

Table 6: Summary of updated funding components for the adult treatment contract

	2026/27 Year 1	2027/28 Year 2	2028/29 Year 3	2029-2033 Years 4-7 based on 28/29 funding levels (To be confirmed)	Total (across 7- year contract term)
Public Health grant funding – drug and alcohol	£5,060,570	£5,060,570	£5,060,570	£20,242,280	£35,423,990
Public Health grant funding replacing specific grants	£1,742,498	£2,025,282 (Indicative)	£2,331,238 (indicative)	£9,324,952	£15,423,970
Probation grant	£96,741	£96,741	£96,741	£290,223	£677,187
OPCC grant	£83,790	£83,790	£83,790	£335,160	£586,530
NHSE long-acting OST	£100,000	£100,000	£100,000	£400,000	£700,000
Total	£7,083,599	£7,366,383	£7,672,339	£30,689,356	£52,811,677

3.10 It is recommended the original tendered contract (secured by CGL and commencing on 1 April 2026) is modified to incorporate the additional Central Government grant funding (confirmed through the multiyear drug strategy funding settlement (2026-2029) and local external grant funding, in line with the new public health grant conditions. This recommendation based on number of reasons.

(a) Historical underfunding.

The additional national funding was driven by evidence that drug and alcohol treatment services were historically underfunded which was the local experience. The core public health funding element of the seven-and-a-half-year term of the contract which will end 31 March 2026. Further under the re-commissioning exercise in 2017-18 a 10% savings target was applied across the contract term. Consequently, at the point of being re-tendered in 2025 the original treatment service model was unaffordable within the core public health funding.

(b) Investment in the new service model

The additional drug strategy grant funding received over the last 4-5 years has been a 'bolt on' with funding tied to enhanced activity and specific deliverables in line with the Section 31 grant terms. The new service model has efficiencies and adaptations and rather than the additional grant investment being a 'bolt on' it has given commissioners the

opportunity to re-design and embed all funding streams into the wider delivery model to meet local need. Under the new contract CGL will be investing in evidence-based interventions to continue to deliver the full range of specialist treatment interventions across Cambridgeshire. However, due to inflationary rises on goods and staffing costs the budget is tight, and the uplifted grant investment (confirmed in December 2025) will help mitigate pressures and enable retention of as much of the workforce which will help to continue to drive improvements in quality e.g. lower caseloads and low wait times to the benefit of services users and their families. Diverting the new grant funding into another service with a different provider will undermine this new core service and its ability to provide quality provision.

(c) CGL as a Provider

CGL is a responsive, flexible, and solid provider. They are a national organisation operating out of over fifty local authority areas and have influence within the sector. They are familiar with the grant funding scene and the associated uncertainty. They have historically, and currently, performing strongly against annual targets (agreed by OHID) despite the re-commissioning exercise over the last 12-month period. They are committed to delivering the new local treatment contract to the benefit of patients and the wider system which was clearly demonstrated in their detailed tender response.

- 3.11 There will be robust performance monitoring of all elements of the treatment contract including the additional grant funding. The local authority is required to submit a comprehensive annual treatment plan and set stretched performance ambitions which will be scrutinised and require approval by OHID. There will also be independent feedback from those with lived experience embedded into contract monitoring to identify and address any service-related issues and improve quality of delivery.
- 3.12 During the term of the contract there will be changes because of Local Government Reorganisation (LGR) which will also bring a degree of change and uncertainty. The new contract will include the necessary clauses related to LGR, and commissioners will work closely with CGL over the contract term to manage any change/variations to limit disruption to service users and staff.

3.13 Alternative Options

The alternative option would be to tender additional services with the uplifted grant funding. This would fragment treatment provision and increase the number of pathways to alternative services and run the risk of clients, who are often vulnerable and underserved, falling between service gaps and undermine continuity and coordination of care.

Extension of the Individual Placement and Support (IPS) Contract

- 3.14 Cambridgeshire initially received national IPS grant money in October 2023 which was confirmed for an 18-month period ending on 31 March 2025. Funding was then extended for an additional 12 months (ending 31 March 2026). In December 2025, the Council received confirmation that the IPS grant was to be further extended beyond the 31 March

2026 and was included in the multiyear Drug Strategy related grant settlement for Cambridgeshire 2026-29.

Table 7 below lays out the IPS grant settlement for 2026-2029 in comparison to the funding received in 2025/26. The shaded columns are where the funding is currently indicative.

Table 7: overview of IPS funding across Cambridgeshire & Peterborough for 2026-29 compared to 2025/26.

Individual Placement and Support (IPS)	2025/26	2026/27	2027/28 (indicative)	2028/29 (indicative)	TOTAL: 2026-29 3-year multiyear grant settlement
Cambridgeshire funding	£170,538	£175,654	£180,603	£185,953	£542,210
Peterborough funding	£113,691	£117,102	£120,401	£123,968	£361,471
Total	£284,229	£292,756	£301,004	£309,921	£903,681

- 3.15 Since receiving national IPS grant funding, CCC has worked closely with Peterborough City Council (PCC) (at the request of request of OHID) as both adjoining councils were in the same funding wave (2023/24). PCC delegated authority to CCC to enter into a Section 75 on their behalf with the Cambridgeshire and Peterborough Foundation Trust (CPFT) for them to provide the IPS service in Cambridgeshire and Peterborough. CPFT were already experienced in delivering an effective IPS Service for severe mental illness (SMI) and had both the experience and skills base to mobilise the service quickly and effectively. CPFT work closely with the treatment provider CGL.
- 3.16 The current S75, between the two councils and CPFT, commenced on the 1 April 2025 for an initial 12-month period with the facility to extend by a further 2 years subject to the grant being extended and with local governance approval (from both councils).
- 3.17 In view of the three-year multiyear grant settlement, it is recommended that Committee approve an extension to the current IPS Section 75 with CPFT for additional 3 years until 31 March 2029, with CCC remaining as the lead commissioner (subject to governance approval in PCC. The additional value of the three-year extension is £903,681 (subject to grant confirmation for 2027-29). The total value of the IPS grants (across Cambridgeshire and Peterborough over the full 4-year contract period (2025-2029) is £1,187,910.
- 3.18 The recommendation to extend the Section 75 reflects the strong consistent performance across all indicators since the IPS service commenced. A summary of the 2024/25 performance is shown below in Table 8.

Table 8: A summary of local IPS service performance 2024/25

Service Performance Local IPS service (Cambridgeshire & Peterborough)	Total	Target (nationally set)	% of target achieved
Numbers of referrals to the service	283	240	118%
Number of clients who have started a vocational profile	201	180	112%
Number of job starts	66	60	110%
Number of 13-week sustainments	49	36	136%

Legal implications

3.19 CGL Adult Drug and Alcohol Treatment Contract

In the procurement process the new contract clearly referenced the unpredictability and variability of the grant funding and contract award included indicative contract values. The procurement was conducted under the Provider Selection Regime (PSR). Advice from both Procurement and Pathfinder Legal was that the authority is compliant in awarding the additional funding and modifying the contract when funding allocations are confirmed, as it is less than 25% of the original contract value and is not a material change. This is in line with PSR regulations.

PSR are the procurement regulations that both NHS and local authority Public Health Services must adhere to when commissioning health services.

CPFT Section 75 Extension

Section 75 agreements fall outside of the contract procedure rules, the extension can be executed without any procurement action and in line with Section 75 legislation.

4. Conclusion and reasons for recommendations

Additional Grant funding to the Drug and Alcohol Treatment Service

- 4.1 The Committee is asked to support investing the additional drug and alcohol grants (central and local funding) into the current contract for the adult Drug and Alcohol Treatment Service that CCC holds with CGL, increasing the contract value from the original tender value of £47,861,324 up to £52,811,677. The contract commences on 1 April 2026 and will run for 7 years (ending on the 31 March 2033) with the option of a break at year 2 and year 4. The contract will contain caveats to modify the contract to adapt to changes in funding levels and reduce any risk associated with annual confirmation of external grants.

The request for the Committee's approval of modifying the newly procured CGL reflects the late confirmation and unexpected increase in central government grant funding above levels received by the authority in 2025/26. CGL has secured the new treatment contract under a robust PSR competitive process, the additional enhancement to funding will enable continued development and service improvement under the new model. There would be a strong risk of disrupting implementation of the new delivery model and affect

continuity of care for service users by using the uplifted grant to procure separate provision. Therefore, modifying the new CGL contract to accommodate the uplifted grant funding is recommended.

- 4.2 The Committee is recommended to approve the direct award of the extended IPS grant funding to CPFT for an additional 3 years under the current joint Section 75 agreement. The value of the three-year extension will be up to £903,681. The Section 75 agreement will again contain caveats to modify the contract to adapt to changes in funding levels and reduce any risk associated with annual confirmation of external grants. The Delegation and Partnering between CCC and PCC agreement will also be extended with PCC delegating authority to CCC to enter into the Section 75 on its behalf. The shared arrangement has been requested by OHID.

Again, the late request for the Committee's approval to extend the current IPS Section 75 agreement with CPFT by three years, reflects the delayed confirmation of the value and extension of the national IPS grant. The CPFT IPS service is performing very well against all national indicators, the IPS staff are well embedded into the CGL treatment services which will be continued under the new adult treatment service arrangements and re-procuring at this stage would be both disruptive to service provision for service users and would compromise delivery against the grant funding.

- 4.3 The Committee is also recommended to approve PCC extending its Delegation of Authority to CCC to enter into the Section 75 on its behalf with CPFT to provide the Service across Cambridgeshire and Peterborough. The Section 75 agreement will again contain caveats to modify the contract in response to changes in funding levels. The joint service is at the request of the funding agency, OHID.
- 4.4 The Committee is asked to delegate authority to the Executive Director of Adults, Health and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair to award the additional funding of £4,950,353 to CGL as an uplift on the value of the contract awarded following the procurement process, due to the value of the additional funding.
- 4.5 The Committee is asked to delegate authority to the Executive Director of Adults, Health, and Commissioning, in consultation with the Adults and Health Committee Chair and Vice-Chair to extend the current Section 75 contract by an additional three years and award the total additional grant funding of £903,681 to CPFT.

5. Significant Implications

5.1 Finance Implications

The financial implications are described above.

Adult Drug and Alcohol Treatment Service funding 2026-33: totality £52,811,677 (over seven-year contract period 2026-2033)

Drug and Alcohol IPS service funding 2026-29: £903,681 (three-year extension)

5.2 Legal Implications

The Council will work with Pathfinder Legal Services Ltd to draft contracts and ensure any risks are addressed and ensure that all legal and governance requirements are met under PSR regulations.

5.3 Risk Implications

Table 9 summarises the associated risks and mitigations for the proposed recommendations in this paper.

Table 9: Risks and Mitigations

No	Risks	Mitigations
1.	Changes in the indicative value of grants, or discontinuation of the grants. This will result in decrease in the workforce and poorer outcomes.	<p>The new service model has been designed to be flexible, and the ambition is to develop a service that offers different treatment delivery options.</p> <p>CGL is a very experienced provider that has track record of good performance. Their tender demonstrated an understanding of the developmental needs of the Service.</p> <p>Similarly, the CPFT IPS has consistently performed very well and has been providing the Service for mental health patients successfully for many years.</p>
2.	There is a need to identify any service delivery risks early e.g. additional inflationary pressures on services, new drugs on the market, new treatments.	The contract/agreement will have strong requirements for early identification of any risks and a clear system for escalation and addressing them in collaboration with commissioners where appropriate. The new contract/agreement will have robust key performance indicators and adopt open book accounting scrutiny.
3.	The Local Government Reorganisation from April 2028 will potentially disrupt services affecting vulnerable service users.	It will be important as soon as the new council landscape is confirmed to identify where there could be any potential short-term gaps and put in service measures to provide additional support.

5.4 Equality and Diversity Implications

People who access Drug and Alcohol Treatment Services generally experience health and other inequalities that arise from a range of socio-economic circumstances and are compounded by misuse of drugs and alcohol. The Services aim to address not only drug and alcohol use but also the wider factors that influence their substance use and their overall health and wellbeing outcomes. A completed Equality, Impact Assessment (EQIA) form is attached as an appendix to this report.

5.5 Climate Change and Environment Implications

The Drug and Alcohol Treatment services can impact upon the environment and climate change through the delivery of services. Key actions that contribute are as follows.

- Commissioned treatment providers encourage the use of nature areas across Cambridgeshire, giving more people in recovery access and experience of green spaces.
- Commissioned treatment providers have worked with service users to regenerate the gardens within their fixed sites to encourage wildlife and growing of plants/vegetables and promoting benefits of green outdoor space.
- Commissioned treatment provider promotes the use of electric bikes to conduct home visits in Cambridge City.
- Providing place-based services, improving accessibility and treatment engagement.
- Supporting travel costs, promoting use of public transport to enable attendance at health appointments.

In addition, the proposed commissioning approach will embed and support the Council's net zero carbon emissions ambitions through a more place-based approach to service delivery, where feasible. This will mean that service users will be able to access services locally and not have to travel. In addition, any commissioned service will be expected to provide a digital option for accessing services, if appropriate.

The procurement included a quality question related to carbon emissions. Carbon emission monitoring was embedded into the service specification and contract and will be part of performance monitoring.

6. Source Documents

6.1 [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/alcohol-and-drug-prevention-treatment-and-recovery-why-invest)

National Drug Treatment Monitoring System, Office for Health Improvement and Disparities

[NDTMS - Home](#)

[Commissioning quality standard: alcohol and drug services - GOV.UK](#)

[Investing in the public health grant - The Health Foundation](#)

Equality Impact Assessment blank template (Word)

This Equality Impact Assessment (EqIA) form is a template document for colleagues completing EqIAs to know what questions will be asked when they complete the online form.

The online EqIA process should be completed for all EqIAs, but this black template should enable collaboration between colleague before completing on online form.

Stage 1: Action being taken/details of person completing the form	
Details of person undertaking assessment	
Form reference	EQIA-02795
Your name	Scott Davidson
Your job title	Public Health Practitioner Inclusion Health – Drugs and Alcohol
Your directorate	Adult Health and Social Care
Your service	Drugs & Alcohol Treatment Services
Your team	Drugs & Alcohol Commissioning Team
Your email	Scott.Davidson@cambridgeshire.gov.uk
Proposal being assessed	Additional Adult Drug and Alcohol Treatment Service Funding
Business plan proposal number (if applicable)	

Stage 2: Proposal details	
What is the name and description of the policy being assessed?	A paper has been submitted to the Adults and Health Committee relating to Additional Adult Drug and Alcohol Treatment Service Funding
What type of policy is this?	<ul style="list-style-type: none"> • New <input type="checkbox"/> • Major change <input checked="" type="checkbox"/> • Minor change <input type="checkbox"/>
Is this EqIA supporting a committee paper/business case?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Stage 3: Identifying impacts on affected groups (screening question)	
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?	
Yes <input checked="" type="checkbox"/>	
No <input type="checkbox"/>	

If you select 'NO' - you will complete a screening form

You will be asked you to provide an evidence-based analysis of your assessment that your plans will have no impacts for people with protected characteristics or our priority group of socio-economic inequalities. You are asked to explain each group in turn. Where the justification is the same, you can avoid duplication by saying for later groups that the explanation under an earlier group applies. For example, you might explain that your EqIA is for a revised procedure which combines two previous procedures which both had robust and effective EqIAs in place, without making any significant changes to them. Therefore, there will be no impact on people from these changes.

If you selected 'YES' for the above screening question, you would go on to complete the full EqIA as below (see stage 4).

Stage 4: Impact and evidence

From your assessment, using your data/evidence gathered, what is the potential direct or indirect impact of the proposed change on these groups that are protected characteristics in the Equality Act 2010? (Please tick relevant box for each characteristic, and assess whether the policy may produce positive, negative, or neutral impacts.)

Age

Neutral impact

Positive impact

Negative impact

Disability

Neutral impact

Positive impact

Negative impact

Gender reassignment

Neutral impact

Positive impact

Negative impact

Marriage/civil partnership

Neutral impact

Positive impact

Negative impact



Pregnancy and maternity

Neutral impact

Positive impact

Negative impact

Race

Neutral impact

Positive impact

Negative impact

Religion/belief

Neutral impact

Positive impact

Negative impact

Sex

Neutral impact

Positive impact

Negative impact

Sexual orientation

Neutral impact

Positive impact

Negative impact

Care experienced

Neutral impact

Positive impact

Negative impact

Other identified groups - Groups with different socio-economic groups, area inequality(rurality), income, resident status (migrants)/ language barriers. Begin to think intersectional here.

Neutral impact

Positive impact

Negative impact

You identified positive/negative impacts – please explain each one and supporting evidence: (This can include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqIAs from other projects or other local authorities, review of customer complaints and feedback and staff surveys; or use of census data):

Impact on Age

Although Drugs and Alcohol treatment services in Cambridgeshire aim to be accessible for all, there is differential uptake across age groups, indicating that age-related factors may influence service engagement. This could lead to health inequalities if some age groups are not accessing adequate support.

The following section outlines the current service model and analysis of recent user data to highlight patterns and potential barriers to access. We describe our approach to better understanding and addressing these disparities to ensure more inclusive service provision.

The current service provision is split with CGL Cambridgeshire providing the adult drug treatment service and CPFT providing the structured drug treatment provision for young people through CASUS.

As of March 2025, 2976, adults had accessed structured drug and alcohol treatment during the previous 12 months. Of the clients counted to have accessed adult drug treatment services:

415 clients fell within the 18–29-year-old range (13.95%)

1679 clients fell within the 30–49-year-old range (56.41%)

882 clients fell within the 50+ year-old range (29.64%)

Source OHID NDTMS

As of March 2025 156, young people had accessed structured drug and alcohol treatment during the previous 12 months. Of the clients counted to have accessed young people's services:

28 clients fell within the under 15-year-old range (17.95%)

42 clients fell within the 15-year-old range (26.92%)

46 clients fell within the 16-year-old range (29.49%)

40 clients fell within the 17-year-old range (25.64%)

Source OHID NDTMS

Unmet treatment need - March 2025 in comparison to March 2022

Unmet refers to individuals who are not currently receiving treatment for drug and/or alcohol problems but could benefit from it. The below data is all from prevalence estimate so must be interpreted with caution.

The tables below reflect the Opiate and Crack Cocaine users (OCU) profile alongside alcohol only.

Unmet treatment need – March 2022

Cambridgeshire

OCU unmet need by age group (Apr 2021 to Mar 2022)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
15-24	81.7%	78.4%	84.0%	22	120
25-34	57.0%	52.5%	60.9%	189	440
35-44	43.6%	38.7%	48.1%	459	814
45-54	54.8%	49.8%	59.0%	339	750
55-64	66.3%	59.8%	70.1%	133	395

Cambridgeshire

Alcohol unmet need by age group (Apr 2021 to Mar 2022)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	92.6%	78	1,047
25-34	84.0%	223	1,397
35-54	74.1%	611	2,356
55+	67.4%	248	761
Total	79.1%	1,160	5,561

Unmet treatment need - March 2025

Cambridgeshire

OCU unmet need by age group (Apr 2024 to Mar 2025)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
15-24	82.6%	79.4%	84.7%	21	120
25-34	65.2%	61.6%	68.3%	153	440
35-44	48.2%	43.7%	52.3%	422	814
45-54	44.0%	37.9%	49.1%	420	750
55-64	53.1%	44.1%	58.4%	185	395

Cambridgeshire

Alcohol unmet need by age group (Apr 2024 to Mar 2025)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	90.3%	102	1,047
25-34	80.7%	269	1,397
35-54	66.3%	793	2,356
55+	58.6%	315	761
Total	73.4%	1,479	5,561

Source OHID NDTMS

The earliest data we have on OCU unmet treatment need from the NDTMS toolkit now dates to March 2022 following a change to methodology to the OCU data rolled out in 2025. Since March 2022 we have seen evidence of reduction in unmet need in the below age ranges:

The 45-54 age range of OCU has seen a drop in unmet need of 10.8%.

The 55-64 age range of OCU has seen a drop in unmet need of 13.2%.

The 18-24 age range of Alcohol users has seen a drop in unmet need of 2.3%.

The 25-34 age range of Alcohol users has seen a drop in unmet need of 3.3%.

The 35-54 age range of Alcohol users has seen a drop in unmet need of 7.8%.

The 54+ age range of Alcohol users has seen a drop in unmet need of 8.8%.

However, there has been a rise in the unmet need rate in the below age ranges:

The 15-24 age range of OCU has seen a rise in unmet need of 0.9%.

The 25-34 age range of OCU has seen a rise in unmet need of 8.2%.

The 34-44 age range of OCU has seen a rise in unmet need of 4.6%.

The needs analysis supporting the retender of drug treatment services highlighted that the 18 - 24 age range of alcohol use unmet need and recommends an enhanced response to alcohol use seen in this age group. The development of specific service within CGL (Short Term Alcohol Recovery Service 'STARS') has begun work to improve GP referral rates. However, there are challenges to engaging specific age groups. The revised specifications for the CASUS service and the Adult Drugs and Alcohol Treatment services have been adjusted to ensure the needs of the younger person age groups are met.

It is envisaged that that the adjustment to the young person's service to formalise working with young people up to the age of 21 will be beneficial to young people. The decision to award a Section 75 directly to CASUS will also be minimally disruptive to young people.

The adult service has seen a rise in service running costs e.g. staff salary costs, and NI contributions etc over the length of the contract without inflationary uplifts during the life of the contract. The current contract value as offered at tender has proven to be insufficient to cover existing costs and compelled the current provider CGL to reduce staffing via redundancies.

Any reduction in staffing will see caseloads rise and impact on the drug and alcohol treatment services ability to further lower unmet need in specific age groups.

If the decision is taken to invest the central government additional grant monies back into the adult drug and alcohol treatment services this will mitigate the need for CGL to reduce its staffing provision and have neutral effect on the provision CGL will be able to provide.

Impact on disability

Individuals with disabilities may experience unique barriers to accessing and engaging with services. Recent data show an increase in the proportion of service users reporting a disability, which may reflect increasing prevalence of disability and DA treatment need, better identification of disabilities in the population and by treatment providers may reflect greater service accessibility. It indicates a need for tailored support to ensure equitable access.

The below shows the number in treatment over the rolling 12-month period up to March 2025 and highlights the types of disabilities being disclosed by service users and subsequently what types of disability may be affected by the additional drug treatment monies not being reinvested in drug and alcohol treatment services.

Disability	Number (* below 5)
Behaviour	258
Hearing	6
Manual	6
Learning	55
Mobility	72
Perception	*
Personal	*
Progressive	67
Sight	9
Speech	*
Other disability	31
Not stated disability	102
No disability	883
Any disability	441

*Suppressed due to low numbers

Source OHID NDTMS

The recent retendering exercise has identified numerous priority groups within the service specification that the drug and alcohol treatment provider will be obligated to engage. Any disinvestment in services will affect the providers capacity to expand reach.

The proposed investment of additional treatment monies into the drug treatment services is expected if agreed to have a neutral effect on the provision services for any of the groups listed above.

Impact on Gender Reassignment

Those considering or undergoing gender reassignment or those whose gender identity differs from the sex they were assigned at birth, are not specifically recorded in NDTMS data collection. This lack of data is a significant limitation, as it impedes understanding of the representation and potential specific needs of this group within the treatment population. The extent of representation within the treatment population is not currently known. It is possible that those undergoing gender reassignment whilst in drug treatment may define themselves in any of the sex categories counted by the NDTMS.

The needs analysis accompanying the retendering of drug treatment services identified national survey data indicating that those whose gender identity is different from the sex they were registered at birth were more likely to report drug use in the last year (22.4%) compared with those who identified as the same sex they were registered at birth (9.6%).

In the event that additional drug and alcohol treatment monies are not reinvested in service provision capacity of our services to tailor interventions to meet specific group needs will diminish especially given that population data suggests that this is a small demographic of people. As a minimum, however, we would expect services to be able to signpost to support services as required. We will also be expecting providers to have staff who are adequately trained to respond to the needs of this specific group.

At this time given higher proportion of gender reassigned people who report drug use it is likely that any reduction in treatment capacity may disproportionately affect this group. If funding is reinvested this will have a neutral effect on service provision.

Impact on Marriage/Civil Partnerships

Those accessing drug and alcohol treatment do not have their marital/civil partnership status gathered as part of data collection, which may impact our ability to understand the impact of this characteristic on treatment access and outcomes. However, it is not expected that a person's marital status will result in them being disproportionately affected by a change in service model. As protections to this group are linked primarily to conditions of employment no specific provision has been made within drug and alcohol treatment to provide bespoke options individuals based on marital or civil partnership status.

Impact on Pregnancy & Maternity

Local March 2025 data below indicates that on average 1.9% of new treatment starters are pregnant. While this group represents a low proportion of the treatment population, pregnant individuals often have unique health and social care needs, including additional considerations for both their own health and the well-being of their unborn child.

At start of treatment journey	1 Apr – 30 Jun	1 Apr – 30 Sep	1 Apr – 31 Dec	1 Apr – 31 Mar
	%	%	%	%
Female pregnant	0.9%	0.9%	1.8%	2.8%

Source OHID NDTMS

More broadly, the needs analysis accompanying the retendering of drug treatment services has identified that 29% of Female parents accessing drug treatment services received support. This suggests that current support for females during and post pregnancy could be enhanced. Child separation has also been identified in a number of post drug related death review and currently D&R underspends have been utilised to try any meet some of this unmet need within the criminal justice area of treatment provision.

Any adjustments to treatment models will need to consider any disproportionate effect they may have on this group. The capacity of providers to provide bespoke provision for this group may be impacted if additional drug treatment monies are not reinvested into treatment services. If monies are reinvested this will have a neutral effect on this cohort.

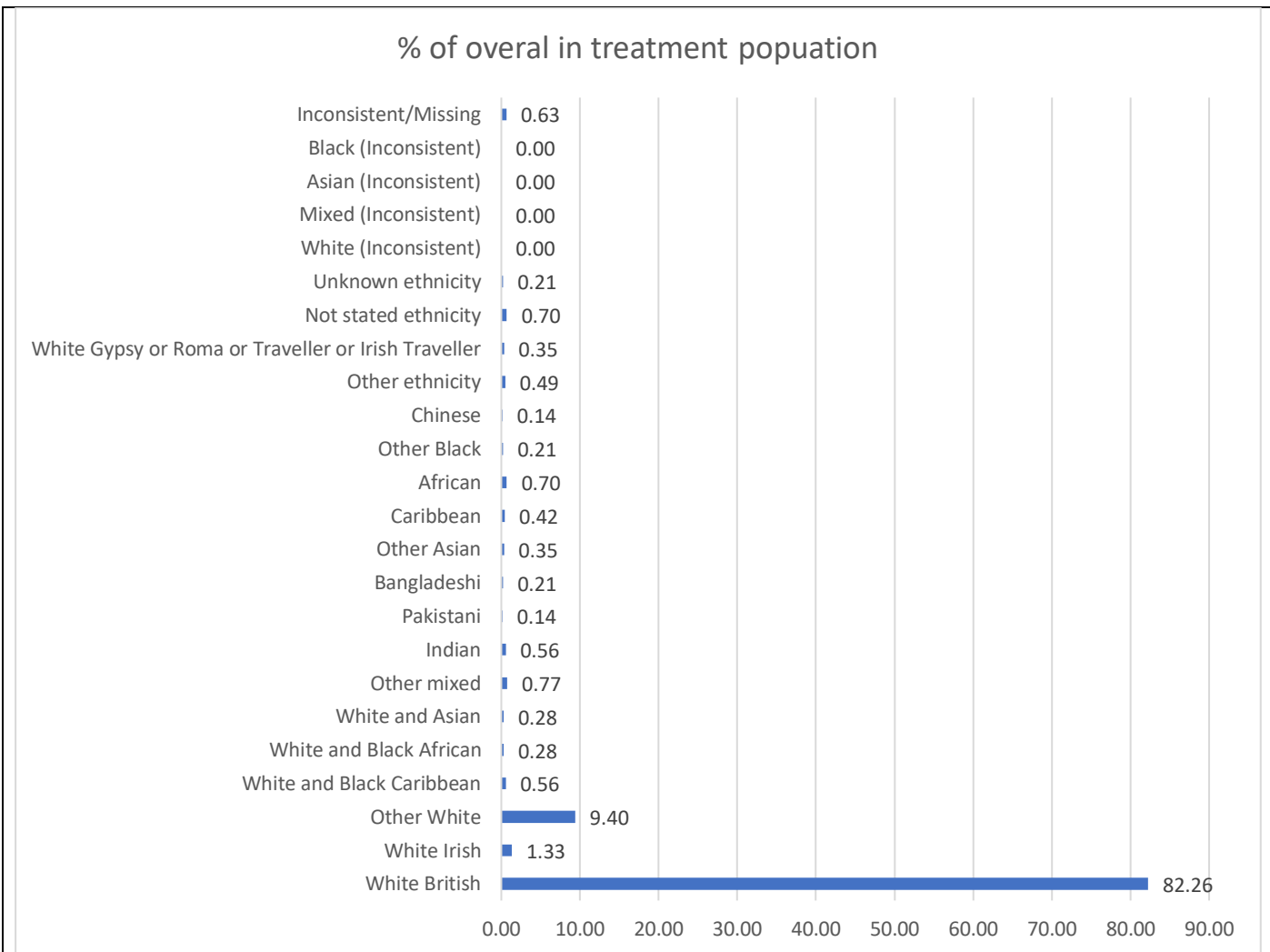
Impact on Race

Drug use choice can be driven by cultural factors, and population data indicates that drug use differs according to race; the Crime Survey for England and Wales 2022 showed that the prevalence of having used illicit drugs in the last year varies by ethnic background, by up to 11.4%. We do not want to indirectly affect specific racial groups by focusing resources on specific drug user types to the detriment of other user groups.

The needs analysis accompanying the retendering has identified that there may be an underrepresentation of various ethnic groups and made recommendation that services be flexible enough to meet the needs of different cultures.

Any reductions in funding to drug treatment provision may affect the capacity of treatment providers to build flexible treatment services that meet the needs of all ethnic groups. Any revised service model should not disproportionately affect or favour ethnic groups but decisions on what can be done may be impacted by financial viability. If monies are reinvested this will have a neutral effect on the various ethnic groups.

March 2025 data below indicates that the below various ethnicities are currently represented in the treatment population, which will continue to be monitored to ensure that all groups have equitable access to services.



Source OHID NDTMS

Impact on Religious Belief

Religious belief is a separate but important characteristic that can influence how individuals engage with drug and alcohol treatment services. While cultural factors may shape broader behaviours and values, religious beliefs can specifically affect a person’s decisions, coping strategies, and openness to treatment methods.

The religious groups as of March 2025 currently reported as represented in the treatment population are as below:

Religion/Belief	Number of clients
Baha'i	0
Buddhist	7
Christian	270
Hindu	*
Jain	0
Jewish	*
Muslim	17
Pagan	*
Sikh	*
Zoroastrian	0

Other religion	49
No religion	786
Declined to disclose	22
Unknown religion	262
Inconsistent/Missing religion	6

Source OHID NDTMS * Supressed due to low numbers.

The needs analysis accompanying the retender process has identified that there could be and over representation locally of nonreligious individuals within the service using population data suggesting an underrepresentation of those with specific religious beliefs.

Any financial reductions to services may impact on provider capacity to tailor initiatives to enhance treatment representation in underrepresented religious groups. If monies are reinvested this will have a neutral effect on current service provision for these religious groups.

Impact on Sex

The prevalence of drug and alcohol use and treatment need differ between males and females. The needs analysis accompanying the Drugs and Alcohol contract retendering has identified that men consistently report higher illicit drug use and alcohol use. It was noted that Women have higher domestic violence impact considerations that could be enhanced in future treatment service models.

If additional drug treatment monies are not invested into drug and alcohol treatment services this may well affect the service providers capacity to adapt its services to meet the sex specific needs of clients.

A comparison of unmet need data March 2022 to March 2025 shows that the current treatment provides have been able reduce unmet need across both sexes.

Cambridgeshire

OCU unmet need by sex (Apr 2024 to Mar 2025)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
Male	56.4%	51.8%	59.9%	858	1,967
Female	37.9%	32.6%	42.4%	343	552

Cambridgeshire

OCU unmet need by sex (Apr 2021 to Mar 2022)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
Male	59.0%	54.7%	62.3%	806	1,967
Female	39.1%	34.0%	43.6%	336	552

Cambridgeshire

Alcohol unmet need by sex (Apr 2024 to Mar 2025)

Sex	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
Male	77.5%	949	4,223
Female	60.4%	530	1,338

Cambridgeshire

Alcohol unmet need by sex (Apr 2021 to Mar 2022)

Sex	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
Male	84.2%	668	4,223
Female	63.2%	492	1,338

Source OHID NDTMS

Any decision taken to not reinvest additional drug and alcohol monies may impact the services capacity to address unmet need in both sexes.

Impact on Sexual Orientation

National data from the Crime Survey for England and Wales (CSEW) highlights that non-heterosexual individuals report significantly higher rates of illicit drug use, with 17.1% to 30.8%

of these groups having used drugs in the past year, compared to just 8.3% of heterosexuals. Additionally, there is a specific need for treatment services for 'chemsex' which involves the use of drugs to enhance sexual experiences, leading to unique health and social challenges. This practice is more prevalent among non-heterosexual individuals.

Understanding the breakdown of sexuality within treatment services helps ensure inclusivity and accessibility for all groups, considering this difference in drug use. As of March 2025, the current sexuality breakdown of those 1426 accessing treatment within a 12-month rolling period is:

- 90.25% Heterosexual
- 1.65% Gay/Lesbian
- 2.81% Bisexual
- 0.66% Other sexuality
- 0.17% Person asked and does not know or is not sure.
- 1.32% Not stated sexuality.
- 3.14% Where the data has not been reported.

Source OHID NDTMS

The needs analysis has identified the need for improved monitoring of client sexuality needs to better understand and respond to the needs of this group. Disinvestment in drug and alcohol treatment services may prevent services from tailoring their approach to better meet the need of underrepresented sexual orientations.

Impact on Care Experienced

Care-experienced individuals, particularly those with children under the age of 18, may have unique needs when accessing drug and alcohol treatment services. Those with a history of adverse childhood experiences or trauma may face additional challenges in engaging with services.

Cambridgeshire data from March 2025 shows that those adults entering treatment (who have children under the age of 18 living with them) had children identified under the following status.

- 7.2% accessing Early Help compared to 5.7% March 2022
- 8.2% accessing Children in Need support compared to 9.1% March 2022
- 15.4% had a child protection plan compared to 12.8% March 2022
- 3.0% looked after child compared to 2.6% March 2022

Source OHID NDTMS

The needs analysis accompanying the drug treatment retender has identified the need to enhance the links between drug and alcohol treatment services and children's social care.

Any disinvestment in Drugs and Alcohol Treatment services may impact on the services capacity to meet the need of service users who have parental responsibility for children accessing care. Any reduction in provision in this arena may subsequently be felt by demand for services in other areas of the Local Authority.

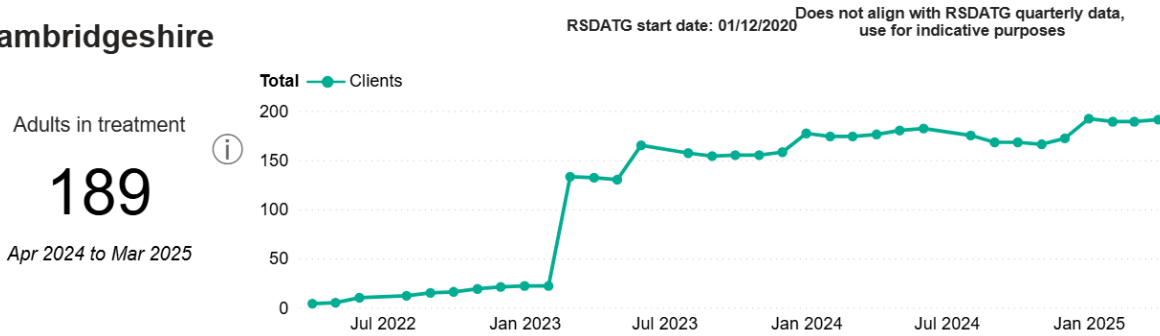
Impact on Other identified groups

Individuals who are homeless or at risk of homelessness face unique and significant barriers to accessing drug and alcohol treatment services. These barriers include issues such as lack of stable housing, hidden homelessness (e.g., those staying with friends or in temporary accommodation), and the compounding effects of social isolation and mental health challenges.

Addressing the needs of this group is crucial, as homelessness is a significant risk factor for substance misuse and can exacerbate the difficulty of engaging in treatment services.

The current treatment provider CGL has established a specific provision that has enabled drug and alcohol treatment support for the homeless and at risk of homelessness population, through the additional enhanced grant funding. The below graph evidences the number who have been supported into drug and alcohol treatment up to March 2025.

Cambridgeshire



Source OHID NDTMS

There is also a women’s only worker funded through this grant who supports women who experience homelessness, who are often hidden in national statistics.

The needs analysis accompanying the retender has identified that there is a need to expand provision for the hidden homeless steps have been taken following funding reductions in the Rough Sleeper Drug Treatment Grant to retain essential HEaRT team provision.

It is possible that non-investment in treatment provision may be keenly felt by this service user cohort given the complexity of need and cost required to operate a service that can adapt to this user groups specific needs.

Stage 5: Mitigating impact actions

Question: Now you have identified the foreseeable impacts of the policy, please repeat any negative or positive impacts for each group and state a) any mitigating actions for each negative impact and/or b) any actions you can take to enhance positive impacts them.

Identified impact on protected group.	Action to mitigate or enhance	Officer responsible for action	Completion date
Age 18 – 24 underrepresented in drug treatment numbers	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026



Disability	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Gender Reassignment	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Pregnancy/Maternity	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Race	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Religious Belief	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026

Sexual orientation	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Care Experienced	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Other groups	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026

Did you engage with an EqIA Super User when developing your EqIA?

Yes

No

Stage 6: Sign off and approval

To ensure a robust, respectful, and transparent approval process:

- Please do not enter your own details here, even if you are a Head of Service (or equivalent) or. This is to ensure that someone else reviews your work.
- Please do not enter the details of someone you line manage and/or with less authority than you.

Please find and select your Head of Service (or equivalent).

Val Thomas – Inclusion Health

Finance Monitoring Report – January 2025-26

To: Adults and Health Committee

Meeting Date: 5 March 2026

From: Executive Director of Adults, Health and Commissioning
Executive Director of Finance and Resources

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Executive Summary: The report provides an update on the financial position of the Adults, Health and Commissioning Directorate (including Public Health) as at the end of January 2026.

Recommendations: Adults and Health Committee is recommended to:

- a) note the Adults, Health and Commissioning Finance Monitoring Report as at the end of January 2025-26; and
- b) note the update on Adult Social Care debt.

Officer contact:

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

1. A healthy, fair and sustainable Cambridgeshire

1.1 This regular financial monitoring report provides the consolidated management accounts of the Adults, Health and Commissioning Directorate, enabling Members to be aware of, and to scrutinise, the delivery of the business plan for 2025-26 and the corporate vision and priorities within it.

2. Background

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

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

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

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

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

- Section 1 – providing a summary table for services that are the responsibility of this committee and setting out the significant financial issues (replicated below).
- Section 5 – the key activity data for Adult Services provides information about service-user numbers and unit costs, which are principal drivers of the financial position.
- Appendices 1-3 – these set out the detailed financial position by service and provide a detailed commentary for services projecting a significant variance from budget.
- Appendix 4 – this sets out the savings for Adults, Health and Commissioning and Public Health in the 2025/26 business plan, and savings not achieved and brought forward from previous years that are still thought to be deliverable.
- Appendix 5 – contains information on earmarked reserves, grant income and budget virements.

3. Main Issues

3.1 Adults, Health and Commissioning overall revenue position

3.1.1 The overall forecast position for Adults, Health and Commissioning budgets for 2025-26 at the end of January 2026 is an overspend of £3,041k (equivalent to 1.3% of the annual budget). This includes an underspend for Public Health of £215k (equivalent to 0.6% of the annual budget).

Forecast Outturn Variance (Previous) £000	Service Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-1,559	Executive Director	21,539	-57,495	-35,956	-44,155	-2,113	5.9%
6,900	Learning Disability and Prevention	132,216	-6,867	125,350	111,452	6,649	5.3%
201	Care and Assessment	147,598	-46,915	100,683	89,415	1,062	1.1%
-1,039	Commissioning (incl Mental Health)	57,876	-7,569	50,307	38,183	-2,424	-4.8%
-63	Public Health	36,407	-34,935	1,472	-7,207	-215	-0.6%
4,439	Total Expenditure	395,636	-153,780	241,856	187,688	2,959	1.2%
-226	(Drawdown from) / Contribution to Public Health reserves	-1,472	0	-1,472	-1,262	82	-5.6%
4,213	Total	394,164	-153,780	240,384	186,426	3,041	1.3%

3.1.2 The main reason for the cost pressure is the implications of the ending of the pooled budget with the ICB and associated costs of services for people with Learning Disabilities following the de-coupling at the end of March 2025. The ending of the pooled budget arrangements was expected to reduce costs for the Council and savings were built into previous Business Plans to reflect this; but the actual impact is not achieving those savings in full. Work on a number of joint funded packages is ongoing with proactive actions, focusing on the costs in providing care and support for those people with a learning disability, to help mitigate these cost pressures underway. The remaining pressure is being built into the 2026-27 Business Plan.

3.1.3 In addition to the pressures on services for people with Learning Disabilities, there remain a number of challenging savings targets from 2024-25 and 2025-26 which are unlikely to deliver in full in 2025/26. Progress against these targets is reported quarterly but expected shortfalls or forecast over delivery against target are also built into monthly forecasts.

3.1.4 Significant work has been undertaken to seek to reduce the forecast pressure on the Adults, Health and Commissioning budget, and mitigations have been reflected in the forecast. These include work on packages of care emerging from the Learning Disabilities pooled budget, review of the usage of grants to support social care pressures, and proposals for the use of Adult Social Care reserves.

3.1.5 The key factors that are likely to impact the forecast through the remainder of 2025-26 include:

- demand remains difficult to predict and can vary significantly from month to month. This can be reflected both in numbers accessing services, and higher acuity of need of those accessing services;
- the Directorate has a challenging set of savings targets to deliver against. Whilst many are expected to deliver in full, in other areas the work to finalise delivery plans was delayed resulting in forecast under delivery against some of the savings targets in the current financial year;
- vacant posts lead to underspends against staffing budgets and staffing risks were particularly pertinent for the Public Health team through the year whilst a new permanent structure for the Council was implemented;
- pressures with the provider market continued to be felt, particularly related to increasing fee rates, and changes in employers National Insurance commitments. The impacts of inflationary pressures are seen both in the uplifts required for existing care packages, and the price at which new packages are sourced; and
- the position of the care market, particularly around specific types of provision and location, continues to make some placements more difficult to source, particularly at the more complex end of provision.

3.2 Update on Adult Social Care debt

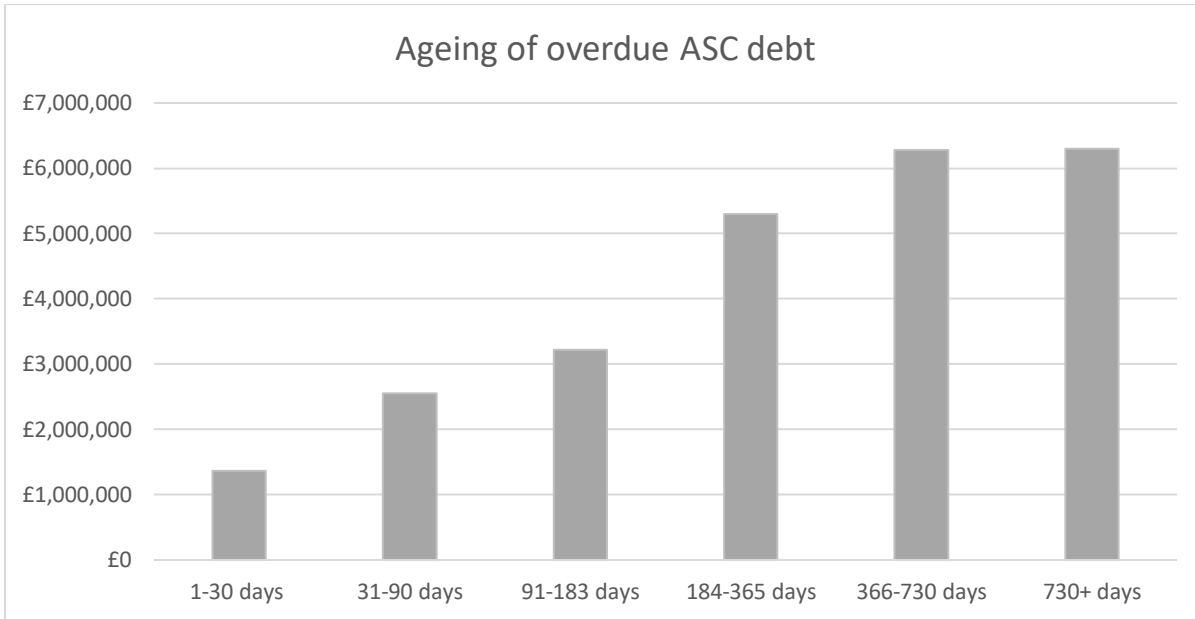
3.2.1 Adults, Health and Commissioning overdue debt (excluding debt with Health partners) stood at £25.0m at the end of January, up from £24.1m at the end of December. Debt over 1 year old was £12.6m at the end of January, up from £12.0m at the end of December. This compares to a balance of £9.3m at the end of March 2024.

3.2.2 Overdue debt with Health partners stood at £4.1m at the end of January, up from £2.5m at the end of December. This increase is driven by the late payment of invoices related to the Integrated Community Equipment services (ICES). These invoices were cleared in early February. Work continues with Health partners to address the remaining Health debt outstanding.

3.2.3 Adult Social Care debt at the end of January with trend performance is set out below.

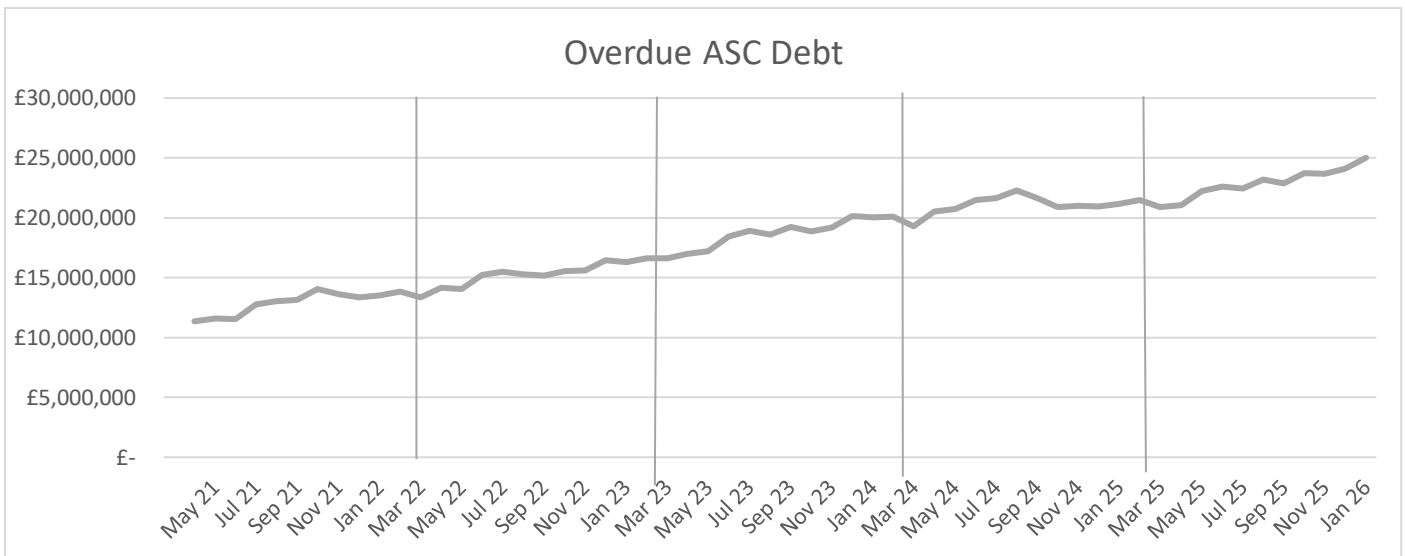
Overall Age Debt position					
Directorate	Overdue			Trend performance	
	January	October	Last Year	Monthly	Yearly
Adults, Health and Commissioning	£25,016,864	£23,751,039	£21,161,510	↓	↓
NHS Services (mainly AHC)	£4,056,338	£2,399,286	£10,328,599	↓	↑

3.2.4 The breakdown of overdue debt by number of days overdue is set out below:

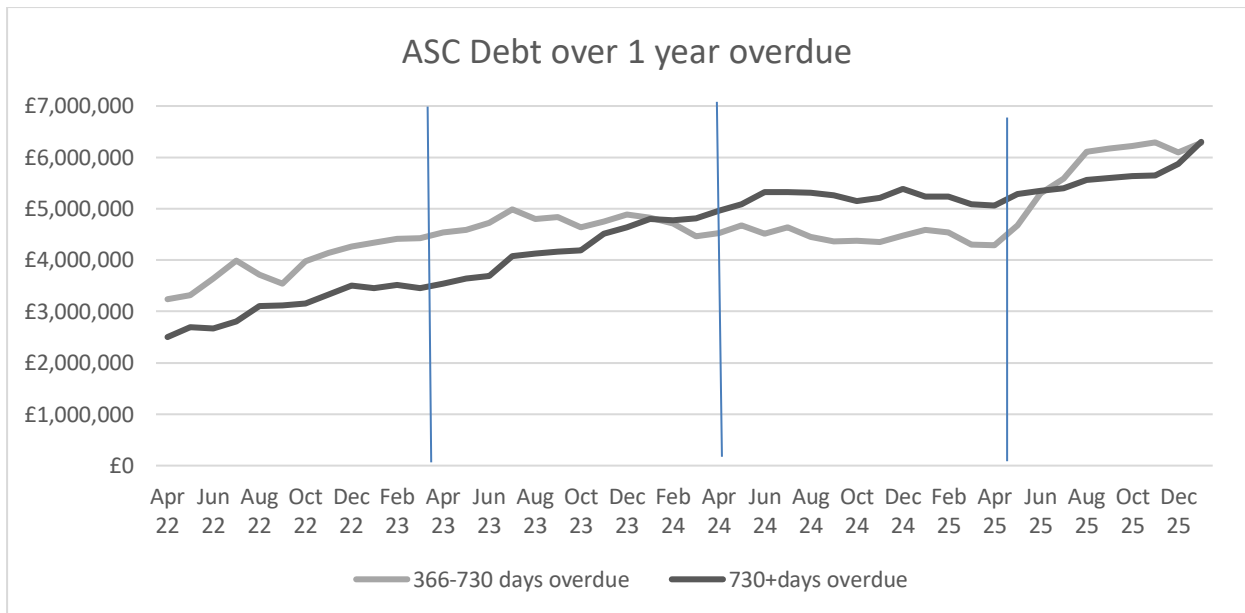


3.2.5 ASC Debt Analysis – Headlines (end of January)

- ASC overdue debt is currently £25.02m, an increase of £3.86m from this time last year.
- Debt collection tends to drop off marginally over the festive period when debt collection activity is reduced and some payments are delayed into the new year which impacts January numbers.



- ASC overdue debt percentage versus revenue raised is at 41.82%, which is 7.06 percentage points worse than this time last year. Revenue raised in 2026-27 is running at a similar level to the value raised in 2025-26.
- Debt within the age bracket 365-730 days has increased by £1.98m since 1st April 2025, which is largely a direct impact of the back dated charges rolling into this age profile.
- Debt over 730 days has increased by £1.21m since 1st April 2025.



- The Finance Assessments backlog has been cleared, which resulted in a higher level of back dated charges, which have rolled into 365 plus aged category.
- Debt collection and service improvement activity continues and further investigations are being done into the reasons for recent increases in debt levels. A working group has been set up to forensically review aged debt. Particular workstreams include:
 - review of full cost cases with high levels of debt and many with backdated charges. This debt can be particularly complex to recover, especially where it has not been possible to complete a financial assessment, where clients have become used to paying a lower provisional charge over a prolonged period, or where charges are billed a significant period after death and the estate has been distributed;
 - review of legal cases;
 - review of payment plans; and
 - review of particularly aged debt.
- During January and February progress has been seen on a number of high value cases with final actions in place to clear £700k of high value debt included in this report. This includes mediation, payment settlements, reassessments, credits and write offs - some of which are already approved and some requiring Committee approval via Strategy, Resources and Performance Committee. Of this, £412k relates to debt over 365 days overdue.
- The volume of ASC customers with debt over 365 days is 842, compared to 840 in January 2025.

4. Significant Implications

4.1 Finance Implications

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

4.2 Legal Implications

There are no significant implications within this category.

4.3 Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

5. Source Documents

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

5.2 Location

[Finance monitoring reports | Cambridgeshire County Council](#)

Directorate: Adults, Health and Commissioning
Subject: Finance Monitoring Report – January 2026

Contents

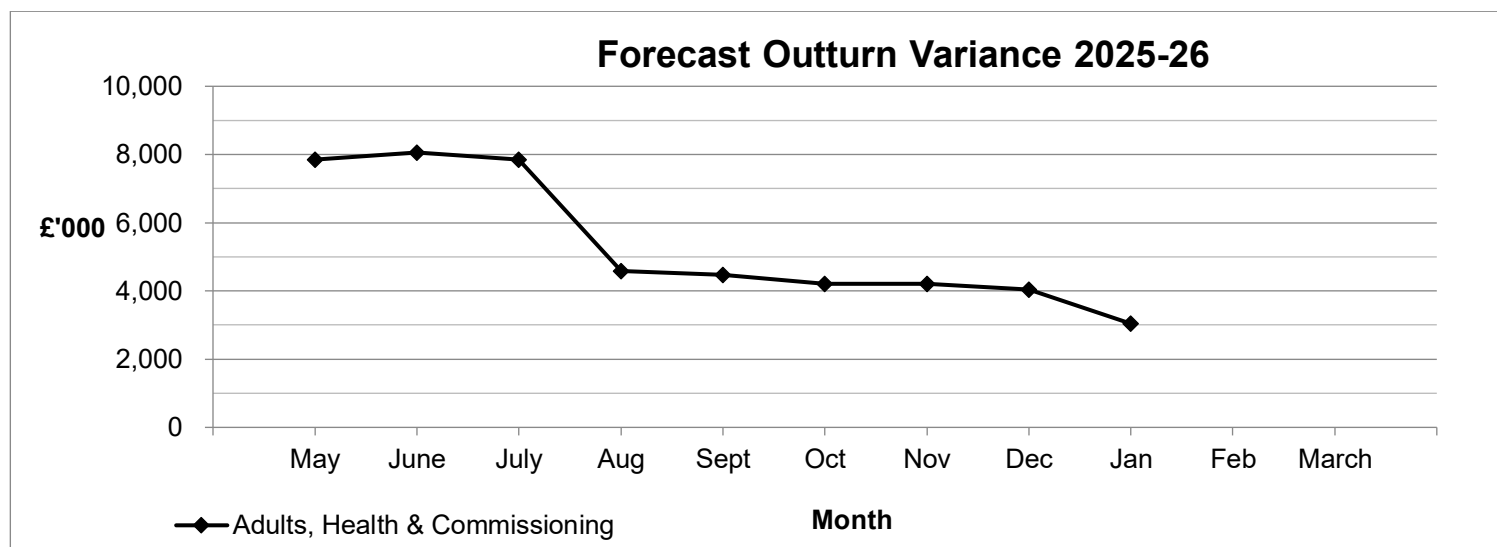
Section	Item	Description
1	Revenue Executive Summary	High level summary of information and narrative on key issues in revenue financial position
2	Capital Executive Summary	Summary of the position of the Capital programme within Adults, Health and Commissioning
3	Savings Tracker Summary	Summary of the 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 1	Service Level Financial Information	Detailed financial tables for Adults, Health and Commissioning 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.
Appx 5	Technical Appendix	Each quarter, this will contain technical financial information showing: Grant income received Budget virements Earmarked & Capital reserves

1. Revenue Executive Summary

1.1 Overall Position

At the end of the January 2026, Adults, Health and Commissioning is forecasting an overspend of £3,041k.

1.2 Summary of Revenue position by Directorate



1.2.1 Adults, Health and Commissioning

Forecast Outturn Variance (Previous) £000	Service Area	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
-1,894	Executive Director	21,539	-57,495	-35,956	-44,155	-2,113	5.9%
6,735	Learning Disability and Prevention	132,216	-6,867	125,350	111,452	6,649	5.3%
1,094	Care and Assessment	147,598	-46,915	100,683	89,415	1,062	1.1%
-1,600	Commissioning (incl Mental Health)	57,876	-7,569	50,307	38,183	-2,424	-4.8%
-151	Public Health	36,407	-34,935	1,472	-7,207	-215	-0.6%
4,183	Total Expenditure	395,636	-153,780	241,856	187,688	2,959	1.2%
-138	(Drawdown from) / Contribution to reserves	-1,472	0	-1,472	-1,262	82	-5.6%
4,045	Total	394,164	-153,780	240,384	186,426	3,041	1.3%

1.3 Significant Issues

The overall forecast position for Adults, Health and Commissioning budgets for 2025-26 at the end of January 2026 is an overspend of £3,041k (equivalent to 1.3% of the annual budget). The forecast overspend includes an underspend for Public Health of £215k (equivalent to 0.6% of the annual budget).

The main reason for the cost pressure is the implications of the ending of the pooled budget with the ICB and associated costs of services for people with Learning Disabilities following the de-coupling at the end of March 2025. The ending of the pooled budget arrangements was expected to reduce costs for the Council and savings were built into previous Business Plans to reflect this; but the actual impact is not achieving those savings in full. Work on a number of joint funded packages is ongoing with proactive actions, focusing on the costs in providing care and support for those people with a learning disability, to help mitigate these cost pressures underway. The remaining pressure is being built into the 2026-27 Business Plan.

In addition to the pressures on services for people with Learning Disabilities, there remain a number of challenging savings targets from 2024-25 and 2025-26 which are unlikely to deliver in full in 2025/26. Progress against these targets is reported quarterly but expected shortfalls or forecast over delivery against target are also built into monthly forecasts.

Significant work has been undertaken to seek to reduce the forecast pressure on the Adults, Health and Commissioning budget, and mitigations have been reflected in the forecast. These include work on packages of care emerging from the Learning Disabilities pooled budget, review of the usage of grants to support social care pressures, and proposals for the use of Adult Social Care reserves.

The key factors that are likely to impact the forecast through the remainder of 2025-26 include:

- demand remains difficult to predict and can vary significantly from month to month. This can be reflected both in numbers accessing services, and higher acuity of need of those accessing services;
- the Directorate has a challenging set of savings targets to deliver against. Whilst many are expected to deliver in full, in other areas the work to finalise delivery plans was delayed resulting in forecast under delivery against some of the savings targets in the current financial year;
- vacant posts lead to underspends against staffing budgets and staffing risks were particularly pertinent for the Public Health team through the year whilst a new permanent structure for the Council was implemented;
- pressures with the provider market continued to be felt, particularly related to increasing fee rates, and changes in employers National Insurance commitments. The impacts of inflationary pressures are seen both in the uplifts required for existing care packages, and the price at which new packages are sourced; and
- the position of the care market, particularly around specific types of provision and location, continues to make some placements more difficult to source, particularly at the more complex end of provision.

Adults, Health and Commissioning overdue debt (excluding debt with Health partners) stood at £25.0m at the end of January, up from £24.1m at the end of December. Debt over 1 year old was £12.6m at the end of January, up from £12.0m at the end of December. This compares to a balance of £9.3m at the end of March 2024.

Overdue debt with Health partners stood at £4.1m at the end of January, up from £2.5m at the end of December. This increase is driven by the Late payment of invoices related to the Integrated Community Equipment services (ICES). These invoices were cleared in early February. Work continues with Health partners to address the remaining Health debt outstanding.

2. Capital Executive Summary

The council's capital programme has undergone review for 2026-27 business planning. As part of this review, the Independent Living Service schemes and Specialist Accommodation Service scheme have been removed in their present form. Work is ongoing in the current year to identify future options to meet specialist accommodation needs and these will be brought forward once opportunities have been fully scoped. Abortive costs of £458k from the Independent Living Service: East Cambridgeshire will be written back to revenue following closure of the scheme.

Additional Disabled Facilities Grant (DFG) was announced in January 2026 and has increased the budgeted spend and related funding for DFG in 2025-26 by £442k. This money is received into the County Council but made up of individual allocations for each of the District Councils in Cambridgeshire, and the funding will therefore be passed on to them.

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

3. Savings Tracker Summary

The Savings Tracker is a reporting tool for summarising delivery of planned revenue savings. Within the Tracker, the delivery of savings is shown against the original saving approved in the 2025-30 Business Plan. The Tracker is completed at the end of each quarter and reported in the next FMR going to committee. It is important to note the relationship between the reported savings projections and the overall revenue financial position reported in this report. As pressures arise in-year, further mitigation and/or additional savings are required to deliver a balanced position. The summary savings position as at the end of December is reported below:

RAG Status	Original Saving £000	Forecast Saving £000	Variance £000
Blue	-3,673	-7,077	-3,404
Green	-14,139	-14,139	0
Amber	-1,173	-620	553
Red	-6,731	-1,847	4,884
Black	-2,596	0	2,596
Total	-28,312	-23,683	4,629

4. Technical note

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

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

The third quarterly appendix is included as Appendix 5 to this FMR report.

5. Key Activity Data

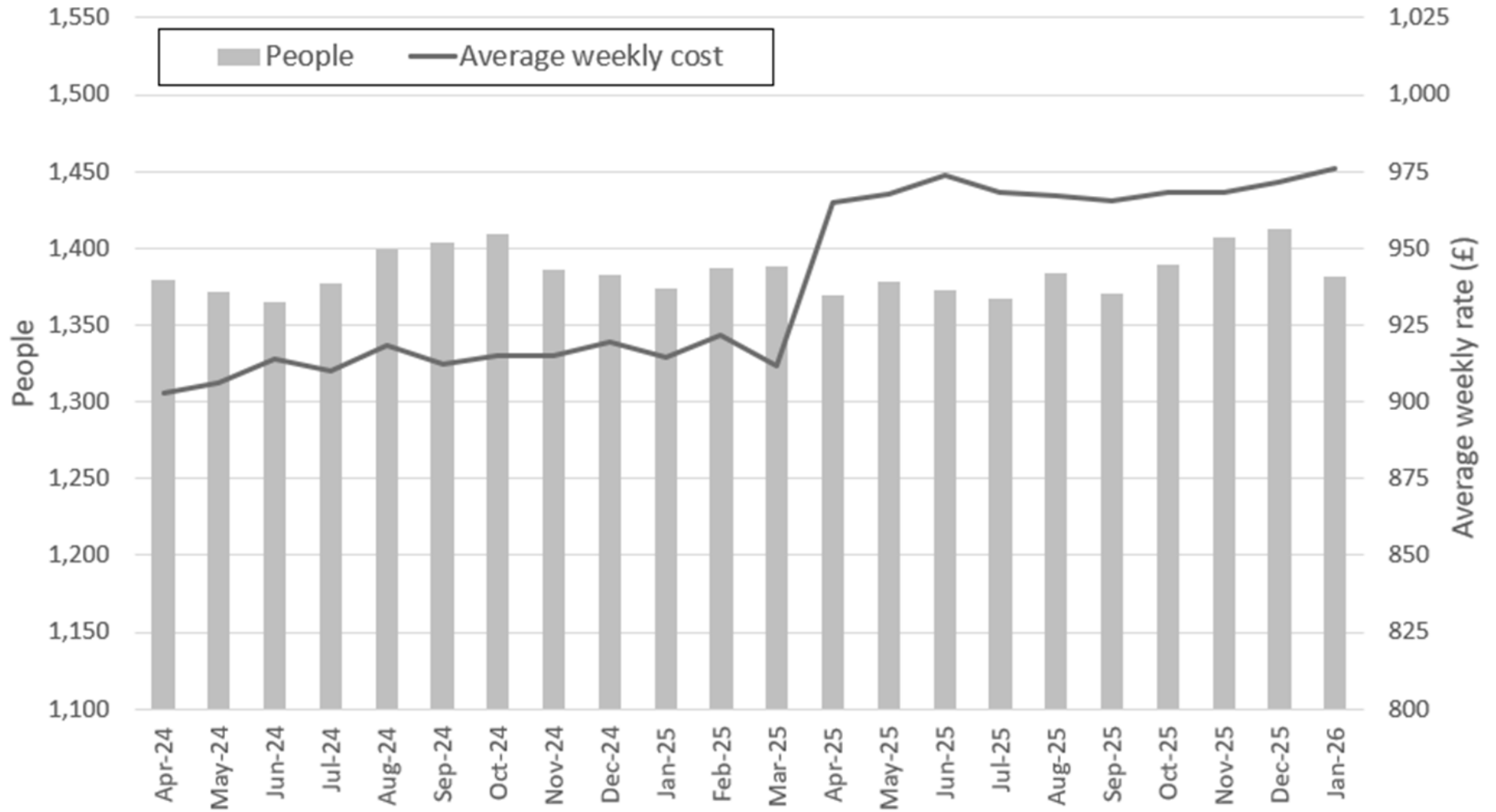
5.1 Key activity data for January 2026 for Learning Disability Partnership is shown below:

Learning Disability Partnership	BUDGET			ACTUAL (January 2026)				Forecast Outturn		
Service Type	Expected No. of Care Packages 2025-26	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	222	£2,681	£28,234k	214	↓	£2,485	↓	£28,733k	↓	£499k
~Nursing	9	£3,187	£1,250k	6	↔	£2,502	↑	£1,215k	↑	£34k
~Respite			£408k		↔		↔	£471k	↓	£63k
Accommodation based subtotal	231	£2,700	£29,892k	220		£2,485		£30,420k	↓	£528k
Community based										
~Supported Living	573	£1,884	£51,235k	561	↔	£1,845	↑	£54,453k	↑	£3,218k
~Homecare	337	£475	£8,167k	316	↓	£404	↓	£6,466k		£1,701k
~Direct payments	397	£622	£10,724k	363	↓	£542	↑	£10,371k	↑	£353k
~Live In Care	7	£1,118	£341k	8	↔	£1,330	↔	£488k	↑	£148k
~Day Care	637	£228	£5,939k	620	↓	£212	↓	£5,042k	↓	£896k
~Other Care	296	£134	£2,788k	280	↓	£133	↑	£2,334k	↓	£453k
Community based subtotal	2,247	£747	£79,193k	2,148		£716		£79,154k		£39k
Total for expenditure	2,478	£929	£109,085k	2,368		£881		£109,574k	↓	£489k
Care Contributions			£6,143k					£6,547k	↑	£404k

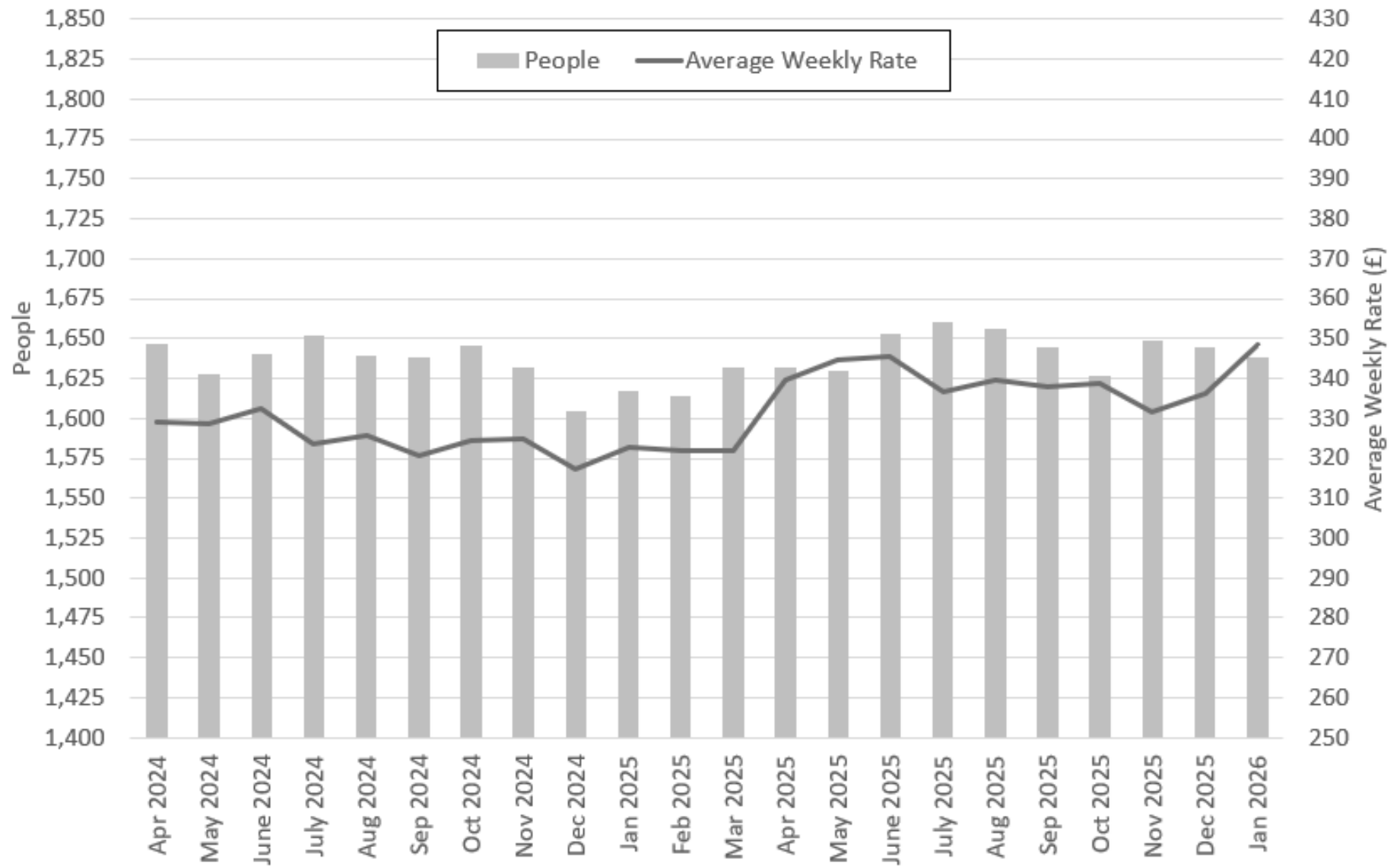
5.2 Key activity data for January 2026 for Older People's service is shown below:

Older People's Service	BUDGET			ACTUAL (January 2026)				Forecast Outturn		
Service Type	Expected No. of Care Packages 2025-26	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	407	£927	£20,827k	391 ↓		£935 ↓		£19,894k ↓		£-934k
~Residential Dementia	548	£934	£28,173k	566 ↓		£925 ↑		£28,487k ↓		£314k
~Nursing	260	£1,048	£15,477k	229 ↓		£1,037 ↔		£14,358k ↓		£-1,119k
~Nursing Dementia	211	£1,150	£14,216k	196 ↓		£1,132 ↔		£13,414k ↓		£-802k
~Respite			£734k	83 ↑		£202 ↑		£895k ↓		£161k
Accommodation based subtotal	1,426	£985	£79,428k	1,465		£976		£77,048k		£-2,380k
Community based										
~Supported Living	383	£121	£6,289k	474 ↓		£107 ↓		£6,583k ↓		£294k
~Homecare	1,713	£337	£29,020k	1,638 ↓		£348 ↓		£28,907k ↓		£-112k
~Direct payments	182	£449	£3,899k	183 ↓		£478 ↓		£4,181k ↑		£282k
~Live In Care	30	£1,055	£1,597k	28 ↔		£1,068 ↔		£1,659k ↓		£62k
~Day Care	57	£76	£129k	45 ↓		£85 ↓		£110k ↑		£-19k
~Other Care			£206k	11 ↓		£45 ↑		£137k ↑		£-69k
Community based subtotal	2,365	£314	£41,140k	2,379		£312		£41,578k		£438k
Total for expenditure	3,791	£566	£120,568k	3,844		£565		£118,626k		£-1,942k
Care Contributions			-£41,764k					-£41,979k		£1,781k

OP Activity & Average Weekly Cost for Care Homes (Apr 24 - Jan 26)



OP Activity & Average Weekly Cost for Home Care (Apr 24 - Jan 26)



5.3 Key activity data for January 2026 for Physical Disabilities Services is shown below:

Physical Disabilities	BUDGET			ACTUAL (January 2026)				Forecast Outturn		
Service Type	Expected No. of Care Packages 2025-26	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	32	£1,362	£2,028k	30 ↔		£1,523 ↑		£2,282k ↑		£254k
~Residential Dementia	10	£1,020	£503k	9 ↓		£1,042 ↑		£468k ↓		-£34k
~Nursing	25	£1,393	£1,819k	24 ↑		£1,344 ↓		£1,556k ↑		-£264k
~Nursing Dementia	2	£1,295	£85k	4 ↔		£1,379 ↔		£266k ↑		£181k
~Respite			£74k	14 ↑		£456 ↑		£226k ↑		£152k
Accommodation based subtotal	69	£1,322	£4,510k	81		£1,386		£4,798k		£289k
Community based										
~Supported Living	36	£532	£650k	38 ↑		£529 ↓		£669k ↓		£19k
~Homecare	382	£320	£6,084k	352 ↓		£350 ↑		£6,095k ↑		£11k
~Direct payments	165	£462	£3,764k	176 ↓		£480 ↓		£3,869k ↑		£105k
~Live In Care	20	£1,129	£1,164k	16 ↓		£1,120 ↓		£1,077k ↓		-£87k
~Day Care	23	£156	£183k	26 ↑		£147 ↓		£181k ↑		-£2k
~Other Care			£1k	2 ↔		£132 ↔		£19k ↑		£19k
Community based subtotal	626	£390	£11,845k	610		£410		£11,910k		£65k
Total for expenditure	695	£482	£16,354k	691		£524		£16,708k	↑	£354k
Care Contributions			-£2,490k					-£2,066k		£424k

5.4 Key activity data for January 2026 for Older People Mental Health (OPMH) is shown below:

Older People Mental Health	BUDGET			ACTUAL (January 2026)				Outturn		
Service Type	Expected No. of Care Packages 2025-26	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	44	£658	£1,637k	42	↓	£895	↓	£1,774k	↓	£137k
~Residential Dementia	42	£715	£1,558k	46	↑	£923	↓	£2,005k	↑	£447k
~Nursing	39	£723	£1,116k	32	↔	£1,061	↑	£1,652k	↑	£537k
~Nursing Dementia	78	£895	£5,187k	69	↔	£1,192	↓	£4,005k	↓	£-1,182k
~Respite	9	£104	£32k	1	↓	£437	↑	£44k	↑	£13k
Accommodation based subtotal	212	£773	£9,529k	190		£4,509		£9,481k		£-48k
Community based										
~Supported Living	12	£481	£359k	10	↔	£759	↔	£331k	↔	£-28k
~Homecare	78	£206	£955k	70	↔	£338	↓	£1,210k	↓	£255k
~Direct payments	7	£999	£469k	7	↔	£480	↔	£219k	↓	£-251k
~Live In Care	9	£793	£507k	9	↔	£1,088	↔	£474k	↑	£-33k
~Day Care	7	£58	£8k	10	↔	£104	↑	£28k	↑	£21k
~Other Care	5	£9	£3k	6	↑	£43	↑	£1k	↔	£-2k
Community based subtotal	118	£309	£2,301k	112		£408		£2,263k		£-37k
Total for expenditure	330	£607	£11,830k	302		£2,988		£11,744k	↓	£-86k
Care Contributions			£-1,712k					£-1,967k	↓	£-254k

5.5 Key activity data for January 2026 for Adult Mental Health (AMH) is shown below:

Adult Mental Health	BUDGET			ACTUAL (January 2026)				Outturn		
Service Type	Expected No. of Care Packages 2025-26	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	53	£720	£2,818k	58	↔	£1,028	↓	£3,100k	↓	£282k
~Residential Dementia	0	£0	£k		↔		↔	£k	↔	£k
~Nursing	11	£814	£611k	13	↓	£1,126	↓	£727k	↓	£116k
~Nursing Dementia	0	£0	£k		↔		↔	£k	↔	£k
~Respite	1	£7	£8k	1	↔	£10	↔	£k	↔	-£8k
Accommodation based subtotal	65	£725	£3,437k	72		£1,046		£3,828k		£390k
Community based										
~Supported Living	166	£644	£8,170k	145	↓	£928	↓	£7,724k	↓	-£446k
~Homecare	239	£118	£2,967k	225	↑	£130	↓	£2,548k	↓	-£420k
~Direct payments	22	£202	£294k	19	↓	£283	↓	£264k	↓	-£30k
~Live In Care	3	£1,201	£256k	3	↔	£1,173	↔	£207k	↔	-£49k
~Day Care	5	£75	£27k	6	↔	£116	↔	£37k	↑	£9k
~Other Care	6	£35	£22k	7	↑	£56	↑	£32k	↑	£10k
Community based subtotal	441	£326	£11,738k	405		£429		£10,811k		-£927k
Total for expenditure	506	£377	£15,175k	477		£522		£14,639k	↓	-£536k
Care Contributions			-£479k					-£421k	↔	£57k

5.6 Key activity data at the January 2026 for Autism is shown below:

Autism	BUDGET			ACTUAL (January 26)				Outturn		
Service Type	Expected No. of Care Packages 2025-26	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	£1,824	£380k	4	↑	£2094	↔	£399k	↑	£19k
~Respite		£882	£2k	2	↔	£28	↔	6k	↓	£5k
Accommodation based subtotal	4	£1,824	£382k	6		£1,405		£406k	↑	£24k
Community based										
~Supported Living	26	£1,244	£1,687k	26	↓	£1183	↓	£1,785k	↓	£98k
~Homecare	55	£195	£559k	47	↓	£148	↓	£466k	↓	-£93k
~Direct payments	50	£239	£623k	46	↔	£223	↓	£550k	↓	-£73k
~Day Care	11	£111	£64k	11	↓	£138	↑	£72k	↓	£8k
~Other Care	12	£363	£227k	9	↓	£199	↓	£194k	↓	-£34k
Community based subtotal	154	£393	£3,160k	139		£369		£3066k		-£94k
Total for expenditure	158	£430	£3,542k	145		£412		£3472k		-£71k
Care Contributions			-£197k					-£205k		-£8k

Appendix 1 – Adults, Health and Commissioning Detailed Financial Information

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
Executive Director									
-1,964	A&H	1	Executive Director - Adults, Health & Commissioning	17,986	-57,460	-39,474	-47,057	-2,173	-6%
-294	A&H	2	Staffing Pay Inflation	294	0	294	0	-294	-100%
332	A&H	3	Performance & Strategic Development	2,462	-35	2,427	2,226	332	14%
32	A&H		Principal Social Worker	798	0	798	676	22	3%
Service Director – LDP and Prevention									
26	A&H		Service Director – LDP and Prevention	351	-22	329	-106	30	9%
26	A&H		Prevention & Early Intervention	14,176	-302	13,874	10,769	1	0%
-72	A&H		Autism and Adult Support	4,026	-229	3,797	2,901	-136	-4%
Learning Disabilities									
-4,460	A&H	4	LD Head of Service	3,290	0	3,290	-48	-4,428	-135%
3,635	A&H		LD - City, South and East Localities	48,291	-2,945	45,345	40,989	2,953	7%
4,949	A&H		LD - Hunts and Fenland Localities	44,157	-2,946	41,212	39,577	5,933	14%
2,632	A&H		LD - Young Adults Team	7,017	-252	6,766	7,658	2,120	31%
0	A&H		LD - In House Provider Services	10,908	-172	10,736	9,712	177	2%
6,755			Learning Disabilities Total	113,664	-6,315	107,349	97,888	6,755	6%
Service Director – Care & Assessment									
-60	A&H		Service Director - Care & Assessment	1,077	0	1,077	740	-81	-7%
4	A&H		Assessment & Care Management	5,355	-46	5,309	4,319	4	0%
0	A&H		Transfers of Care	2,941	0	2,941	2,272	0	0%
86	A&H		Safeguarding	1,599	0	1,599	1,313	99	6%
-20	A&H		Adults Finance Operations	1,994	0	1,994	1,028	-20	-1%

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		5	Older People's and Physical Disabilities Services						
807	A&H		Older Peoples Services - North	55,547	-22,128	33,419	31,360	599	2%
-263	A&H		Older Peoples Services - South	62,495	-21,979	40,516	36,072	-195	-0%
23	A&H		Physical Disabilities - North	7,931	-1,160	6,771	5,761	142	2%
517	A&H		Physical Disabilities - South	8,658	-1,602	7,057	6,549	514	7%
1,084			Older People's and Physical Disabilities Services Total	134,631	-46,869	87,762	79,743	1,060	1%
			Service Director - Commissioning						
-754	A&H	6	Service Director - Commissioning	2,935	0	2,935	583	-920	-31%
-104	A&H	7	Adults Commissioning - Staffing	3,418	0	3,418	2,665	-124	-4%
55	CYP	7	Children's Commissioning - Staffing	1,504	0	1,504	1,435	59	4%
-235	A&H	8	Adults Commissioning - Contracts	5,979	-987	4,992	3,753	-427	-9%
-64	A&H		Housing Related Support	7,110	-639	6,471	5,505	-64	-1%
289	A&H	9	Integrated Community Equipment Service	5,317	-2,899	2,418	2,003	133	5%
		10	Mental Health						
-35	A&H		Mental Health - Staffing	4,117	-62	4,055	2,345	-35	-1%
-51	A&H		Mental Health Commissioning	3,223	-553	2,670	2,183	-59	-2%
-434	A&H		Adult Mental Health	12,631	-565	12,066	9,491	-640	-5%
-267	A&H		Older People Mental Health	11,642	-1,865	9,777	8,220	-348	-4%
-787			Mental Health Total	31,613	-3,045	28,567	22,239	-1,082	-4%

Forecast Outturn Variance (Previous) £000	Committee	Note	Budget Line	Gross Budget £000	Income Budget £000	Net Budget £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
		11	Public Health						
236	A&H		Director of Public Health	2,598	-29,506	-26,908	-28,358	228	9%
-30	A&H		Healthy Place and Intelligence	289	0	289	152	-46	-16%
			<i>Prevention and Inclusion</i>						
-123	A&H		Prevention and Inclusion services	1,588	-38	1,550	1,101	-110	-7%
0	A&H		Behaviour Change Services	3,799	-542	3,257	2,103	0	0%
-10	A&H		Drug and Alcohol Misuse	7,347	-2,064	5,282	3,890	-27	0%
1	A&H		Smoking Cessation	1,384	-816	569	-207	1	0%
			<i>Children and Health Protection</i>						
-55	A&H		Children and Health Protection services	226	0	226	99	-57	-25%
-120	CYP		Children Health	11,641	-90	11,551	9,908	-141	-1%
-50	A&H		Sexual Health and Contraception	7,534	-1,879	5,655	4,104	-64	-1%
-151			Public Health Total	36,407	-34,935	1,472	-7,207	-215	-1%
4,183			Overall Adults, Health & Commissioning Total before Use of Reserves	395,636	-153,780	241,856	187,688	2,959	1%
-289			Drawdown from Adults reserves	0	0	0	0	-133	0%
151			Drawdown from Public Health reserves	-1,472	0	-1,472	-1,262	215	15%
4,045			Overall Adults, Health & Commissioning Total	394,164	-153,780	240,384	186,426	3,041	1%

Appendix 2 – Service Commentaries on Outturn Position

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

Note	Commentary vs previous month	Committee	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
1	Updated	A&H	Executive Director - Adults, Health & Commissioning	-39,474	-2,173	-6%	<p>On the savings target for review of in house provision, review work has largely been completed but savings have not yet been delivered creating a pressure of up to £1m in year. Work is ongoing to understand savings opportunities and mitigations in year have been found. The pressure is more than offset by:</p> <ul style="list-style-type: none"> ➤ work to review priorities around the use of external grant funding which has released £2.2m of grant monies to contribute to care pressures; ➤ the release of unspent inflation contingency from 2024/25 of £364k; ➤ a forecast over delivery against the budget for in year savings from vacant posts of £675k; and ➤ Quality Assurance Forum work being undertaken without the need for using the £100k associated investment in year. <p>The forecast also includes allowance for the write back to revenue of costs previously charged to the Independent Living Scheme capital project in East Cambs which will not now proceed in its current form.</p>
2	Existing	A&H	Staffing Pay Inflation	294	-294	-100%	<p>The staff pay awards for 2025-26 have now been finalised releasing an underspend of £294k across Adults, Health and Commissioning.</p>
3	Existing	A&H	Performance & Strategic Development	2,427	332	14%	<p>Current progress on the digital innovation savings strategy suggests that the saving linked to this project will be delayed and will under-deliver in 25-26. Work is ongoing to understand the size of the savings opportunity and some mitigation in year may be possible. This will be reflected as it is identified.</p>

Note	Commentary vs previous month	Committee	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
4	Updated	A&H	Learning Disabilities	107,349	6,755	6%	<p>As of 1 April 2025, the Learning Disability Partnership has formally dissolved its pooled budget arrangement with Health. The process of disaggregating the budget remains complex, with ongoing work to determine the appropriate health-related funding splits within the service. The original budget was built on an overestimation of health needs, and as joint funding agreements are now being made based on lower levels of health need, this has created significant financial pressure. The current forecast indicates a projected overspend of £6.755 million. This figure remains highly volatile and is subject to daily changes as various disaggregation workstreams are completed. Mitigation plans are in place, focusing on reviewing different areas of service spend. To date, these efforts have delivered £2.1 million in savings. However, new in-year demand is projected at £2.25 million. Following a period of lower demand last year, activity is now returning to previous levels, adding further strain to the budget. The savings achieved so far have started to reduce the overspend but £1.1m is continuing to offset some of the increased demand pressures. In addition, corporate funding of £2.9m has been allocated to support with offsetting the pressure, which has reduced the reported overspend to £6.75m</p>
5	Updated	A&H	Older People's and Physical Disabilities Services	87,762	1,060	1%	<p>Older People's and Physical Disabilities services are forecasting a £1.06m pressure, with no change from the previously reported period. This pressure is a result of two main factors. The first is that while net activity levels year-to-date remain lower than budgeted, we have seen a recent increase in demand for bed-based care. The second factor is an under-recovery against budgeted income from client contributions due to an adjustment (reduction) to the forecast for backdated charges. In combination, an increased demand and a reduced forecast of income, result in a forecast pressure of £1.06m.</p>

Note	Commentary vs previous month	Committee	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
							With regards to savings as part of the forecast, the budget assumed in-year savings delivery of £3.35m. Current progress suggests an underachievement of £770k against this savings target. Additionally, there remain uncertainties around the potential impact of high levels of adult social care debt.
6	Updated	A&H	Service Director - Commissioning	2,935	-920	-31%	Negotiations with providers over 2025-26 inflationary uplifts are now coming to a conclusion allowing the partial release of the risk budget held back awaiting the outcome of inflation awards.
7	Existing	A&H	Commissioning – Staffing (Adults and Children's)	4,922	-64	-1%	Commissioning staffing budgets are being managed across the service with the pressure from the ending of an historic recharge of costs to the Learning Disability pooled budget offset in year by forecast underspends elsewhere.
8	Existing	A&H	Adults Commissioning contracts	4,992	-427	-9%	Adults Commissioning contracts is forecasting an underspend of £427k as a result of new contracts coming in at less than budget and additional Public Health funding into the Community Navigators and Unpaid Carers Support budgets.
9	Existing	A&H	Integrated Community Equipment Service	2,418	133	5%	<p>The Integrated Community Equipment Service (ICES) provides equipment to people of all ages. The service is critical to helping people to remain as independent as possible in the community and in the home of their choice. Following notification that the provider of our community equipment service was in financial difficulties, we have worked with Peterborough City Council and Cambridgeshire and Peterborough Integrated Care Board to commission a new provider at pace to ensure this essential service can be maintained to the residents of Cambridgeshire and Peterborough. There was an anticipated increase in costs from this switch in providers of £625k but budget of £335k has been identified to contribute towards this pressure. Current forecasting based on actuals is indicating additional spend of £468k against the original expectation of £625k, resulting in a current forecast of £133k overspend. However,</p>

Note	Commentary vs previous month	Committee	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
							there is a risk that further investment will be required to support development of the warehouse, shifts in demand and the outcome of longer-term pricing negotiations with the new provider. Drawdown from Adults risk reserves is assumed for this pressure if it materialises.
10	Updated	A&H	Mental Health	28,567	-1,082	-4%	Mental Health services are forecasting an overall underspend of £1,082k, with an underspend on the cost of care of £988k in January. This is being driven by a reduction in spend for domiciliary care and supported living in Adult Mental Health services and nursing care within Older People Mental Health services. There remains a risk that more young people with complex needs transition into adult social care than expected and this is being monitored. In addition to this, a £35k underspend on staffing within the Mental Health Social Work Section 75 Agreement has been declared due to vacancies and staff turnover. The service is overachieving against the £1.1m savings target for Mental Health Services across 2024/25 and 2025/26 with £1.2m identified to date.
11	Updated	A&H	Public Health	1,472	-215	-1%	The Public Health policy lines now reflect the new structure in the Public Health service following the recent restructure. Staffing budgets have been split out across the 4 Public health teams within the Director of Public Health, Healthy Place and Intelligence, Prevention and Inclusion services and Children and Health Protection services policy lines. There are staffing underspends across these policy lines due to current vacancies as a number of posts within the new structure are recruited to. Additional Public Health funding is being transferred in year to the Strategy and Partnerships Directorate for anti-poverty work, and to the Adults, Health and Commissioning Directorate for the Community Navigators service and for support to Carers to offset these underspends and is reflected in the Director of Public Health position.

Note	Commentary vs previous month	Committee	Service Area / Budget Line	Net Budget £000	Forecast Outturn Variance £000	Forecast Outturn Variance %	Commentary
							In addition, there is a forecast in year underspend against the Healthy Child Programme based on staffing levels in place and inflationary uplifts in contracts.

Appendix 3 – Capital Position

3.1 Capital Expenditure

Original 2025-26 Budget as per Business Plan £000	Committee	Scheme Category	Total Scheme Revised Budget £000	Total Scheme Forecast Variance £000	Budget Carried-forward 2025-26 £000	Budget Re-phasing 2025-26 £000	Additional/Reduction in Funding 2025-26 £000	Revised Budget for 2025-26 £000	Actual Spend (Jan) £000	Forecast Outturn Variance (Jan) £000
-	A&H	Independent Living Service: East Cambridgeshire	21,727	-21,727	4	-4	-	-	4	-458
6,290	A&H	Disabled Facilities Grant	63,342	-	-	-	442	6,732	5,816	-
400	A&H	Integrated Community Equipment Service	4,000	-	-	-	-	400	-	-
64	A&H	Capitalisation of interest costs	1,570	-	-	-38	-	26	-	-39
-450	A&H	Capital variations	-8,289	-	-	375	-	-75	-	75
-	A&H	Independent Living Services	22,000	-22,000	-	-	-	-	-	-
3,000	A&H	Specialist Accommodation Services	12,000	-11,500	-	-2,500	-	500	-	-
9,304		TOTAL	116,350	-55,227	4	-2,167	442	7,583	5,819	-422

The council's capital programme has undergone review for 2026-27 business planning. As part of this review, the Independent Living Service schemes and Specialist Accommodation Service scheme are being removed in their present form. Work is ongoing in the current year to identify future options to meet specialist accommodation needs and these will be brought forward once opportunities have been fully scoped.

Additional Disabled Facilities Grant (DFG) was announced in January 2026 and has increased the budgeted spend for DFG in 2025-26 by £442k. This money is received into the County Council but made up of individual allocations for each of the District Councils in Cambridgeshire, and the funding will therefore be passed on to them.

The scheme(s) 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 2025-26 £m	Forecast Outturn Variance £m	Cause	Commentary
1	Adults & Health	Existing	Independent Living Service: East Cambridgeshire	21,727	0	-458	Total scheme variance	Following 12 months of negotiation with the NHS, an agreement on the Heads of Terms was not achieved. No viable alternative option has been identified at the present time and so the scheme in its present form has been removed in business planning. Abortive costs of £458k will be written back to revenue following closure of the scheme.

3.2 Capital Variations Budget

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

3.3 Capital Funding

Original 2025-26 Funding Allocation as per Business Plan	Source of Funding	Budget Carried- forward 2025-26	Budget Revisions 2025-26	Revised Budget for 2025-26	Forecast Spend - Outturn (Jan)	Forecast Variance - Outturn (Jan)
£000		£000	£000	£000	£000	£000
6,290	Grant Funding	-	442	6,732	6,732	-
3,014	Prudential Borrowing	4	-2,167	851	429	-422
9,304	Total Funding	4	-1,725	7,583	7,086	-422

As with spend above, the write-back of abortive costs will reduce the requirement for prudential borrowing to fund the capital programme.

Additional Disabled Facilities Grant (DFG) has increased the budgeted funding for DFG in 2025-26 by £442k. This money is received into the County Council but made up of individual allocations for each of the District Councils in Cambridgeshire, and the funding will therefore be passed on to them.,

Appendix 4 – Savings Tracker

4.1 Adults, Health and Commissioning Savings Tracker 2025-26 Dec 25

					-28,312	-23,683	4,629	16%		
Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2025-26 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2022-23 cfwd	A/R.6.188 (2022-23)	Micro-enterprises Support	-103	-30	73	71%	Amber	The Trusted Provider List of CMEs has been set up and the capacity is in place to access. However further work is required to update systems to allow the Council to operationalise this and start to achieve the saving.
AHC	A&H	2024-25 cfwd	B/R.6.006 (2024-25)	Mental Health supported accommodation	-137	-137	0	0%	Green	
AHC	A&H	2024-25 cfwd	B/R.6.009 (2024-25)	Mental Health residential and community	-317	-317	0	0%	Green	
AHC	A&H	2024-25 cfwd	B/R.6.010 (2024-25)	Block beds void management	-28	-75	-47	-168%	Blue	£23k more than target was delivered in 24/25. The residual amount has been achieved in 25/26.
AHC	A&H	2024-25 cfwd	B/R.6.013 (2024-25)	Prevent, reduce and delay needs presenting - reablement	-195	-195	0	0%	Green	Saving will be delivered to target
AHC	A&H	2024-25 cfwd	B/R.6.015 (2024-25)	Prevention Agenda - Digital Innovation	-300	0	300	100%	Black	Current progress on the digital innovation savings strategy suggests that the saving linked to this project will be delayed and will under-deliver in 25-26. Work is ongoing to understand the size of the savings opportunity and some mitigation in year may be possible with new digital approaches introduced in Q3. This will be reflected in the forecast as it is identified.
AHC	A&H	2024-25 cfwd	B/R.6.018 (2024-25)	Learning Disability Respite Utilisation	-21	-21	0	0%	Green	On track as respite bookings are scheduled months in advance. On-going monitoring will be in place
AHC	A&H	2024-25 cfwd	B/R.6.020 (2024-25)	Learning Disability Cambridgeshire Outreach	-187	0	187	100%	Black	Solution being implemented but due to revised timescales and the need to recruit, savings anticipated in year will not be achieved.
AHC	A&H	2024-25 cfwd	B/R.6.021 (2024-25)	Learning Disability Enablement	-391	0	391	100%	Black	Pilot unsuccessful due to resourcing issues. Decision required on alternative mitigations.

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2025-26 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2024-25 cfwd	B/R.6.024 (2024-25)	Prevention Agenda - All Age Locality Strategy	-177	-177	0	0%	Green	Agreed approach following recommendations from consultancy report. Implementation starting late but likely to deliver full savings in year.
AHC	A&H	2024-25 cfwd	B/R.6.025 (2024-25)	Mental Health Recommissioning Supported Accommodation	-75	-75	0	0%	Green	Saving was meant to be delivered through closure of Garden Walk, but proved to be undeliverable due to alternative placement moves being more costly. Mitigations have been achieved through alternative savings.
AHC	A&H	2024-25 cfwd	B/R.6.027/28/29 (2024-25)	Review discharge pathways - Pathway 3, Reduce bed based care	-1,200	-679	521	43%	Red	Partial delivery through Pathway 1/Reablement increased capacity. Further options for delivering the saving are being explored with partners.
AHC	A&H	2024-25 cfwd	B/R.6.030/31/32 (2024-25)	Review in house services - Cost avoidance / efficiencies and new opportunities	-1,000	0	1,000	100%	Black	Non delivery of saving in year mitigated by additional grant funding for care pressures. Mitigations being explored but likely to deliver in 26/27 as business cases being developed
AHC	A&H	2024-25 cfwd	B/R.6.037 (2024-25)	Day Opportunities	-183	0	183	100%	Black	Review is being undertaken during 25/26 and an independent co-production partner commissioned to agree direction of travel and next steps. Current performance to be reviewed to understand if a level of savings have been achieved.
AHC	A&H	2022-23 cfwd and 2024-25 cfwd	A/R.7.113 (2022-23) B/R.7.005a (2024-25)	Learning Disability Partnership Pooled Budget - cost share	-2,594	-680	1,914	74%	Red	Pooled budget ended 31st March 2025 and has not delivered the anticipated savings for the Council. Mitigation plans are in place, focusing on work with the ICB regarding joint funded packages, it is anticipated this will start to mitigate against this saving. Work continues to identify further savings and manage future demand and work is taking place with the ICB regarding joint funded cases.
AHC	A&H	2025-26 saving	B/R.7.002	Expansion of Direct Payments	-60	0	60	100%	Black	Alternative proposals to improve direct payment delivery are being explored through a new team level KPI for increasing DP uptake.
AHC	A&H	2025-26 saving	B/R.7.003	Decommissioning of block contracts for car rounds providing homecare	-100	-100	0	0%	Green	Complete
AHC	A&H	2025-26 saving	B/R.7.006	Mental Health supported accommodation	-267	-267	0	0%	Green	

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2025-26 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2025-26 saving	B/R.7.009	Mental Health residential and community	-357	-446	-89	-25%	Blue	Priority being given to mitigating previous years savings. Further updates will be provided as we begin to track actuals
AHC	A&H	2025-26 saving	B/R.7.013	Prevent, reduce and delay needs presenting - reablement	-465	-465	0	0%	Green	Saving will be delivered to target
AHC	A&H	2025-26 saving	B/R.7.016	Learning Disability Low Cost placement review	-130	-75	55	42%	Amber	Mitigation from other workstreams
AHC	A&H	2025-26 saving	B/R.7.018	Learning Disability Respite Utilisation	-95	-105	-10	-11%	Blue	On track as respite bookings are scheduled months in advance. On-going monitoring will be in place
AHC	A&H	2025-26 saving	B/R.7.038	Savings from ending of Learning Disability pooled budget arrangements	-2,387	-320	2,067	87%	Red	Pooled budget ended 31st March 2025 and has not delivered the anticipated savings for the Council. Mitigation plans are in place, focusing on reviewing different areas of service spend. To date, these efforts have delivered £1.42 million in savings. However, new in-year demand is continuing, and activity is now returning to previous levels, adding further strain to the budget and offsetting some of the savings made. The savings achieved so far have therefore offset the increased demand pressures and not reduced the overall overspend. Work continues to identify further savings and manage future demand and work is taking place with the ICB regarding joint funded cases.
AHC	A&H	2025-26 saving	B/R.7.039	Enhanced response service	-228	-153	75	33%	Amber	Business case completed, waiting for updated figures. Due to error in redundancy figures given originally, forecasting not to deliver fully.
AHC	A&H	2025-26 saving	B/R.7.040	Social Work apprenticeships	-162	-130	32	20%	Amber	Shortfall in savings due to higher costs to support apprentices and a lower level of vacant Social Worker posts than anticipated to place apprentices into.
AHC	A&H	2025-26 saving	B/R.7.043	Housing Related Support Funding - Travellers Sites	-25	-25	0	0%	Green	Delivered
AHC	A&H	2025-26 saving	B/R.7.044	Extra Care - Additional Hours Budget	-350	-350	0	0%	Green	In year budget to be monitored.

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2025-26 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2025-26 saving	B/R.7.045	Contract Management and Brokerage	-750	-1,719	-969	-129%	Blue	Saving likely to deliver to target - on-going monitoring will be in place.
AHC	A&H	2025-26 saving	B/R.7.046	Directorate Structure Redesign	-500	-500	0	0%	Green	Delivery against vacancy factor in 2025-26.
AHC	A&H	2025-26 saving	B/R.7.052	Double Up Care provision	-500	-200	300	60%	Amber	Early indications from the project are positive with 32% of assessments ending in a reduction of care.
AHC	A&H	2025-26 saving	B/R.7.053	Rebaselining Older People demand	-9,600	-9,600	0	0%	Green	
AHC	A&H	2025-26 saving	B/R.7.054	Rebaselining Autism demand	-491	-491	0	0%	Green	
AHC	A&H	2025-26 saving	B/R.7.055	Housing Related support	-80	-80	0	0%	Green	Delivered
AHC	A&H	2025-26 saving	B/R.7.056	Maximise use of grant funding	-843	-2,768	-1,925	-228%	Blue	Additional grant funding identified to contribute to ASC pressures.
AHC	A&H	2025-26 saving	B/R.7.057	Release social care grant	-633	-633	0	0%	Green	On track
AHC	A&H	2025-26 saving	B/R.7.058	Quality Assurance Forum	-550	-168	382	69%	Red	Tracking of saving is in early stages, forecast continues to be monitored.
AHC	A&H	2025-26 saving	B/R.7.061	Reablement - Physiotherapy Interventions	-355	0	355	100%	Black	Delays in the recruitment process will impact on full delivery of saving in 25/26. Recruitment to one FTE, therapy support interventions have started with 15 people being seen so far, evidence of outcomes starting to be gathered. Advert out for other posts.
AHC	A&H	2025-26 saving	B/R.7.065	Rebaselining ASC inflation opening position for 25-26	-1,600	-1,964	-364	-23%	Blue	
AHC	A&H	2025-26 saving	B/R.7.501	Savings from recommissioning of Public Health contracts	-106	-106	0	0%	Green	On track
AHC	A&H	2025-26 saving	B/R.7.502	Public Health grant uplift applied to Children's obesity prevention work	-200	-200	0	0%	Green	On track. Substitution funding. Work commenced with Children's Centres and Early Years to develop an obesity programme of activities.

Directorate	Committee	Type	Business Plan Reference	Title	Planned Savings 2025-26 £000	Forecast Savings £000	Variance from Plan £000	% Variance	RAG	Forecast Commentary
AHC	A&H	2025-26 saving	B/R.7.503	Local Authority Better Care grant funding for falls prevention	-130	-130	0	0%	Green	On track
AHC	A&H	2025-26 saving	B/R.7.504	Digital NHS health checks	-100	-100	0	0%	Green	On track
AHC	A&H	2025-26 saving	B/R.7.505	Behaviour Change services - place based working	-80	-80	0	0%	Green	On track
AHC	A&H	2025-26 income	B/R.8c.006	Increased income from reducing Financial Assessments backlog	-90	-90	0	0%	Green	Achieved in full.
AHC	A&H	2025-26 income	B/R.8c.007	Increased Health income	-120	0	120	100%	Black	Reviewing outcomes of NHSE determination before level of saving can be confirmed
AHC	A&H	2025-26 income	B/R.8c.008	Fees and charges review	-50	-32	18	36%	Amber	Variance due to fewer full cost clients than expected.
TOTAL					-28,312	-23,683	4,629	16%		

Key to savings tracker:

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

APPENDIX 5 – Technical Note

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

Grant	Awarding Body	Amount £'000
Public Health	DHSC	30,424
Local Authority Better Care Grant	Department for Levelling Up, Housing & Communities (DLUHC)	18,716
Market Sustainability and Improvement Fund	DLUHC	10,168
Disabled Facilities Grant (Capital)	DLUHC	6,290
Drug and Alcohol Treatment and Recovery Grant	Office for Health Improvement & Disparities (OHID)	1,612
Local Stop Smoking Services and Support Grant	Office for Health Improvement & Disparities (OHID)	816
Social Care in Prisons Grant	DHSC	296
Individual Placement & Support grant	Office for Health Improvement & Disparities (OHID)	170
Total Non-Baselined Grants 25-26		68,493

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

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

	Eff. Period	£'000	Notes
Budget as per Business Plan		238,338	
Centre 33 budget to Children's Education and Families	May	-356	Move of Children's carer's support budget from Adults, Health and Commissioning to Children's, Education and Families
Transfer of Learning Disabilities legal budget to central legal budget	May	-150	Transfer of Learning Disabilities legal budget to central legal budget no pooled budget with Health has ended
Transfer of funding to communications team	June	-215	Transfer of funding to communications team for Adults focussed communication roles
PH grant transfer	June	-238	Transfer PH grant uplift 25/26 released by additional substitutions to corporate code
PH grant transfer	June	137	Move of PH income budget to Children's, Education and Families for carers support
Centralisation of training budgets	Oct	-21	Removal of unused training budgets from AHC services and centralisation of budget with Learning and Development team
Reduction in staff inflation budget	Oct	-9	Redistribution of staffing inflation budget across Directorates to fully fund inflationary uplifts
Transfer of corporate funding	Oct	2,900	Transfer of corporate funding to contribute towards pressure in LD services
Budget 25-26		240,384	

5.3.1 Adults, Health and Commissioning Earmarked Reserve Schedule

Budget Heading	2025-26 Opening Balance £000	Movements in 2025-26 £000	Balance at end January £000	Forecast Balance at end Mar £000	Reserve Description
Strategic Framework Priorities Reserves:					
Other investment reserves	30	0	30	0	In the Business Plan for 2024-25 a one off investment was made into mental health support. This reserve reflects the unspent balance of that investment which will be used in 2025-26.
Corporate risk reserves relating to services in this directorate:					
Adults Risk Reserves	6,281	-1,538	4,743	4,234	Main risk reserve held against the risk of demand for ASC services outstripping budget available. £300k of the reserve is earmarked against the risk of overspend on the Community Equipment budget following the change of provider in year with a forecast drawdown against this of £133k. The Learning Disability element of the reserve has now been used in full in settling the debt position from the LD pool with C&P ICB.
Other Risk Reserves	133	0	133	266	This is a smoothing reserve for the impact of an extra day of care in every leap year which was introduced through the Business Plan for 2024-25.
Ringfenced Reserves:					
PH Grant reserve	3,504	-1,262	2,243	2,032	See further detail below
Earmarked Reserves Relating to AHC	9,948	-2,800	7,149	6,532	

5.3.2 Public Health Grant Earmarked Reserve

Budget Heading	2025-26 Opening Allocation £000	Spend in 2025-26 £000	Balance at end January £000	Forecast Balance at end Mar £000	Reserve Description
<u>Children's Public Health:</u>					
Best Start in Life	18	-12	6	0	Contribution to Best Start in Life programme
Children and Young People's Mental Health	400	-50	350	267	New investment agreed in 2025/26
Period positive schools support	8	0	8	8	New investment agreed in 2025/26
<u>Adult Social Care & Learning Disability:</u>					
Falls Prevention Fund	2	0	2	0	Reserve funding replaced by permanent investment in Falls Prevention work from PH grant uplift
Improving residents' health literacy skills to improve health outcomes	100	-100	0	0	Adult Literacy programme
<u>PHI and Emergency Planning:</u>					
Quality of Life Survey	123	-123	0	0	Annual survey for 3 years to assess long term covid impact – final year
Public Health Emergency Planning	9	0	9	9	Additional funds to respond to Health Protection incidents
<u>Prevention and Health Improvement:</u>					
NHS Health checks Incentive Funding	388	0	388	388	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	2025-26 Opening Allocation £000	Movements in 2025-26 £000	Balance at end January £000	Forecast Balance at end Mar £000	Reserve Description
<u>Prevention and Health Improvement cont'd:</u>					
Tier 2 Adult Weight Management Services	45	-45	0	0	
Tier 3 Weight Management Services post covid	357	-357	0	0	To increase capacity of weight management services over 3 years – ends 2025/26
Social Marketing Research and Campaigns	104	-104	0	0	Social marketing research and related campaigns
Support for Primary care prevention	400	-400	0	0	Final spend in 25/26
Children's obesity	339	-40	299	259	Approved by S,R&P Committee in December 23
Care Together	700	0	700	700	New investment agreed in 2025/26
Care Together and Behaviour Change evaluation	80	0	80	40	New investment agreed in 2025/26
<u>Health in All Policies:</u>					
Effects of planning policy on health inequalities	63	-42	21	21	
Training for Health Impact Assessments	26	0	26	26	
<u>Miscellaneous:</u>					
Shared Care record	50	0	50	50	New investment agreed in 2025/26
Public Health Intelligence and Analytics	120	0	120	80	New investment agreed in 2025/26
Uncommitted PH reserves	173	11	184	184	
Year end transfer of underspend to PH reserve	0	0	0	215	Transfer of in year underspend to reserves at year end
TOTAL EARMARKED RESERVES	3,504	-1,262	2,243	2,247	

5.3.3 Adults, Health and Commissioning Capital Reserve Schedule

Budget Heading	2025-26 Opening Balance £000	Movements in 2025-26 £000	Balance at end January £000	Forecast Balance at end Mar £000	Reserve Description
Head of Integration	33	0	33	0	Capital grant funding for AHC IT Systems
TOTAL EARMARKED RESERVES	33	0	33	0	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

Corporate Performance Report

To:	Adults and Health Committee
Meeting Date:	5 March 2026
From:	Executive Director for Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	Not applicable
Executive Summary:	This report provides an update to the committee on the performance monitoring information for Quarter 3 of 2025/26, 1 October to 31 December 2025.
Recommendation:	The committee is asked to scrutinise and comment on the performance information presented.

Officer contacts:

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1. A healthy, fair and sustainable Cambridgeshire

1.1 This report analyses the strategic key performance indicators (SKPIs) which directly link to the following of the Council's ambitions and priorities:

- Ensure fairness and opportunity wherever we can:
 - The best start in life for children and young people: Work with partners to provide a safe and healthy environment for children and young people to live, learn and develop strong mental health from their earliest moments through their school years.
 - Jobs for the future: Work alongside other providers to ensure people have the right skills and opportunities to build successful working lives, including those with care experience, learning disabilities and mental health conditions

- Enable full, healthy lives for all:
 - Eating well: Work with partners on targeted interventions that help provide enough good food for every home, aiming to have no family hungry or under-nourished.
 - Stronger ties: Support people to build strong connections with their families, communities and the natural environment to combat loneliness and improve mental and physical health
 - Active living: Create more safe cycling and walking routes and work with partners and communities to promote accessible ways to get active
 - Independent living: Provide social care that supports adults and unpaid carers to live safely in the way they choose and prevents the need for more intensive support and care where possible.

Due to the complex nature of SKPIs, some indicators may also impact other ambitions.

2. Background

- 2.1 The Performance Management Framework builds a clear performance process, linking individual services' performance all the way through to strategic decision-making, supporting the Council to embed performance at the heart of everything it does.
- 2.2 The Performance Management Framework sets out that Policy and Service Committees should:
- Set outcomes and strategy in the areas they oversee.
 - Track progress quarterly.
 - Consider whether performance is at an acceptable level. Request further information on different SKPIs each quarter to effectively assess performance.
 - Seek to understand the reasons behind the level of performance and identify remedial action.
- 2.3 This report, delivered quarterly, continues to support the committee with its performance management role. It provides an update on the status of the selected Adult Social Care & Public Health SKPIs and tracks the performance of the services the committee oversees.

- 2.4 These indicators enable members of this committee to have the best overview of performance in line with our strategic ambitions. These indicators will, where possible, be benchmarked against national and regional performance and set appropriate targets to allow fair scrutiny.
- 2.5 From quarter 1 2025/26 onwards, quarterly corporate performance reports submitted to Policy and Service Committees will be presented in the format of a scorecard. This will support the delivery of a transparent view of performance and will enable each committees' scorecards to be brought together into a holistic scorecard for the organisation for consideration by the Strategy, Resources and Performance committee. Each Policy and Service Committee scorecard will continue to have an appendix providing further detail for each SKPI.
- 2.6 The report covers the period of quarter 3 2025/26, up to the end of December.
- 2.7 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 SKPI:
- Current and previous performance and the projected linear trend.
 - Current and previous targets. Please note that not all SKPIs have targets, this may be because they are being developed, or the indicator is being monitored for context.
 - Red / Amber / Green (RAG) 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.
 - SKPI description.
 - Commentary on the KPI and path to green.
- 2.8 The following RAG 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.
 - Baseline – indicates performance is currently being tracked in order to inform the target setting process.
 - Contextual – these KPIs track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target.
 - In development - KPI has been agreed, but data collection and target setting are in development.

3. Main Issues

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

Status	Number of KPIs	Percentage of KPIs*
Red	6	26%
Amber	6	30%
Green	9	35%

Baseline	-	-
Contextual	1	4%
In Development	1	4%

**Figures may not add to 100 due to rounding.*

3.2 There is one indicator that is currently in development and will be added to the dashboard when finalised:

- Indicator 014, Percentage of children in 20% most deprived areas achieving a good level of development at age 2-2 ½ years.

There will be an updated data set to finalise this indicator; Officers are confident of completing the update for this indicator for the next iteration of this quarterly performance report.

3.3 There is 1 indicator which is identified as contextual, Indicator AHC 002: Number of new client contacts per 100,000 of the population.

Local contacts remain higher than both statistical neighbours and national comparisons. Work is underway to improve the Adult Social Care information and advice offer to ensure that people are able to find relevant support easily. There is also a programme of work underway to improve the Customer Experience for people contacting the Council.

4. Summary of Performance

4.1 An overview of the current performance for Adult Social Care Services (Indicators AHC 001-AHC 013) monitored by the Committee is as follows:

- Results for the 24/25 Adult Social Care survey were published in December 2025 with the Social Care Quality of Life score for Cambridgeshire reducing from 19.3 to 19.1. This is in line with a reduction seen across both Peer Neighbours (19.05) and England (19) comparators. Cambridgeshire is ranked 65 out of 153 Councils where a lower rank is better. (AHC001)
- New contacts for Adult Social Care remain high per 100,000 of population but the conversion rate to people requiring formal care and support continues to remain low indicating an effective prevention, information, and advice offer. (AHC002)
- There continues to be strong performance within delivery of short-term services which are maximising independence for people contacting the Council for support (this includes reablement, occupational therapy and technology enabled care services). Using the benchmarking figures for 2023/24, Cambridgeshire compares favourably with its statistical neighbours and England overall. (AHC003)
- An increasing number of adults aged 18-64 require their needs to be met within a residential or nursing setting but the proportion of people supported within the community remains above target. Although the number of adults requiring residential

or nursing care is below target the current position is an improvement from last year and reflects a very small number of individuals. National and regional work around this cohort is being used to support an analysis of the long-term needs and commissioning implications for this cohort. (AHC004 and AHC006)

- A large proportion of adults aged 65+ are having their long-term support needs met in their own home or another community setting with less people needing admission to residential and nursing care homes. Cambridgeshire compares favourably with its statistical neighbours and England overall with significantly less people requiring an admission to a residential or nursing setting to meet their needs. There is a focus on ensuring that there are appropriate community options for people aged 65+ including expanding extra care provision and other community support options such as Community Micro Enterprises. (AHC005 and AHC007)
- The number of people who have not received a review of their long-term care and support needs within the last 12 months remains at a lower level than statistical or national comparators. ASCOF ratings for 24/25 were published at the end of December and will enable us to update our benchmarking information. Digital tools are currently being rolled out to 3 community teams with the aim of increasing efficiency and will be monitored in the coming months to measure any improvement to the completion of planned reviews. (AHC008)
- Safeguarding continues to be an effective area of practice with performance in line with national and statistical neighbour averages for reducing or removing risk, however this indicator has been declining over recent months, and further work is being carried out by the Practice Standards and Quality team to review this. (AHC009)
- The number of Carer Conversations carried out remains above target although the rate of carers assessed or reviewed per 100,000 population remains at a low level when compared to regional and national comparators due to Cambridgeshire's local approach to support for Unpaid Carers. (AHC010 and AHC011)
- The number of people receiving a Direct Payment continues to make incremental improvements with a small increase compared to the previous quarter. Dedicated work is underway to improve this area of performance with a range of initiatives. (AHC012)
- The percentage of Care Homes rated Good or Outstanding by CQC remains above the target of 80% and unchanged at 81.2% for Quarter 3. This includes all care homes in Cambridgeshire and not just those which are commissioned by the Council. (AHC013)

4.2 An overview of the current performance for Public Health (Indicators AHC015 – AHC023) monitored by the Committee is as follows:

Please note data updates were only available for four Public Health indicators this quarter.

- A&H 015: Percentage of children with free school meal status achieving a good level of development at the end of Reception in Cambridgeshire.

Annual data for 2024/25 shows the percentage of children eligible for Free School meals achieving a good level of development at age 5 has increased by 5.5% from last year, a quicker rate of increase than the overall improvement for England. However, this is still 5% lower than the national rate for this cohort.

In year improvements have been supported by improved capacity within the health Visiting service that has enabled earlier intervention and targeted support for more families. Our Early Years service has put in place a number of targeted interventions to support schools and settings with high numbers of children in receipt of free school meals including updating assessment guidance focusing on inclusion, transition support between Early years settings and primary schools, and an enhanced training offer.

- A&H 016: The proportion of children aged 10 to 11 years classified as living with obesity in the 20% most deprived areas in Cambridgeshire.

The aggregated data from 2020/2021 to 2024/25 shows that 28% of children in school year 6 and living in the 20% most deprived areas were obese. In comparison to other areas in Cambridgeshire where the average was 17.3%.

There are a number of ongoing and planned interventions tackling obesity and many are targeting areas of greater deprivation. Unhealthy weight needs to be addressed from birth, Health Visiting and Early Years services identify high risk families often in deprived areas and provide information and support. There are school based activities that are provided by the Healthy Schools Service across all areas. Over the past two years schools have secured seed funding and have initiated and maintained a range of programmes. This has recently been evaluated for impact, and we are reviewing next steps. Children who are identified in the annual National Child Measurement Programme are proactively followed up by the Programme and the data enables targeted activities with families. Public Health also commissions an Integrated Child Weight Service that offers three levels of service - prevention, weight management, and intensive weight management for more complex cases.

- A&H 017: The percentage of births that receive a New Birth Visit by a Health Visitor within 14 days. This is a mandated check carried out by Health Visitors as part of the Healthy Child Programme

In quarter 3 the percentage of visits carried out within 14 days was sustained at 94%. The local stretch target of 95% was almost met at 94% and the national target of 83% was exceeded. This is 6% better than this same period last year. 97% of babies had their checks completed within a few days of the fourteen-day target. Line managers are currently working hard to put in processes to deliver first visits within ten days which would allow revisits within the time period.

- A&H 018: The percentage of smoking cessation service users who quit as part of a structured quit attempt.

During quarter 2, 760 service users set a quit date as part of a structured quit attempt, 50% (381) of those setting a quit date quit smoking for at least 4 weeks.

Stop smoking support was delivered through GP practices, the Healthy You Behaviour Change Service, the Allen Carr group-based programme, the Smokefree App and the Ferry Project in Wisbech. The respective quit rates within each setting were GP Practices (50%), Healthy You (46%), Allen Carr (60%), Smokefree App (49%) and Ferry Project (63%). The GP practice and Allen Carr quit rates both increased during quarter 2 compared to quarter 1 which has meant the overall target was achieved during quarter 2.

- A&H 019: Achievement against the target for completed NHS Health Checks. The NHS Health Check Programme aims to identify the risks and prevent cardiovascular disease and other conditions. Targeted at 40–74-year-olds without a diagnosed condition it checks for risks associated with cardiovascular disease every 5 years and provides advice and support. In quarter 3 the Programme achieved 60% of the eligible population completing a health check in the five year period against the new annual target of 67.5%.

The eligible population has also grown by 0.75% since last year.

Performance in quarter three was also affected by system factors. The Healthy You Behaviour Change Service transitioned to a new provider on 1 December 2025, which led to a temporary drop in activity while one contractor exited and the new provider mobilised. In addition, GP delivery is likely to have been impacted by a significant flu season during the quarter, which diverted clinical capacity.

Despite these pressures, the current result remains close to the target.

- A&H 020: Emergency hospital admissions due to falls in people over 65 and 100,000 population.

Falls are the largest cause of emergency hospital admissions and the need for long term care amongst older people. In 2023/24 quarter 2 continued the upward trend in the rate of falls with 2050 per 100,000 against the national rate of 1984 per 100,000. A review of local falls prevention services has informed plans to refresh the system-wide Falls Prevention Strategy. Public Health is recommissioning services across all three tiers:

- **Tier 1** (strength and balance) will launch a new service in July 2026.
- **Tier 2** (FaME) has been recommissioned but now requires additional primary care input due to new NICE guidance.
- **Tier 3** continues to be provided by CPFT for high-risk frailty patients.

Rising demand, funding pressures, and the absence of a unified strategy are key challenges. Public Health is exploring ways to manage demand—such as increasing virtual self-assessments and supporting long-term self-management—and preparing business cases for additional grant funding. Work with Place Board leads and the Local Medical Committee is underway to develop a new strategy over the next 3–6 months once organisational changes have stabilised.

- A&H 021: Sexual Health, late diagnosis in people first diagnosed with HIV in the UK. Late diagnosis of HIV is the most important predictor of morbidity and mortality among those with a HIV infection. Early diagnosis and treatment can mean a life expectancy comparable to those not infected with HIV. In 2022/24 the numbers of those diagnosed late was low but the proportion is higher at 49% than the national figure of 43.3%.

In April 2025 Cambridgeshire County Council Public Health commissioned a sexual ill health prevention service. This will increase opportunistic testing both by physically testing and by providing information and resources to health professionals and by supporting people to adopt safe sexual practices. Other parts of the service will support peer groups to develop a sense of community and shared experience.

Currently the Sexual and Reproductive Health Strategy is in development which will further develop interventions and a focus on securing support throughout the system.

- A&H 022: Behaviour Change Service: percentage achievement against target for adult referrals to the Service from the 20% most deprived wards.

In quarter 2 the target of 30% was achieved. To increase and maintain the number of referrals from deprived areas the Behaviour Change Service continues to undertake engagement work in deprived areas by attending additional events and working more closely with partners who refer into the service.

- A&H 023: Proportion of those in drug and alcohol treatment services who are making substantial progress. (Complete treatment, are drug free or have sustained reduction in drug use.)

Data is available up until quarter 1 2025/26 as there are restrictions over the release of this data which is collected nationally. However, commissioners do have access to more recent data. The Service performance figure is 47.62%, above the national average of 46.38%.

Commissioners work closely with the Provider to ensure that this performance is maintained and remains on track during the recommissioning of the new Service which will commence on 1 April 2026.

5. Conclusion and recommendations

5.1 3.1 shows the breakdown of RAG status for this committee's indicator set. Of the seventeen indicators updated this quarter that monitor change in performance, nine indicators saw an improvement in performance.

- A&H 003: Requests from new clients where the outcome was short term support to maximise independence per 100,000 population. This indicator retains Green RAG status.

- A&H 004: Long term support needs of adults (18-64) met by admission to residential and nursing care homes per 100,000 population (YTD). This indicator remains RAG rated as Red, but performance is improving when compared to the same period last year.
- A&H 005: Long term support needs of adults (65+) met by admission to residential and nursing care homes per 100,000 population (YTD). This indicator remains Green.
- A&H 006: Total people accessing long term support in the community aged 18-64, per 100,000 population (YTD). This indicator retains Green RAG status.
- A&H 011: Carers Conversations carried out (monthly average). This indicator retains Green RAG status.
- A&H 012: Proportion of people using social care who receive direct payments as part of self-directed support. This indicator remains RAG rated as Red.
- A&H 015: Percentage of children with free school meal status achieving a good level of development at the end of Reception in Cambridgeshire - This indicator remains RAG rated as Red, but performance is improving.

5.2 Of the seventeen indicators updated this quarter that monitor change in performance, 7 indicators saw a decline in performance.

- A&H 001: Social care quality of life score. This indicator remains RAG rated as Amber, but performance has declined slightly.
- A&H 007: Total people accessing long term support in the community aged 65+, per 100,000 population (YTD). This indicator remains RAG rated as Amber.
- A&H 008: Percentage of people in receipt of long-term support for more than 12 months that have received a review in the last 12 months. This indicator remains RAG rated as Red.
- A&H 009: Percentages of safeguarding enquiries where risk has been reduced or removed. This indicator remains RAG rated as Amber.
- A&H 010: Number of carers assessed or reviewed in the year per 100,000 of the population. This indicator has remained RAG rated as Green, however has seen a decline in performance when compared to the same period last year.

5.3 Of the seventeen indicators updated this quarter that monitor change in performance, four indicators saw no change in performance.

- A&H 013: Percentage of Cambridgeshire Care Homes rated good or outstanding by CQC (ASCOF 6B). This indicator remains Green.
- A&H 017: Percentage of births that receive a New Birth Visit by a Health Visitor within 14 days. This indicator is Amber and remains unchanged since Q2.

- A&H 018: The percentage of smoking cessation service users who quit for at least 4 weeks as part of a structured quit attempt. This indicator remains Amber.
- A&H 019: Achievement against target for completed NHS Health Checks - This indicator remains RAG rated as Red and performance is unchanged since last quarter.

5.4 This Performance report is a monitoring paper. There are no recommendations for this quarter.

6. Significant Implications

6.1 Finance Implications

Whilst there are no direct financial implications, poor performance can have an impact on the Council's finances. This is why it is important to consider the relationship between the SKPIs and financial performance.

6.2 Legal Implications

Performance of some indicators is linked to statutory duties. Tracking performance is therefore important as not meeting statutory requirements could have legal consequences for the Council.

6.3 Risk Implications

This report provides the latest performance information for this committee. The SKPI's performance should be scrutinised with a consideration towards to how improving or declining performance may impact risk.

6.4 Equality and Diversity Implications

The individual policies that relate to activity represented by these SKPIs will be underpinned by consideration of the outcome of Equality Impact Assessments.

6.5 Climate Change and Environment Implications

Where relevant the individual areas of activity represented by these SKPIs will be supported by an Environmental Impact Assessment.

7. Source Documents

7.1 None.

Adults and Health Committee

Quarterly Performance Report



Quarter 3, 2025/26 Financial Year

Produced on: 19 February 2026

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	<ul style="list-style-type: none"> • 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 • 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

Adults & Health Committee Scorecard

KPI	Target	Direction for Improvement	Performance (Current Period)	Performance (Previous Comparable Period)	Change in Performance	Frequency Reported	Last Updated	RAG Rating
A&H 001: Social Care Quality of Life Score (Score out of 24)	19.5	Higher is better	19.1	19.3	↓	Annually	2024/25	Amber
A&H 002: New client contacts, rate per 100,000 population (YTD)	Contextual	Contextual	3475.49	3435.31	↑	Quarterly	Q3 2025/26	Contextual
A&H 003: Requests from new clients where the outcome was short term support to maximise independence per 100,000 population (YTD)	495	Higher is better	571.8	565.7	↑	Quarterly	Q3 2025/26	Green
A&H 004: Long term support needs of adults (18-64) met by admission to residential and nursing care homes per 100,000 population (YTD)	5.63	Lower is better	7.71	9.11	↓	Quarterly	Q3 2025/26	Red
A&H 005: Long term support needs of adults (65+) met by admission to residential and nursing care homes per 100,000 population (YTD)	450	Lower is better	383.57	403.24	↓	Quarterly	Q3 2025/26	Green
A&H 006: Total people accessing long term support in the community aged 18-64, per 100,000 population	540	Higher is better	581.73	566.32	↑	Quarterly	Q3 2025/26	Green
A&H 007: Total people accessing long term support in the community aged 65+, per 100,000 population (YTD)	2500	Higher is better	2424	2503	↓	Quarterly	Q3 2025/26	Amber
A&H 008: Percentage of people in receipt of long-term support for more than 12 months that have received a review in the last 12 months (snapshot)	75%	Higher is better	56.59%	58.99%	↓	Quarterly	Q3 2025/26	Red
A&H 009: Percentage of safeguarding enquiries where risk has been removed or reduced (YTD)	90%	Higher is better	84.3%	85.1%	↓	Quarterly	Q3 2025/26	Amber
A&H 010: Number of carers assessed or reviewed per 100,000 population (YTD)	45	Higher is better	52.64	57.10	↓	Quarterly	Q3 2025/26	Green
A&H 011: Carers Conversations carried out (monthly average, YTD)	265	Higher is better	327.89	320.17	↑	Quarterly	Q3 2025/26	Green
A&H 012: Proportion of people using social care who receive direct payments as part of self directed support (Adults receiving direct payments) (snapshot)	19%	Higher is better	17.47%	17.08%	↑	Quarterly	Q3 2025/26	Amber
A&H 013: Percentage of Cambridgeshire Care Homes rated good or outstanding by CQC (ASCOF 6B)	80%	Higher is better	81.2%	81.2%	→	Quarterly	Q3 2025/26	Green

Adults & Health Committee Scorecard

KPI	Target	Direction for Improvement	Performance (Current Period)	Performance (Previous Period)	Change in Performance	Frequency Reported	Last Updated	RAG Rating
A&H 014: Percentage of children in 20% most deprived areas achieving a good level of development at age 2-2 ½ years	TBC	Higher is better	In Development					
A&H 015: Percentage of children with free school meal status achieving a good level of development at the end of Reception in Cambridgeshire	51.3%	Higher is better	45.9%	40.5%	↑	Annually	2024/25	Red
A&H 016: Percentage of overweight or obese year 6 pupils living in 20% most deprived areas of Cambridgeshire	21.1%	Lower is better	28.0%	26.3%	↑	Annually	2024/25	Red
A&H 017: Percentage of New Birth Visits completed (within timescales and total)	95%	Higher is better	94.0%	94.0%	↑	Quarterly	Q2 2025/56	Amber
A&H 018: The percentage of smoking cessation service users who quit for at least 4 weeks as part of a structured quit attempt	50%	Higher is Better	50.0%	47.0%	→	Quarterly	Q1 2025/26	Green
A&H 019: Achievement against target for completed NHS Health Checks	67.5%	Higher is Better	60.0%	60.0%	↓	Quarterly	Q2 2025/56	Red
A&H 020: Emergency hospital admissions due to falls in people aged 65 and over per 100,000 population	1984	Lower is Better	2050	2033	↑	Annually	2023/24	Amber
A&H 021: Sexual Health - HIV late diagnosis in people first diagnosed with HIV in UK	43.3%	Lower is Better	49.0%	53.5%	↓	Annually	2022/24	Red
A&H 022: Behaviour Change Service: percentage achievement against target for adult referrals to the service received from the 20% most deprived areas	30%	Higher is Better	30.0%	29.0%	↑	Quarterly	Q2 2025/26	Green
A&H 023: Proportion of those in drug and alcohol treatment services who are making substantial progress (complete treatment successfully, are drug free or have a sustained reduction in drug use)	46.4%	Higher is Better	47.6%	47.2%	↑	Quarterly	Q1 2025/26	Green

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
19.5	↑	19.1	19.3	Declining

RAG Rating



Indicator Description

This metric gives an overarching view of the quality of life of people who draw on social care. It is based on the outcome domains of social care-related quality of life identified in the adult social care outcomes toolkit (ASCOT) developed by the Personal Social Services Research Unit.

This measure is an average quality of life score based on responses to the Adult Social Care Survey (ASCS). It is a composite measure using responses to survey questions covering the 8 domains identified in the ASCOT:

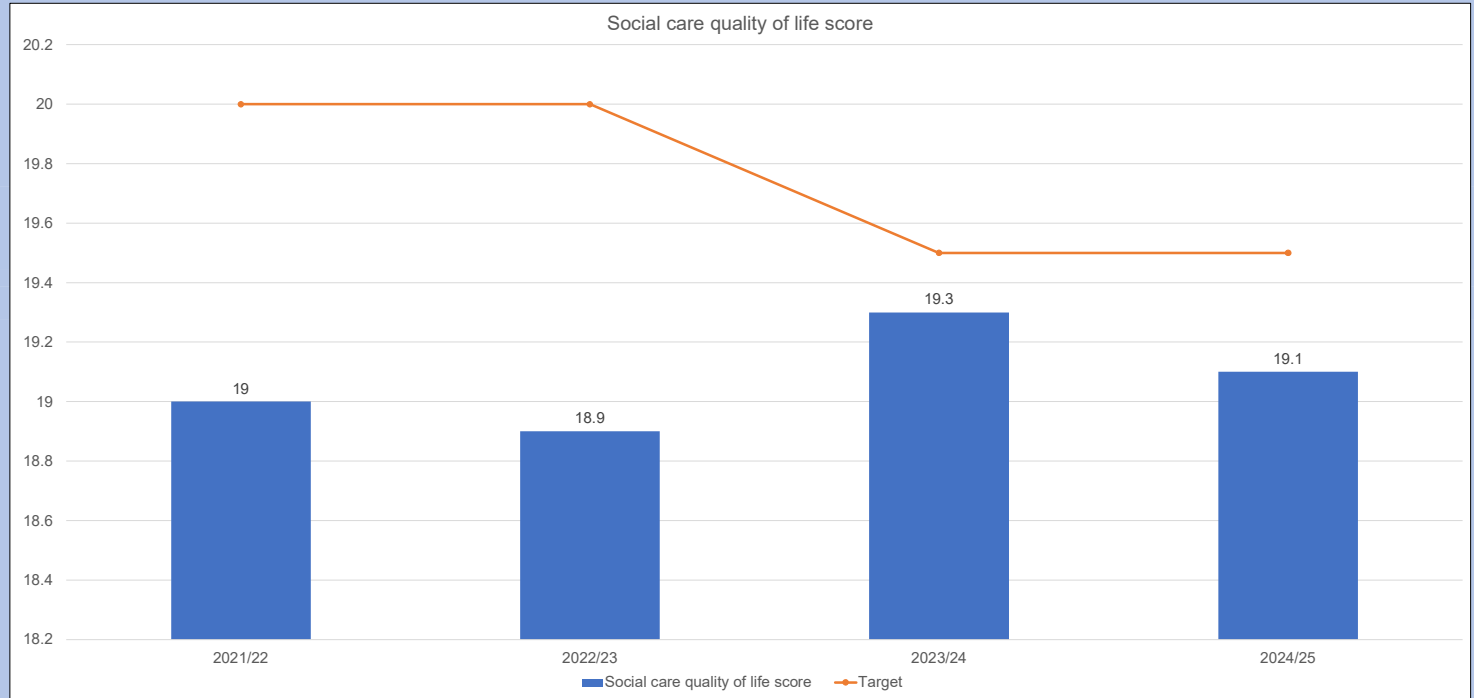
- control
- dignity
- personal care
- food and nutrition
- safety
- occupation
- social participation
- accommodation

For further details of the methodology used to calculate this indicator, please refer to the ASCOF handbook 2024/25, linked below.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)



Commentary

Results for the 24/25 Adult Social Care survey were published in December 2025 with the Social Care Quality of Life score for Cambridgeshire reducing from 19.3 to 19.1. However, this is in line with a reduction seen across both Peer Neighbours (19.05) and England (19) comparators and the decrease is not statistically significant. Cambridgeshire is ranked 65 out of 153 Councils where a lower rank is better.

Path to Green

The target for this indicator is currently under review following the publication of recent results. The Quality of Life Score is a composite measure of responses to questions across 8 domains and the individual results are being reviewed to give more context to the overall score and further work will result from this with our lived experience Partnership Boards and commissioned providers. The 25/26 annual ASC Survey will be completed by May 2026 with results from the survey are expected to be published in October 2026.

Pro Rata Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
Contextual	Contextual	3475.49	3435.31	Contextual
Statistical Neighbour Mean*		England Mean*		RAG Rating
3374.1	3353.5	Contextual		

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)

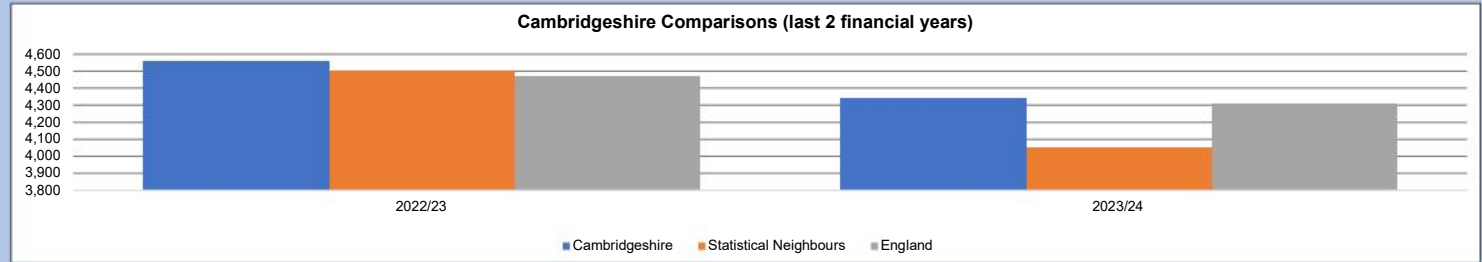
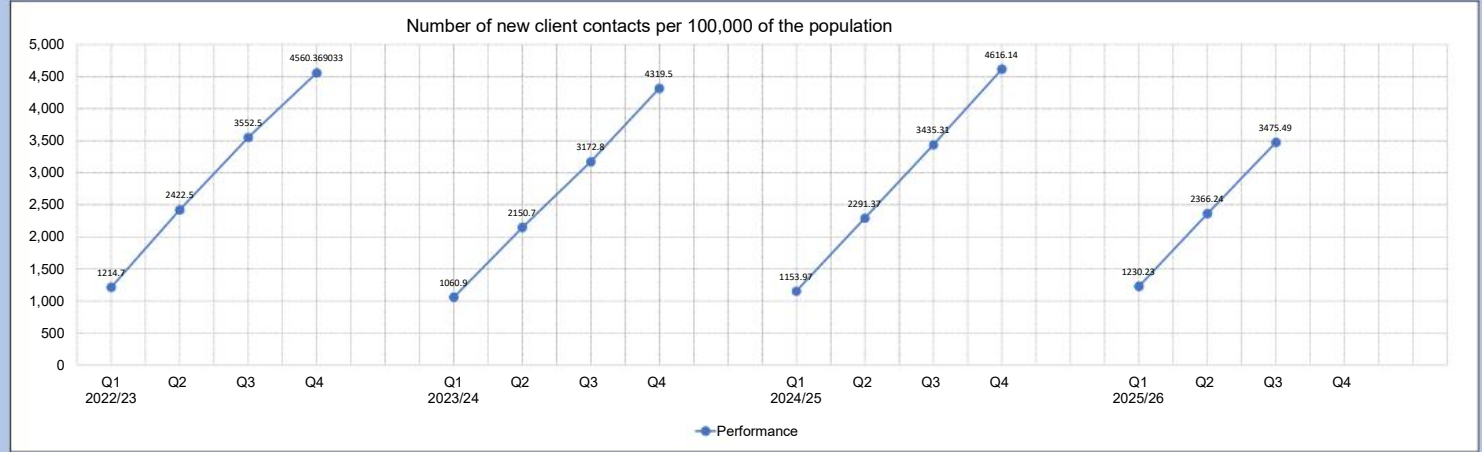
Y = 18+ population

*Statistical neighbour and national means for each quarter are calculated by dividing the latest annual figure by 4 and multiplying by the number of the quarter being reported. This is to reflect a comparative year-to-date position.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)



Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data. Local contacts remain higher than both statistical neighbours and national comparisons. Work is underway to improve the Adult Social Care information and advice offer to ensure that people are able to find relevant support easily with planned changes to the website to improve the user journey. There is also a programme of work underway to improve the Customer Experience for people contacting the Council.

Path to Green

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
495	↑	571.8	565.7	Improving

RAG Rating

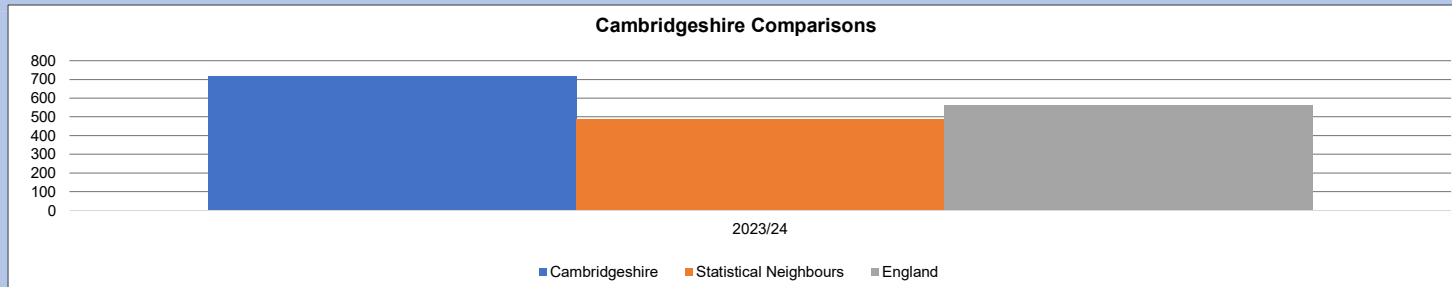
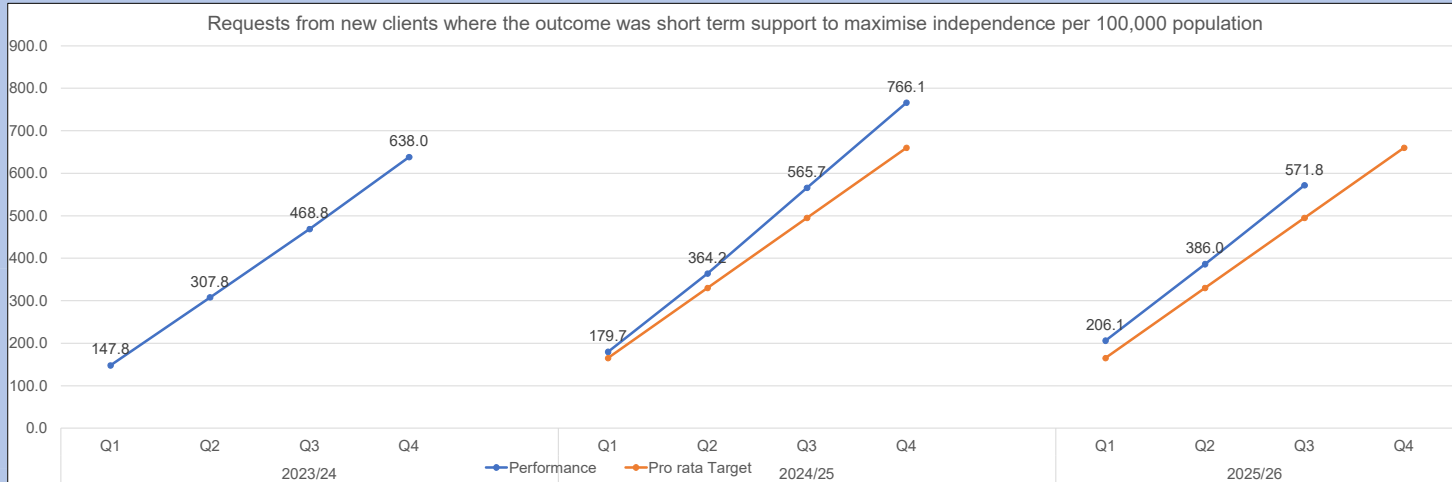
Green

Indicator Description

Number of requests from new clients aged 18 and over year to date where the sequel is short term services to maximise independence per 100,000 population.

Number of new clients where the sequel to a request for support was short term support to maximise independence (STS001).

New requests for support resulting in short term support, divided by 18+ population, multiplied by 100,000.



Commentary

Using the benchmarking figures for 2023/24, Cambridgeshire compares favourably with its statistical neighbours and England overall. The performance has consistently improved compared to last year, ensuring that Cambridgeshire continues to focus on prevention services and early intervention services which support people to maximise their independence including reablement, occupational therapy and technology enabled care.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)

Path to Green

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
5.63	↓	7.71	9.11	Improving

RAG Rating

Red

Indicator Description

This measure reflects the number of younger adults whose long-term support needs are met by admission to residential and nursing care homes relative to the population size. The measure compares council records on numbers admitted to residential or nursing care with population figures based on ONS population estimates.

Formula
The formula is x over y multiplied by 100,000.

Where:

X: the sum of the number of council-supported younger adults (aged 18 to 64) whose long-term support needs were met by an admission from the community to residential and nursing care during the year (not counting transfers between residential and nursing care).

Source: CLD.

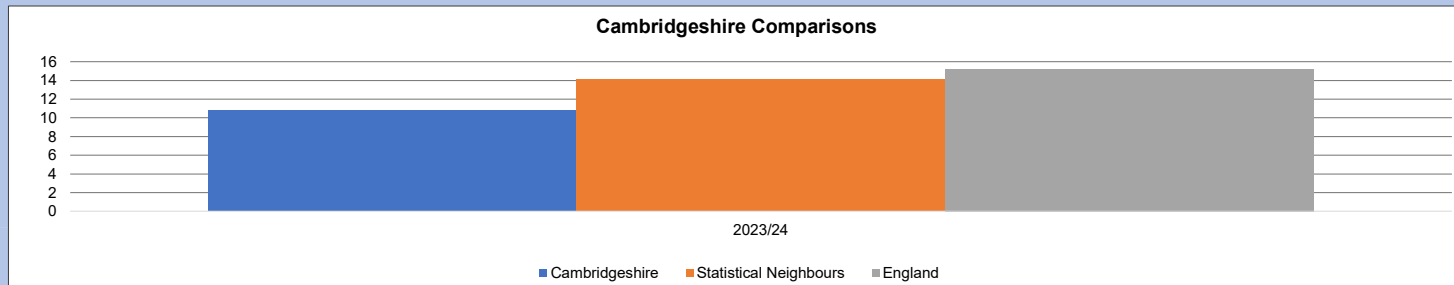
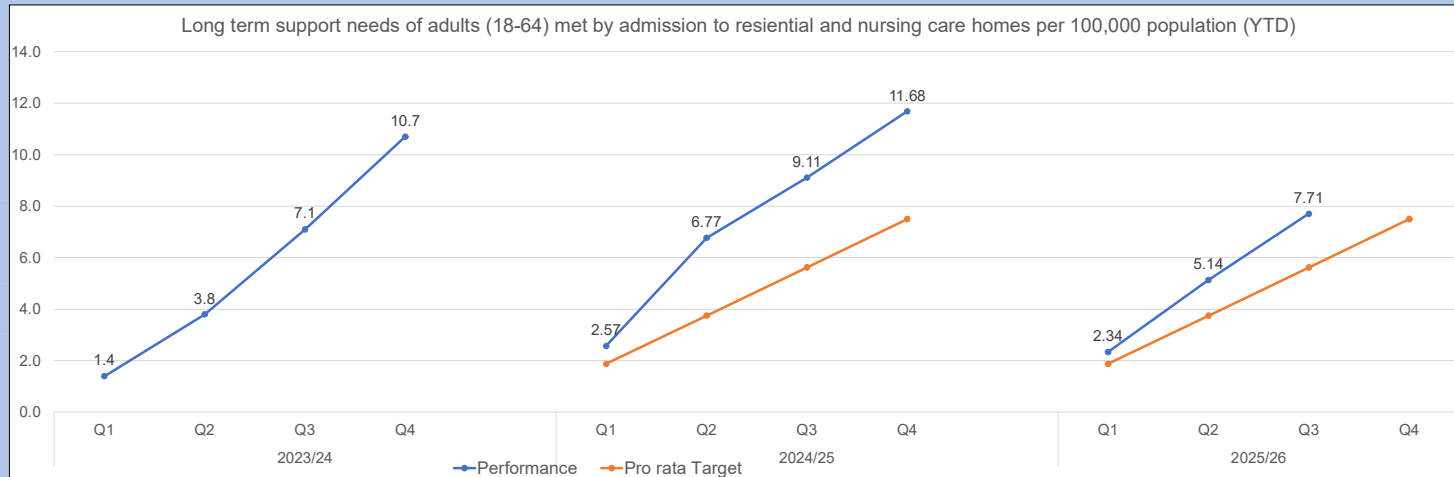
Y: size of younger adult population (aged 18 to 64) in area (ONS mid-year population estimates).

Source: ONS.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)



Commentary

As a year-to-date calculation, this indicator increases month-on-month. The YTD figure for December was 7.71, compared to a November figure of 7.01. The annual year end target for this indicator is 7.5, with the year-to-date cumulative target for December being 5.6. Although below target the current position is an improvement from last year (December 2024 = 9.11), and reflects a very small number of individuals.

Path to Green

Work is planned with the Insight team to understand the details behind the performance against target for this indicator and areas for improvement which will include a focus on support which maximises independence wherever possible. This will also include a review of benchmarking from recently published national comparator data to ensure that targets are appropriate. An initial workshop has been held to discuss possible approaches and a further internal workshop is planned to help determine the long-term needs, costs and commissioning implications for this cohort.

Timeline: National benchmarking data was published at the end of December 2025 and work is planned to review and agree new targets by April 2026. The follow-up workshop date is planned for March 2026 with action plan to follow.

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
450	↓	383.57	403.24	Improving

RAG Rating

Green

Indicator Description

This measure reflects the number of older adults whose long-term support needs are met by admission to residential and nursing care homes relative to the population size. The measure compares council records on numbers admitted to residential or nursing care with population figures based on ONS population estimates.

Formula
The formula is x over y multiplied by 100,000.

Where:

X: the sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by an admission from the community to residential and nursing care during the year (not counting transfers between residential and nursing care).

Source: CLD.

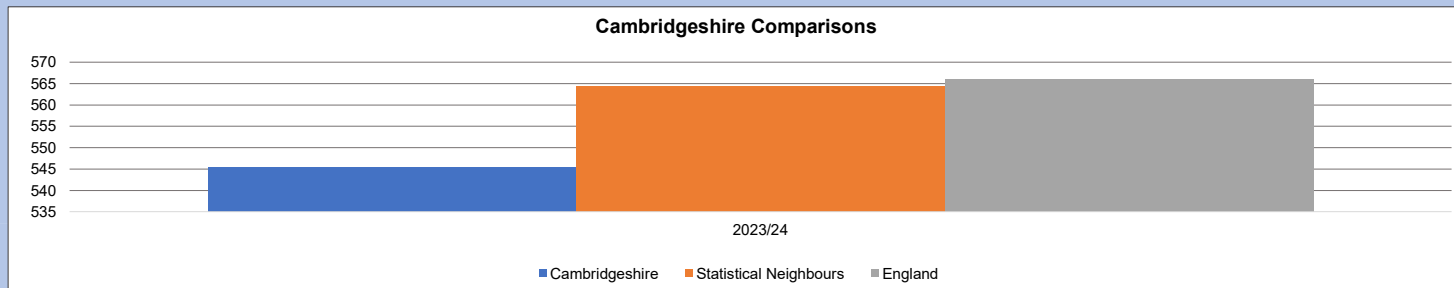
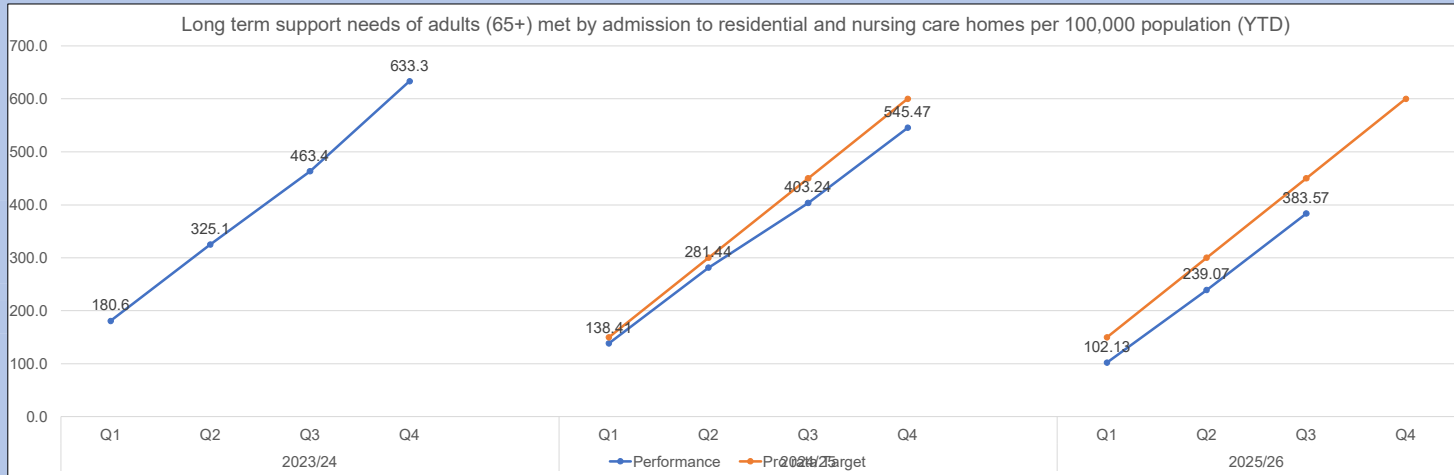
Y: size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Source: ONS.

Exclusions
People funding their own residence in a care home with no involvement from the council are excluded.

Useful Links

- [Measures from the Adult Social Care Outcomes Framework](#)
- [ASCOF Handbook of Definitions 2024-25](#)



Commentary

Cambridgeshire compares favourably with its statistical neighbours and England overall with significantly less people requiring an admission to a residential or nursing setting to meet their needs. There is a focus on ensuring good quality community options are available including settings such as Extra Care. With the continued focus on supporting people within a community setting (including their own home) wherever possible continues to be effective and comparison to both target and performance in 2024/25 shows further improvement.

Path to Green

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
540.0	↑	581.73	566.32	Improving

RAG Rating

Green

Indicator Description

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

Calculation:

$(X/Y)*100$

Where:

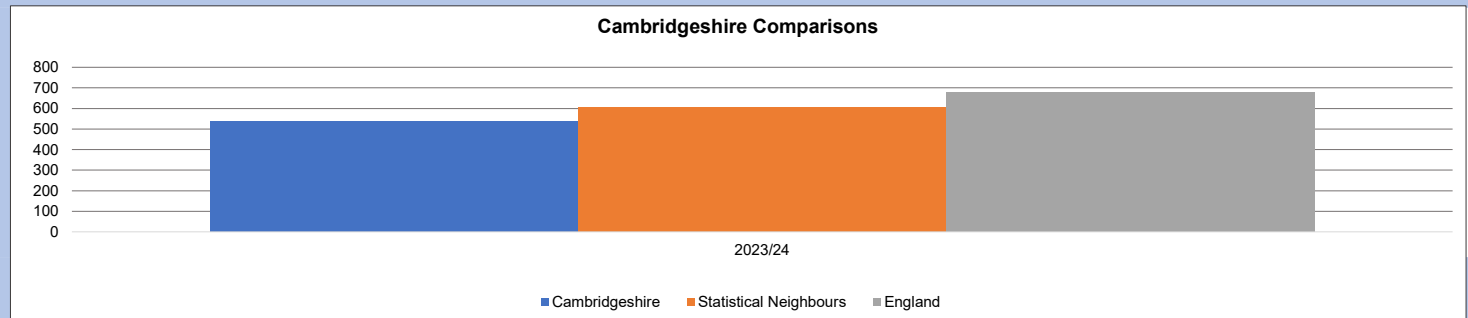
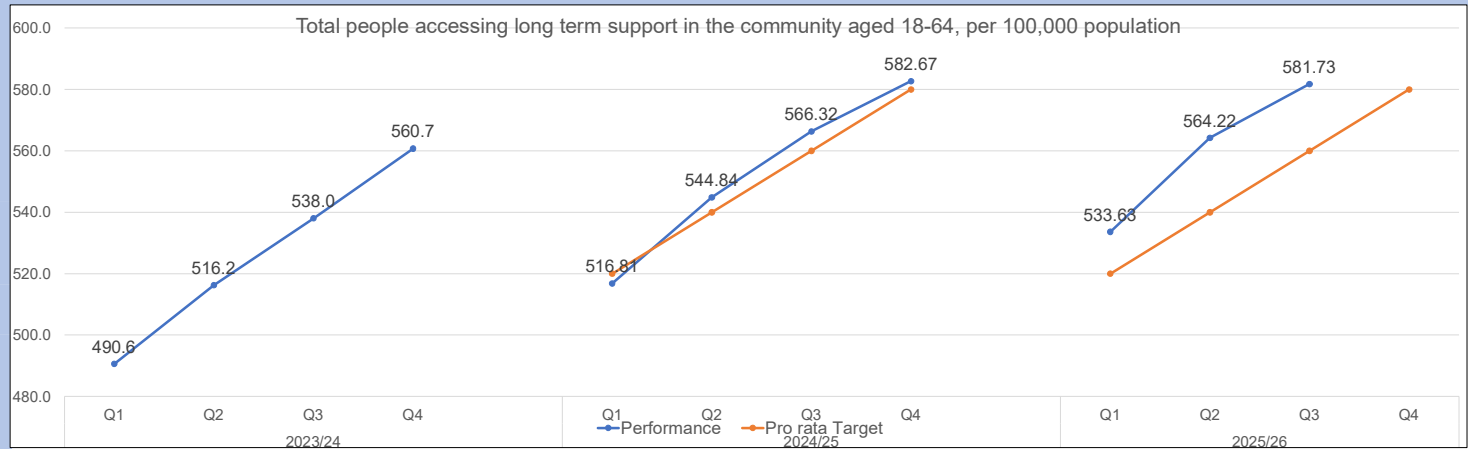
X = Total number of people accessing long-term support in the community aged 18-64

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

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)



Commentary

Cambridgeshire has a lower rate of community support when compared with its statistical neighbours and England overall when using 2023/24 benchmarking comparisons. The rate for Cambridgeshire has continued to improve in comparison to the same quarter in 2024/25 and has exceeded target. Cambridgeshire continues to focus on effective solutions to meet people's need within a community setting.

Path to Green

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
2500	↑	2424.00	2503.40	Declining

RAG Rating

Amber

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:

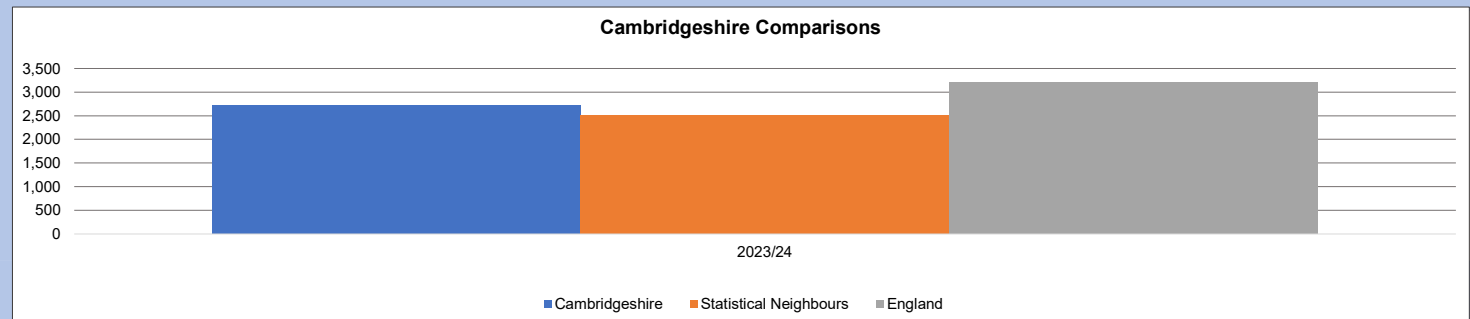
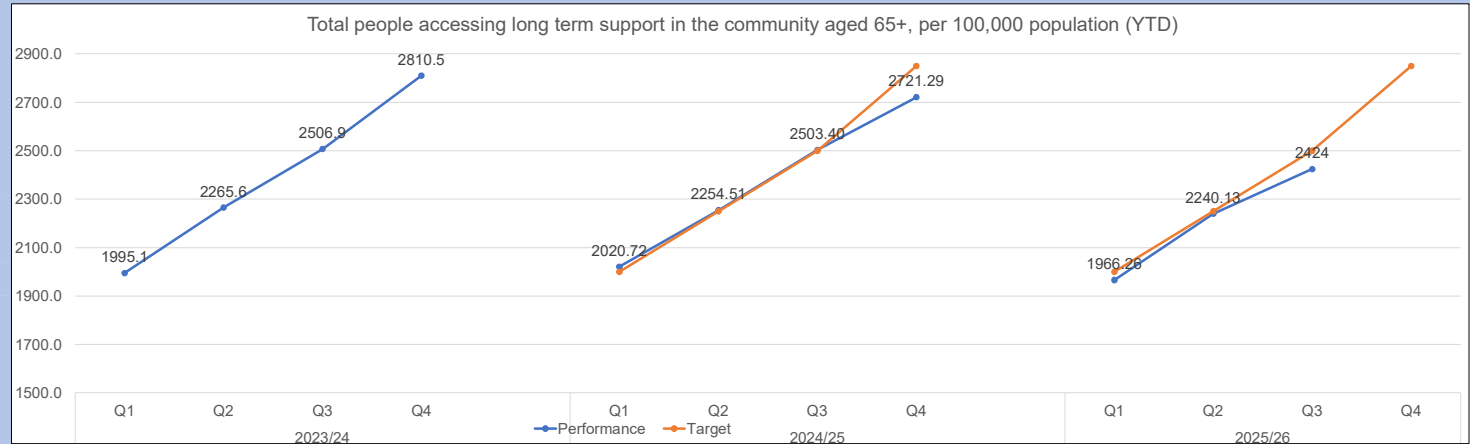
X = Total number of people accessing long-term support in the community aged 65 and over

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

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)



Commentary

Using the new benchmarking figures for 2023/24, Cambridgeshire compares favourably with its statistical neighbours but not with England overall. The performance for this indicator is slightly less when compared to the same quarter last year, but continues to be within 10% of target. Ensuring that there are appropriate community options for people aged 65+ is an area of focus including expanding extra care provision and other community support options.

Path to Green

Following the development of demand profiles, work has been underway to identify additional extra care schemes in areas of need. Maintaining interventions which will ensure that people are able to remain in their own homes including ongoing development of Technology Enabled Care options, Community Micro Enterprises and the domiciliary care provider market.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
75%	↑	56.59%	58.99%	Declining

RAG Rating

Red

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.

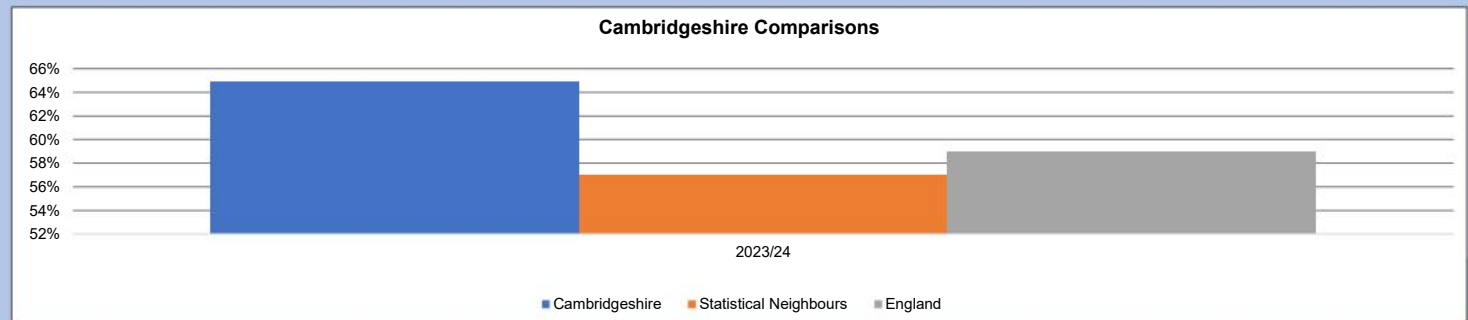
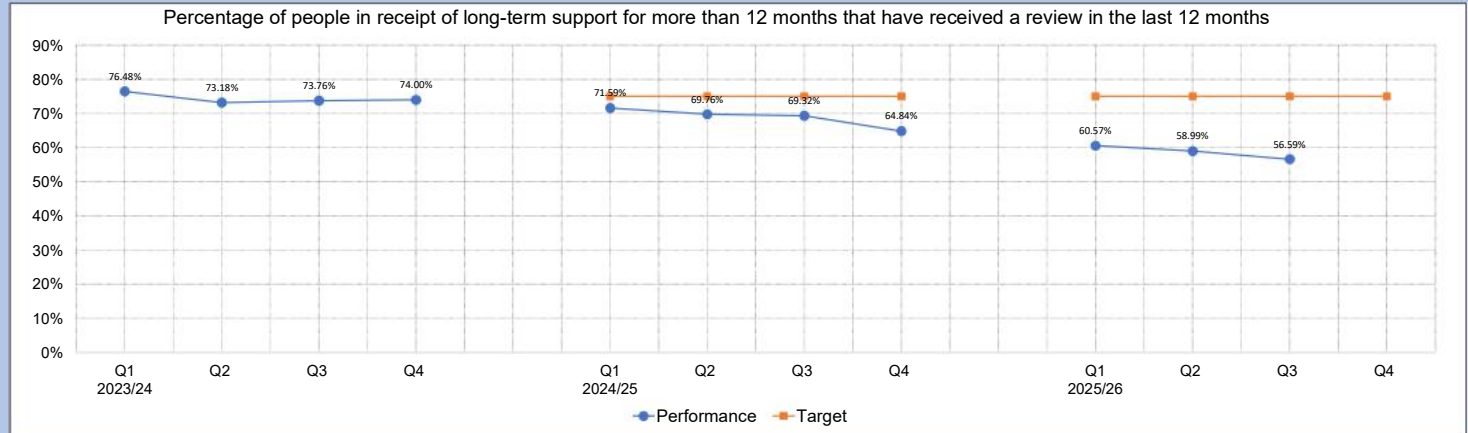
Calculation:

$(X/Y)*100$

Where:

X = Number of people receiving long-term support for over 12 months who have 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



Commentary

The most recent position for this indicator in December was 56.6% compared to a November figure of 57.3%. This is below the target of 75% and recently published national benchmarking data shows it is below the national and peer group averages for 2024-25 (59% and 63% respectively).

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)

Path to Green

Reviews of the structures, resources and demands on the operational teams is underway with an initial workshop to look at capacity and demand held in early 2026. Following a consultation, staffing resources are being moved into the Community Teams from February but there is an expectation that performance trends will not improve whilst this transition takes place. Magic Notes implementation is underway with 3 community teams with the aim of increasing efficiency and reviews however this may take a few months to realise improvements. Work is also planned with the Performance & Intelligence team to conduct a review of benchmarking from recently published national comparator data to ensure that targets are appropriate.

Timeline: Review of operational structures, demand and capacity underway, initial workshop 16th January. Magic notes was introduced in December 2025 for 3 community teams, the usage and impact of which is currently being measured. It may take a few months to realise improvements. National benchmarking data was published at the end of December 2025 and work is planned to review and agree new targets by April 2026.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90.0%	↑	84.3%	85.1%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
91.0%	91.0%	Amber		

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.

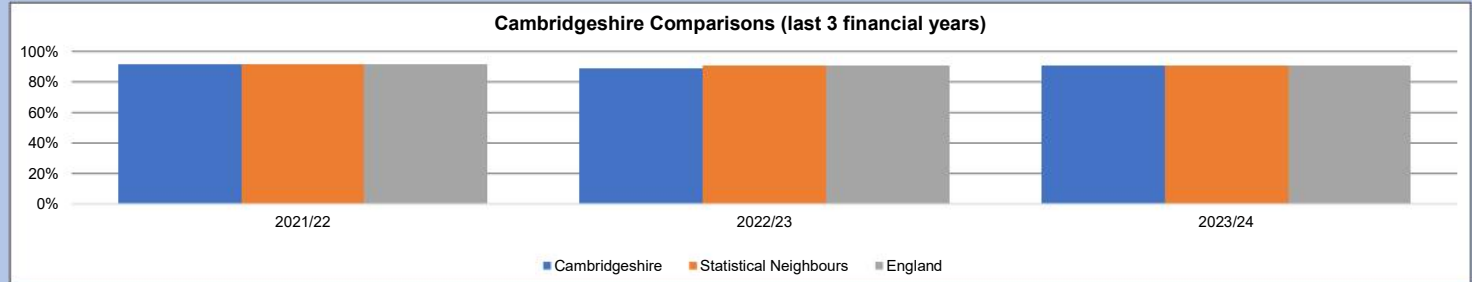
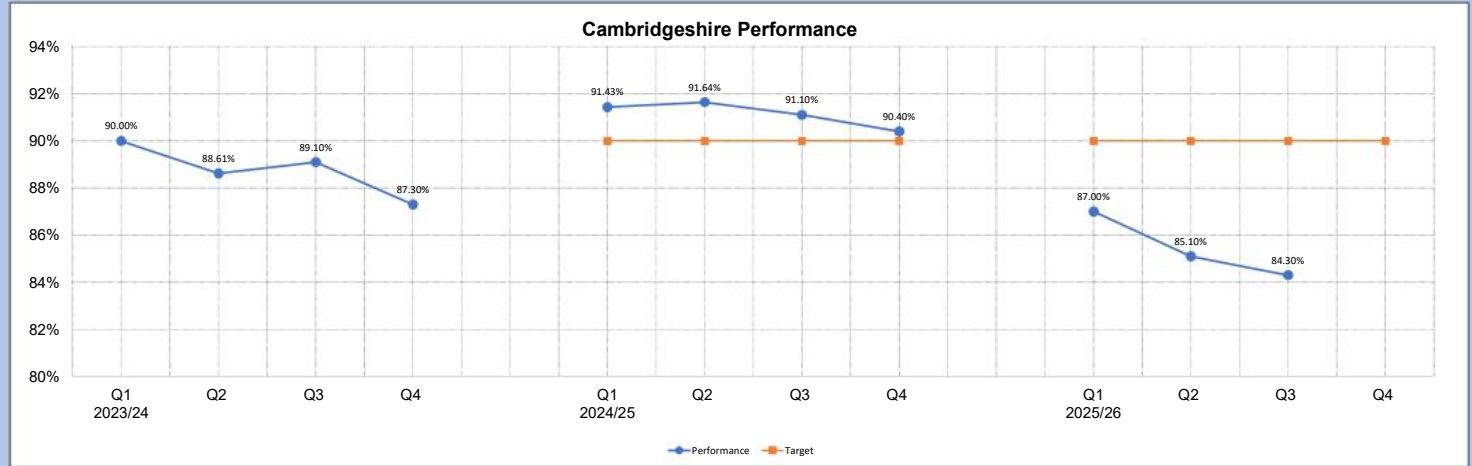
Calculation:

$(X/Y)*100$

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



Commentary

The proportion of safeguarding enquiries where the risk was reduced or removed has decreased over previous quarters and continues to be monitored alongside safeguarding processes which are being embedded.

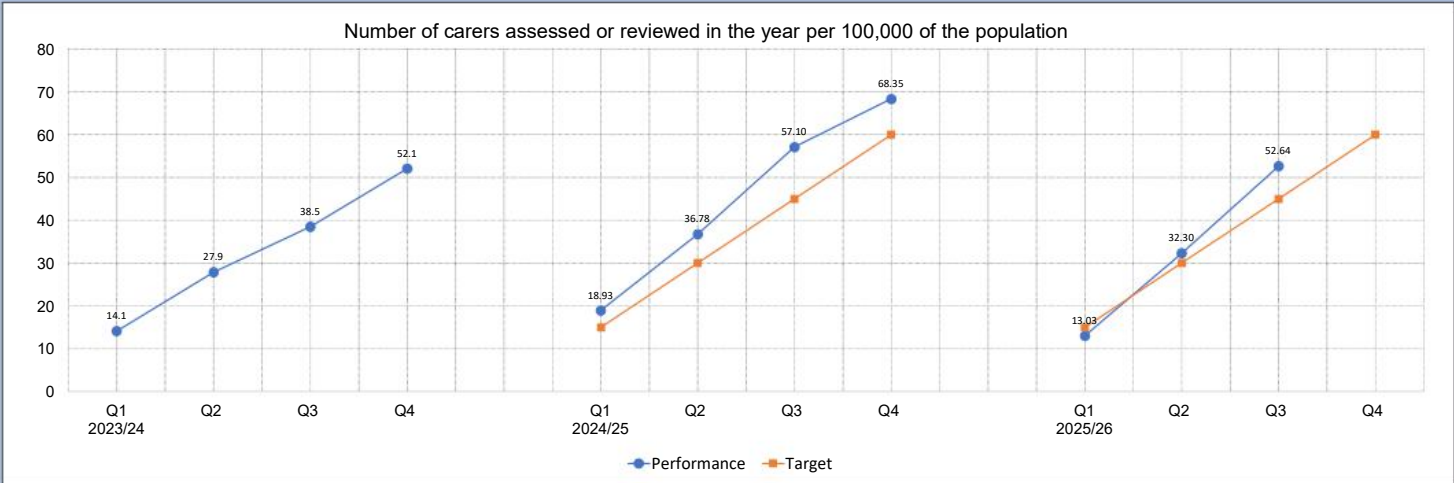
Useful Links

- [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:](#)

Path to Green

A deepdive audit of safeguarding practice and decision making is underway as well as supporting managers through managerial audits to develop further focus on safeguarding decision making throughout the process. A further thematic audit will be undertaken during the next audit cycle.

Target	Direction for Improvement	Current Quarter	Same Quarter Last Year	Change in Performance
45.0	↑	52.64	57.10	Declining
Statistical Neighbour Mean*		England Mean*		RAG Rating Green
365.5		358.5		



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:

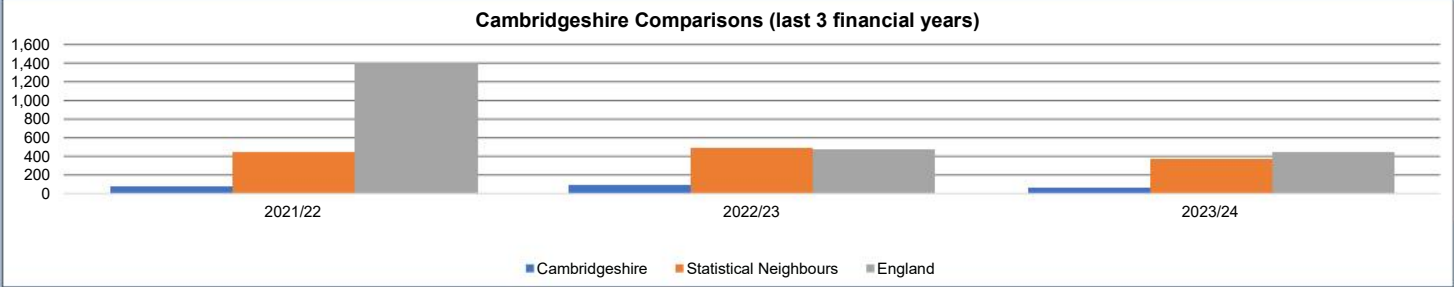
$(X/Y) * 100,000$

Where:

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

Y = 18+ population

*Statistical neighbour and national means for each quarter are calculated by dividing the latest annual figure by 4 and multiplying by the number of the quarter being reported. This is to reflect a comparative year-to-date position.



Commentary

The rate of carers assessed or reviewed per 100,000 population continues to be above the year-to-date target for this year. However, performance is noted as 'declining' due to being lower than the position for each respective quarter in the previous year. It is anticipated that performance will continue with expected rates over the last quarter and will remain above target by year end.

The carers assessed rate is significantly lower than the national average, and that of our statistical neighbours. This is due to the way carer activity is recorded in Cambridgeshire and is a reflection of our process. A move away from carers assessments by default to a more constructive and timely conversation accounts for the lower volume of carers assessments. Activity by teams supporting carers can be recorded as carers conversations, which are above target for the year to date but are not counted in the above measure.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)

Path to Green

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
265	↑	327.89	320.17	Improving

RAG Rating

Green

Indicator Description

The Carers Conversation provides the opportunity for a constructive and timely conversation with carers, without the need to undergo a full assessment of need.

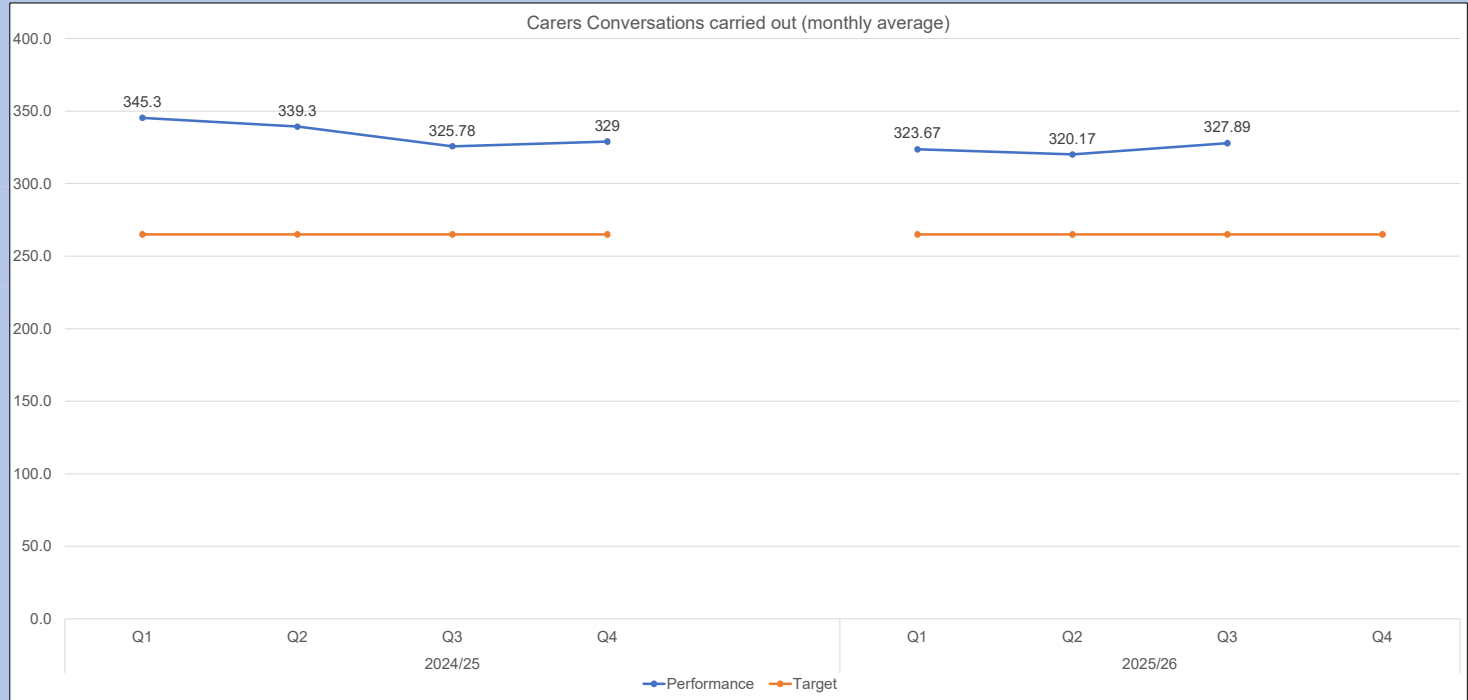
Calculation:

(X/Y)

Where:

X = Total number of carers conversations completed in the period (YTD)

Y = Number of Months in the Period (YTD)



Commentary

Carers Conversations are an important part of the support to Unpaid Carers and provide opportunity for a supportive conversation to understand an individual's situation and support which they can access. Monitoring of the number of carers conversations alongside Carer Assessments (AHC010) provides an overview of the support being accessed. Performance remains above target and there has been a slight increase in performance compared to last quarter.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)

Path to Green

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
19.0%	↑	17.47%	17.08%	Improving
Statistical Neighbour Mean 27.1%		England Mean 26.2%		RAG rating <div style="background-color: #FFC000; padding: 5px; text-align: center; font-weight: bold;">Amber</div>

Indicator Description

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

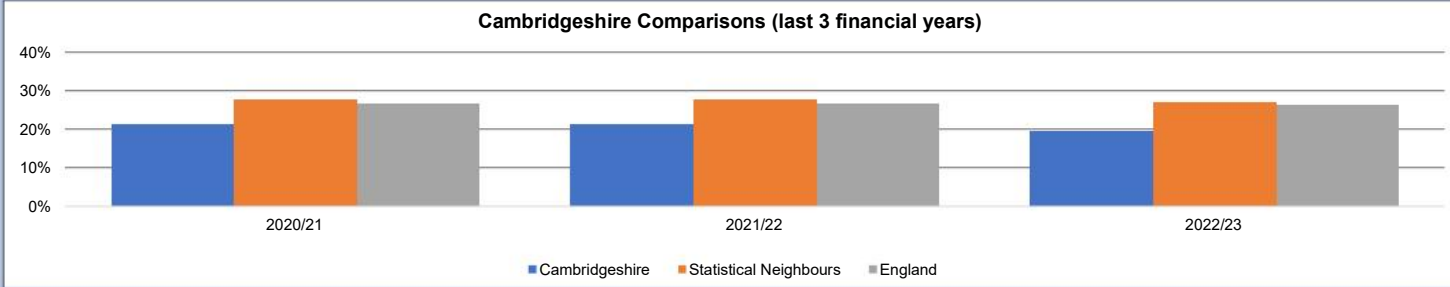
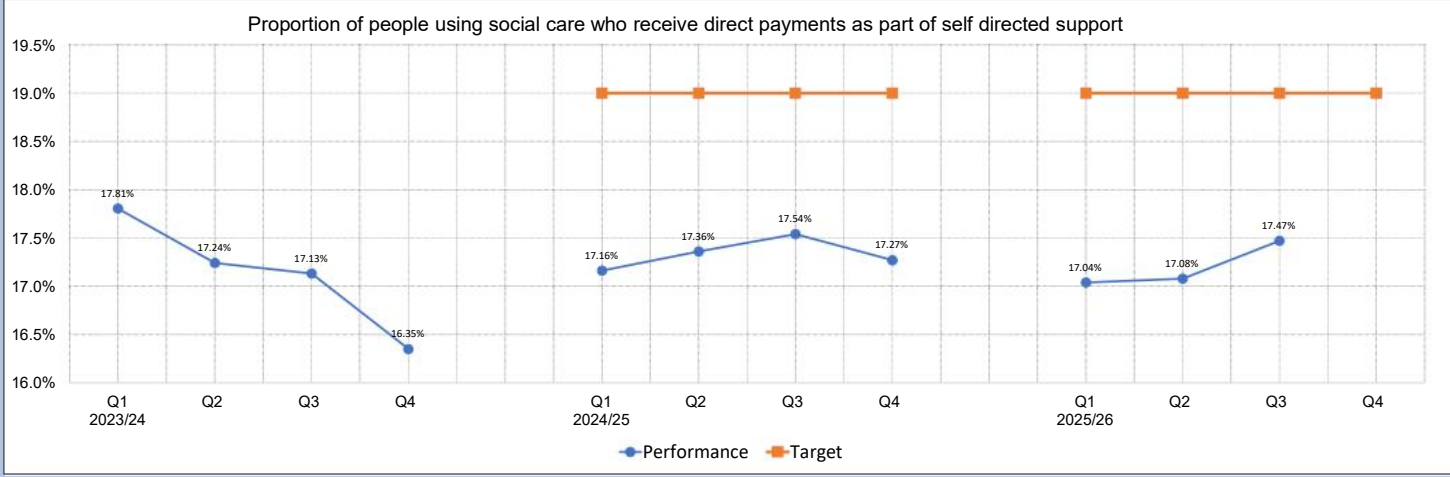
The scope of this indicator is limited to people who receive long term support only. These include people whose self directed support is most relevant. This will better reflect the council's progress in delivering personalised services for users and carers.

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:
 $(X/Y) \times 100$

X = The number of users receiving direct payments and part direct payments at the end of the period.
 Y = Clients aged 18 or over accessing long term support at the end of the period.

- Useful Links**
- [Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)
 - [The local area benchmarking tool from the Local Government Association](#)
 - [The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions](#)



Commentary

Please note, quarterly data reflects local reporting methods used to produce figures throughout the year. Year end data for Cambridgeshire and comparator groups is produced from the latest published statutory return data.

The percentage of people receiving direct payments is lower than both statistical neighbours and national comparisons and improving performance continues to be an area of challenge. Though it is noted this quarter does show a slight increase in performance.

The number of people with direct payments remains stable but overall numbers of the adult social care population is increasing. The service continue to develop our Community Micro Enterprises offer which seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them as well as supporting practitioners to offer a direct payment option.

Path to Green

Work has been undertaken to review the current process and delivery of direct payment options. A Task and Finish group has been established to focus on improving a number of aspects including information, awareness and process to support improved delivery of this indicator. Further work is underway to support the development of Individual Service Funds which will also improve the options available to people. Commissioning of the framework will be undertaken during 2026.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
80.0%	↑	81.2%	81.2%	Unchanged

RAG Rating

Green

Indicator Description

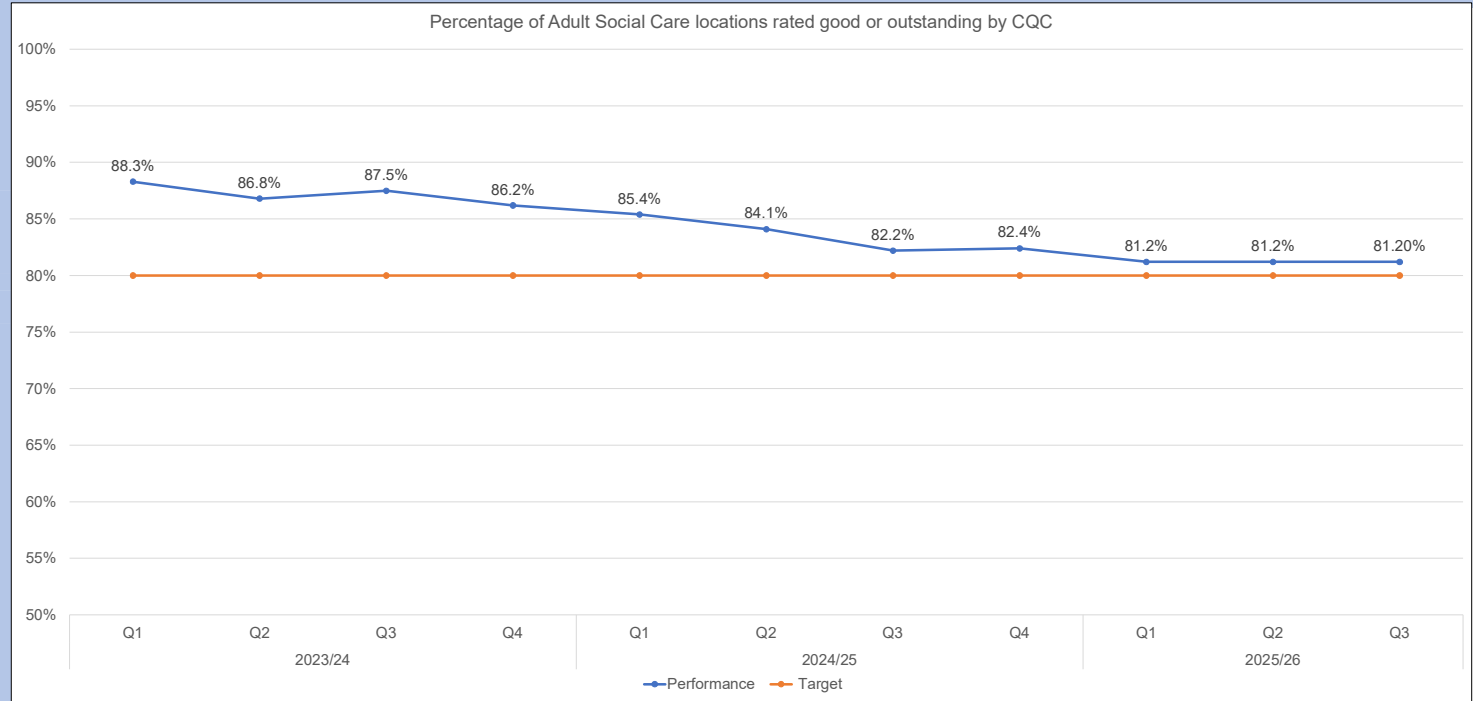
This metric gives an indication of the quality-of-care provision within Cambridgeshire. This metric excludes home care as these services often operate across several local authorities. Assigning them to one local authority based on their postcode may be misleading.

Calculation

$(X/Y) * 100$

X = Cambridgeshire Care Homes Rated Good or Outstanding

Y = All Cambridgeshire Care Homes



Commentary

The performance has steadily declined since Q1 2023/24 although has remained steady in 2025-26 and overall remains above target. This is due to an increase in the number of locations that the CQC have not rated, which is beyond the control of the council.

Useful Links

[Measures from the Adult Social Care Outcomes Framework](#)

[ASCOF Handbook of Definitions 2024-25](#)

Path to Green

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
51.3%	↑	45.9%	40.5%	Improving

RAG Rating



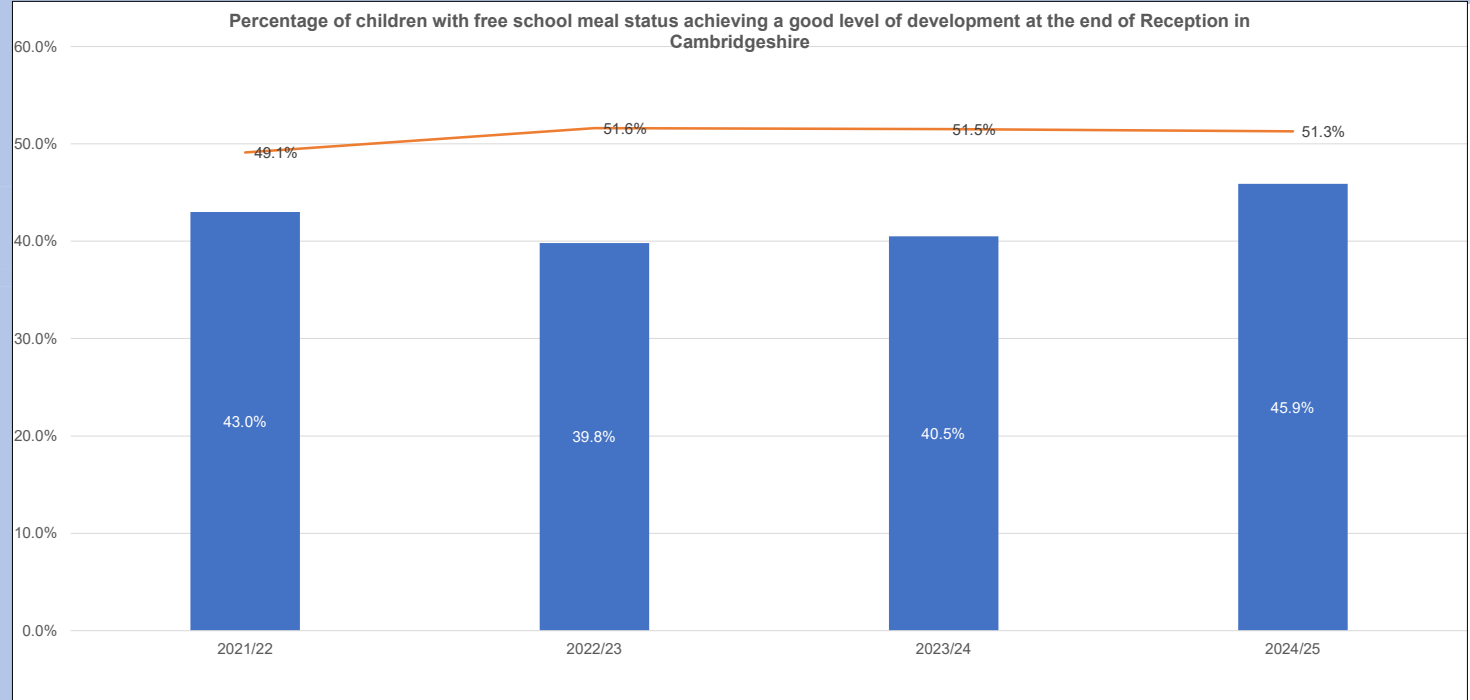
Indicator Description

This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

Children with free school meal status are defined as having reached a good level of development at the end of the early years foundation stage (EYFS) as a percentage of all eligible children with free school meal status.

Children are defined as having a good level of development at the end of the early years foundation stage (EYFS) if they are at the expected level for the 12 early learning goals (ELGs) within the 5 areas of learning relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.

The target is calculated using the England average as a benchmark figure, however work will be done before the next annual data set to agree a local target and trajectory.



Commentary

Data for this indicator is released annually with the 24/25 data released in December 2025. The percentage of children eligible for FreeSchool meals achieving a good level of development at age 5 has increased by 5.5% from last year, a quicker rate of increase than the overall improvement for England. However, this is still 5% lower than the national rate for this cohort. In year improvements have been supported by improved capacity within the health Visiting service that has enabled earlier intervention and targeted support for more families. Our Early Years service has put in place a number of targeted interventions to support schools and settings with high numbers of children in receipt of free school meals including updating assessment guidance focusing on inclusion, transition support between Early years settings and primary schools, and an enhanced training offer.

Useful Links

[Department of Health & Social Care reporting dashboard](#)

[Starting Reception](#)

Path to Green

A new 'Starting Reception' initiative has been launched across Cambridgeshire to support school readiness and the home learning environment. This sits alongside the development of '50 things to do before your 5' app that is jointly funded by Public Health and Early Years (details on both can be found on the link in the 'useful links' section). Colleagues from the Healthy Children programme and Child and Family Centres will be supporting this new resource. Targeted work with schools and settings with large numbers of families eligible for Free School meals by our Early Years team is starting to show results. This work will be picked up in the new 'Best Start in Life' development plan which will be published at the end of March, which outlines a cross system approach to improving GLD.

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
21%	↓	28.0%	26.3%	Declining

RAG Rating



Indicator Description

This indicator shows the proportion of children aged 10 to 11 years classified as living with obesity in the 20% most deprived areas of Cambridgeshire.

There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age

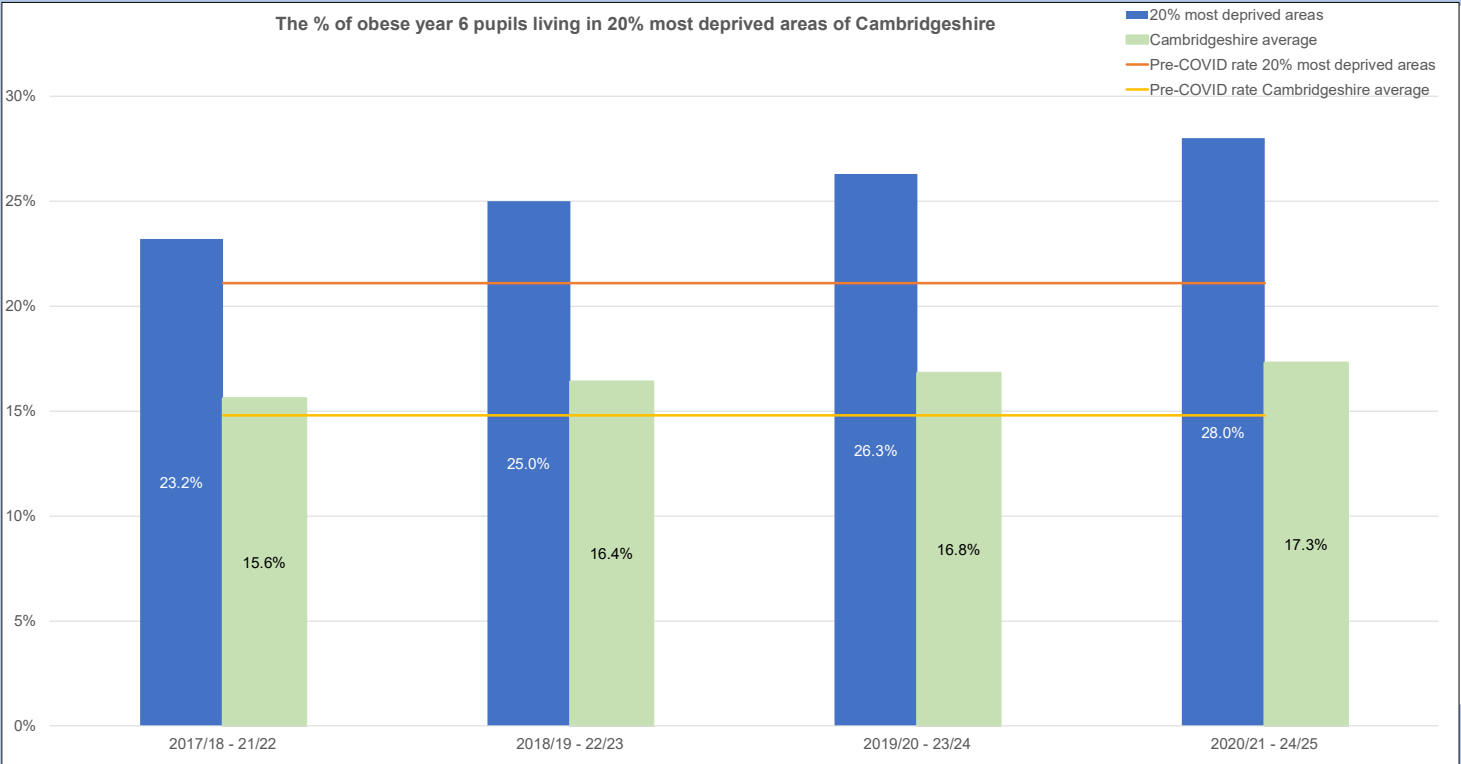
Children's BMI is categorised using variable thresholds that take into account the child's age and sex. These thresholds are usually derived from a reference population, known as a child growth reference, in England the National Institute for Health and Care Excellence (NICE) recommend using the British 1990 (UK90) growth reference.

For population monitoring purposes, a child's BMI is classed as overweight or obese where it is on or above the 85th centile or 95th centile respectively, based on the UK90 growth reference data. The population monitoring cut offs for overweight and obesity are lower than the clinical cut offs (91st and 98th centiles for overweight and obesity) used to assess individual children; this is to capture children in the population in the clinical overweight or obesity BMI categories and those who are at high risk of moving into the clinical overweight or clinical obesity categories. This helps ensure that adequate services are planned and delivered for the whole population.

Useful Links

The National Institute of Health and Clinical Excellence have produced guidelines to tackle obesity in adults and children: [Overview](#) | [Overweight and obesity management](#) | [Guidance](#) | [NICE](#)

Cambridgeshire Child Weight Management service: [Healthy You](#) | [Child Weight Management](#)



Commentary

Aggregated data for 2020/21 - 24/25 academic years shows that 28.0% of year 6 pupils living in the 20% most deprived areas of Cambridgeshire were classified as obese (blue bars).

This is significantly higher than the Cambridgeshire average of 17.3% (green bars) and an increase from 2019/20 - 23/24, when 26.3% of year 6 pupils living in the 20% most deprived areas of Cambridgeshire were obese.

The target set in the 2022 Health and Wellbeing Strategy is to reduce overweight and obesity levels to pre-pandemic levels by 2026. The aggregated pre-pandemic rate of obesity in year 6 pupils in the 20% most deprived areas was 21.1% (orange line). Since this time the rate of obesity in the 20% most deprived areas has increased, and at a higher rate than the Cambridgeshire average (green bars).

Single-academic year data is available for Cambridgeshire average. This shows that the obesity rate in year 6 increased post-COVID (15.0% in 2019/20 to 18.6% in 2021/22), but has since decreased in since but has risen again slightly in 2024/25 (17.0% in 2023/24 and 17.2% in 2024/25)

Path to Green

Public Health have commissioned a Child Weight Management service that delivers targeted interventions. Parents/Carers of pupils measured as obese by the National Child Measurement programme are proactively followed up by the service. Children and their families are offered group and 1:1 support to make behavioural changes to improve their diet, increase physical activity and address any psychological concerns that may be contributing towards excess weight. The service is required to target pupils living in more deprived areas.

Universal interventions are also provided and include the Tier 1 Behaviour Change Service, Healthy Schools Service and the Learn-2-Live Well Schools Obesity Fund. The Public Health team are also working on implementation of auto-enrolment for free school meals. There are a number school and community schemes that promote physical activity and active travel.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
95%	↑	94.00%	94.00%	Unchanged

RAG Rating

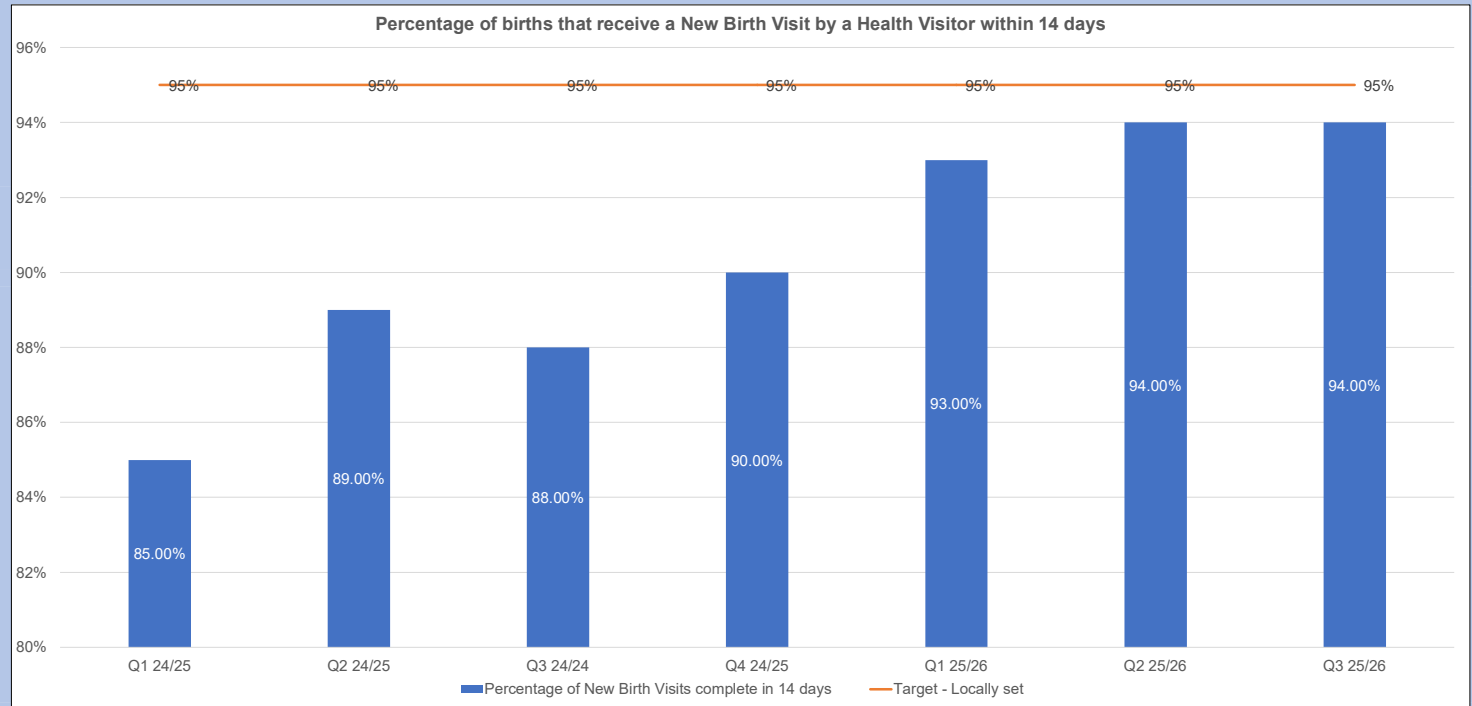
Amber

Indicator Description

This is a mandated check carried out by Health Visitors as part of the Healthy Child Programme. This is the percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.

Local target was set at 95% as a stretch target. (National Benchmark 83.0% in 23/24)

Just target but improved and better than National



Commentary

In Quarter 3, 94% of babies had a New Birth Visit within the first 14 days. This is in line with performance in quarter 2. 97% of babies overall in quarter 3 had a New Birth Visit with some checks taking place a few days outside of that timescale. Of the 31 babies who did not receive a New Birth Visit, exemptions such as extended stays in acute services care have been recorded.

Useful Links

<https://fingertips.phe.org.uk/search/new%20birth>

Path to Green

Line managers are working hard to put in processes to deliver first attempt contacts as close to 10 days as possible to allow time to revisit within timescales.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
50%	↑	50%	47%	Improving

RAG Rating

Green

Indicator Description

Smoking remains a Public Health priority area. It remains the main cause of preventable illness in England. Approximately 60,000 people smoke in Cambridgeshire and the estimated cost of smoking in Cambridgeshire is £465 million per year.

This indicator is calculated as the number of individuals accessing a structured stop smoking programme, who set a quit date which is followed by 4 weeks of an evidence based, structured programme of support. This indicator refers to the percentage of those who have set a quit date who reports not smoking for at least days 15-28 of a quit attempt and is followed up 28 days from their quit date.

Stop smoking programmes are delivered through Cambridgeshire GP practices, community stop smoking service which is part of the integrated behaviour change service, the Smokefree app (digital support), Allen Carr programme and additional smaller providers that work with targeted groups e.g., The Ferry Project in Wisbech which works with the homeless and migrant communities.

During 23/24 31% of all service users who set a quit date through a structured stop smoking programme in Cambridgeshire were smoke free when followed up at 4-weeks. This was considerably lower than the national average of 54%.

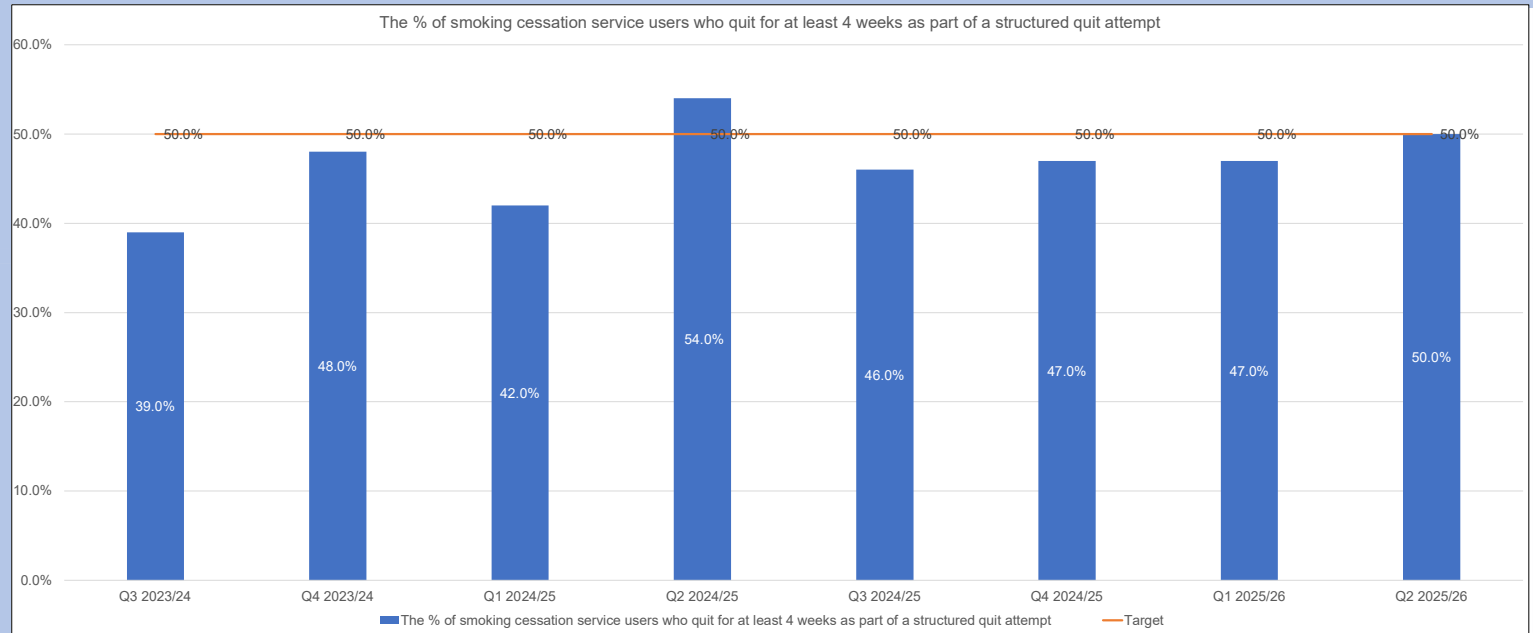
Due to reporting timings, this data set contains a one quarter lag.

Useful Links

[Statistics on Local Stop Smoking Services in England - NHS England Digital](#)

[Commissioning-delivery-and-monitoring-guidance.pdf](#)

[NCSCT - National Centre for Smoking Cessation and Training](#)



Commentary

During quarter 2, 760 service users set a quit date as part of a structured quit attempt, 50% (381) of those setting a quit date quit smoking for at least 4 weeks. Stop smoking support was delivered through GP practices, the Healthy You Behaviour Change Service, the Allen Carr group-based programme, the Smokefree App and the Ferry Project in Wisbech. The respective quit rates within each setting were GP Practices (50%), Healthy You (46%), Allen Carr (60%), Smokefree App (49%) and Ferry Project (63%). The GP practice and Allen Carr quit rates both increased during quarter 2 compared to quarter 1 which has meant the overall target was achieved during quarter 2.

Path to Green

The stop smoking support offer has been diversified so residents have different support options available in different settings e.g. face-to-face, digital and group support. Specialist stop smoking services have recently been commissioned to work specifically with groups with the highest smoking rates such as those who are homeless, those with mental health conditions and drug and alcohol service users. The varied support options will increase the number of Cambridgeshire smokers who access stop smoking services and the flexible individually tailored approach of the specialist stop smoking services should increase the number of people who successfully stop smoking for at least 4 weeks.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
67.5%	↑	60%	60%	Unchanged

RAG Rating

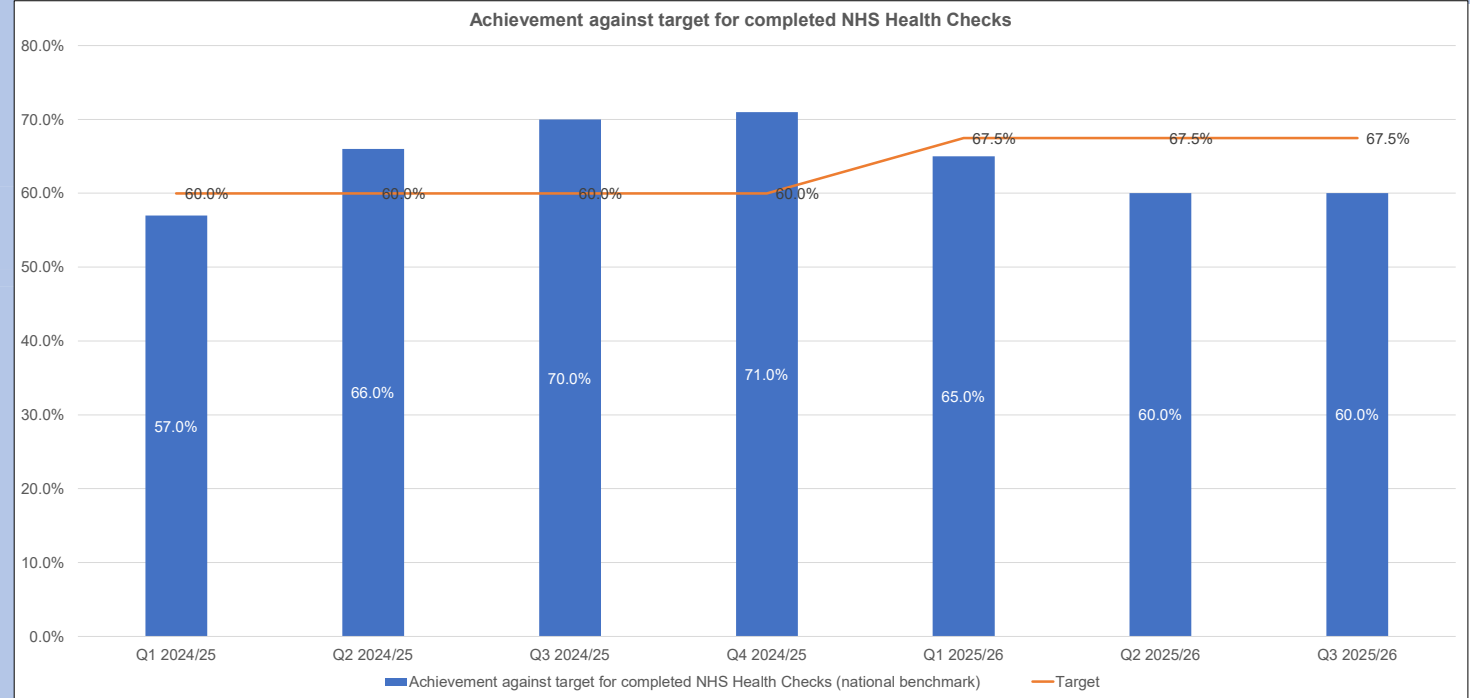


Indicator Description

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. Everyone aged 40 to 74 who has not already been diagnosed with one of these conditions is invited once every five years for a check. The check assesses their risk and provides support and advice to help reduce or manage that risk. High uptake of NHS Health Checks is important for cohort population surveillance, enabling early identification of poor health and opportunities for timely intervention.

This indicator shows the percentage of the local eligible population aged 40 to 74 who received an NHS Health Check in the current quarter. Performance was severely impacted by the COVID-19 pandemic, when the service was de-prioritised and delivery paused entirely for a period. A five-year recovery and improvement programme was put in place to work towards the national target of 75% uptake by March 2027.

The national ambition of 75% uptake is based on public health modelling, which shows that this level of participation would reduce health inequalities, significantly lower cardiovascular disease, improve early detection of risk factors, and provide a strong return on investment for the NHS. Locally, the progressive target for 2024/25 was 60%, rising to 67.5% in 2025/26. The current England average uptake is around 44%.



Commentary

In quarter three 2025–26, the NHS Health Checks programme in Cambridgeshire achieved an uptake of 60% against the new annual target of 67.5%. In 2024/25 the target was 60%. This revised target came into effect on 1 April 2025, and it is typical for performance to take one or two quarters to adjust following a target increase. The eligible population has also grown by 0.75% since last year.

Performance in quarter three was also affected by system factors. The Healthy You Behaviour Change Service transitioned to a new provider on 1 December 2025, which led to a temporary drop in activity while one contractor exited and the new provider mobilised. In addition, GP delivery is likely to have been impacted by a significant flu season during the quarter, which diverted clinical capacity.

Despite these pressures, the current result remains close to the target.

Useful Links

[NHS Health Check - Data | Fingertips | Department of Health and Social Care](#)

[NHS Health Check - Commissioners and providers](#)

Path to Green

To achieve the increased target for 2025/26, an improved service has been included in the procurement of the new Place-Based Behaviour Change Service along with a programme of installations of self-service health check kiosks in public and community venues such as libraries and workplaces. Based on previous performance patterns, uptake is expected to improve steadily over the coming quarters, with the highest figures usually recorded in quarter four. Continued engagement with practices and targeted quality improvement work should help ensure the target is met by year end.

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
1984	↓	2050	2033	Declining

RAG Rating

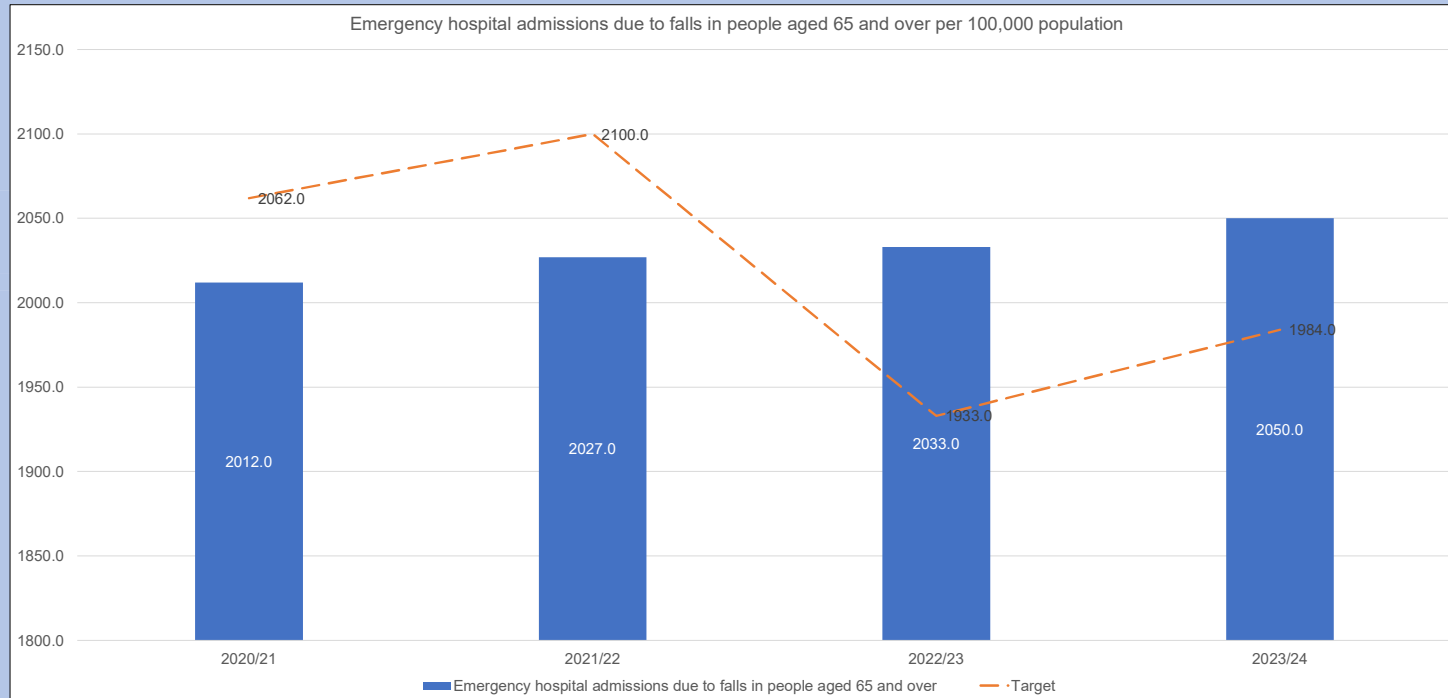
Amber

Indicator Description

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long term nursing or residential care. Indicator is: Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.

The target is set based on England average score for the financial year.

Falls prevention has system-wide engagement. Cambridgeshire County Council commission a number of falls prevention activity, focused on more "upstream" work among the less frail older individuals in the community. Action to address the most frail individuals is undertaken by CPFT, who provide community rehabilitation. In addition, Adult social care, our acute hospitals and VCSE organisations also have roles in improving or maintaining mobility among older people,



Commentary

There is a FaME falls prevention programme in Cambridgeshire to reduce the number of falls observed in the national indicator. There continues to be high demand for the FaME falls prevention programme commissioned as part of Health You. With 443 individuals starting the 26 weeks programme in the most recent financial year April 24-Mar 25, and 231 individuals completing the programme. 50% of individuals who complete the programme have improved strength and balance measurements.

There are also structured exercise programmes for less frail older people, with 15 classes available across the county, which have had 240 attendees in the past financial year. 81% of attendees had improved strength and balance measures after 6 months of attending.

Funding is also provided to each of the District Councils, who collectively deliver 60 weekly exercise sessions.

Path to Green

A falls prevention strategy has been developed and has been implemented over the past 2 years to reduce falls among older adults in Cambridgeshire. It focuses on prevention, early identification, and integrated care. Approaches within the strategy include raising public awareness about falls risks and promoting active, healthy lifestyles across the life course. Older adults are encouraged to take responsibility for their health, supported by accessible physical activity options - particularly strength and balance exercises.

Professionals and volunteers are being trained to better support physical activity, while the need for Age Friendly Communities to foster safer environments has been included in the most recent Healthy Places JSNA. Evidence-based interventions are being strengthened, particularly through improved coordination among primary, secondary, and community services. This includes access to falls risk assessments, medication reviews, and early intervention services.

The strategy also includes reducing the risk of falls for those in hospital, efforts focus on ensuring effective falls risk assessment documentation, timely referrals, and preventing patient deconditioning. To reduce falls risk for those in care homes, the focus is to ensure staff are trained to assess and manage falls risks and to promote physical activity, with robust referral processes to review fall-inducing medications.

Finally, falls prevention services are being designed to be inclusive, using data, co-production, and the removal of societal barriers to ensure all older adults, including those with disabilities, can access support tailored to their needs.

Useful Links

[Fingertips | Department of Health and Social Care](#)

Target	Direction for Improvement	Current Year	Previous Year	Change in Performance
43.3%	↓	49.00%	53.50%	Improving

RAG Rating

Red

Indicator Description

A HIV key strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection.

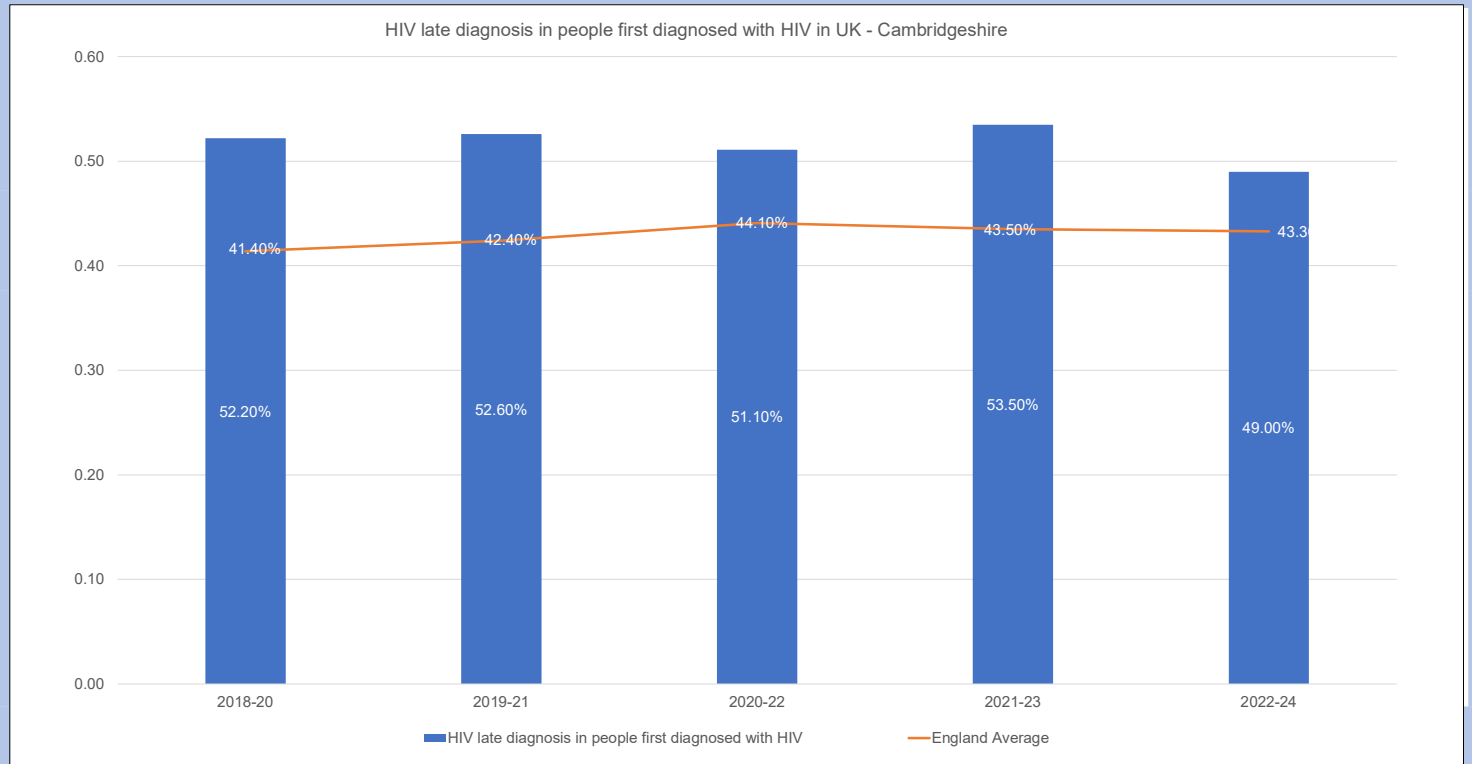
Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing.

The data is calculated as the percentage of adults (aged 15 years or more) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³ within 91 days of diagnosis within Cambridgeshire. Data is presented by geographical area of residence. Where data on residence were unavailable, diagnoses have been assigned to the diagnosing area

Three-year combined data is shown due to small numbers in an individual year by local authority health area. The target for Cambridgeshire is to reach the national rate by 26/27. Currently this is 43.3%.

Useful Links

- [Government Statistics - HIV: Annual Data](#)
- [Public Health Data Collection and methodology.](#)



Commentary

Reducing late diagnoses of HIV is crucial to improving health outcomes and preventing the spread of the virus. This also contributes to the national target of zero new HIV transmissions by 2030. The UNAIDS '95-95-95' targets were met in England in 2023, with 95% of all those with HIV being diagnosed, 98% of those diagnosed receiving treatment, and 98% of those treated being virally suppressed and thus unable to pass on the virus. However, inequalities exist within HIV diagnosis and those in the most vulnerable groups are most likely to be diagnosed late.

Whilst the proportion of those being diagnosed late in Cambridgeshire remain high, it is worth noting that numbers are small. From April 2025, the commissioned provider of sexual health services, Cambridgeshire Community Services (CCS) have been commissioned to provide a sexual and reproductive health prevention service alongside the integrated sexual health service they already operate. The district breakdown of this outcome shows that Fenland is worse off with a rate of late diagnosis of 72.7% (this is influenced by a small number of diagnoses).

Path to Green

The reduction of late diagnosis of HIV is a local and national priority; recent analysis suggests that people first diagnosed at a late stage in 2022 were 10 times more likely to die (all cause among people with HIV) within a year of diagnosis, compared to people that were diagnosed promptly. From April 2025, CCC has commissioned a sexual health prevention service, which will aid the reduction of late diagnosis of HIV by helping to increase opportunistic testing (both by physically testing and by providing education and resources to health care professionals) and by supporting individuals to practice safer sexual practices. This education can also foster healthier relationships and reduce stigma associated with HIV. Additionally, peer support for HIV-positive residents provides emotional and practical assistance, helping individuals navigate their diagnosis and treatment. Peer support groups can offer a sense of community and shared experience, which is invaluable for mental health and adherence to treatment plans. Together, these strategies create a comprehensive approach to reducing late HIV diagnoses and supporting those living with HIV.

UK Health Security Agency (UKHSA) and British HIV Association (BHIVA) have developed very late HIV diagnosis reporting procedures, to further support the reduction of individuals missed by routine care. This will be further supported by the nascent C&P Sexual & Reproductive Health Strategy, which will seek to address this issue directly. Workshops are ongoing, to enhanced full-system working to support this strategy, and to include key stakeholders and patient groups in forming tangible actions. The analysis this will provide will help us to understand the reasons for very late diagnosis and to identify where opportunities for testing are being missed. This will further inform targeted interventions and support healthcare providers to offer testing where it is indicated. As a region, UKHSA are leading a HIV action plan that will further delve into the barrier to diagnosis that may be more specific to the system in the East of England. Whilst some areas, including many of our neighbours, have been included in the opt-out BBV testing scheme run by NHS England, Cambridgeshire does not currently qualify. Further rollout of this scheme will likely depend on the success of the currently participating sites, which is something to be followed with interest.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
30%	↑	30%	29%	Improving

RAG Rating

Green

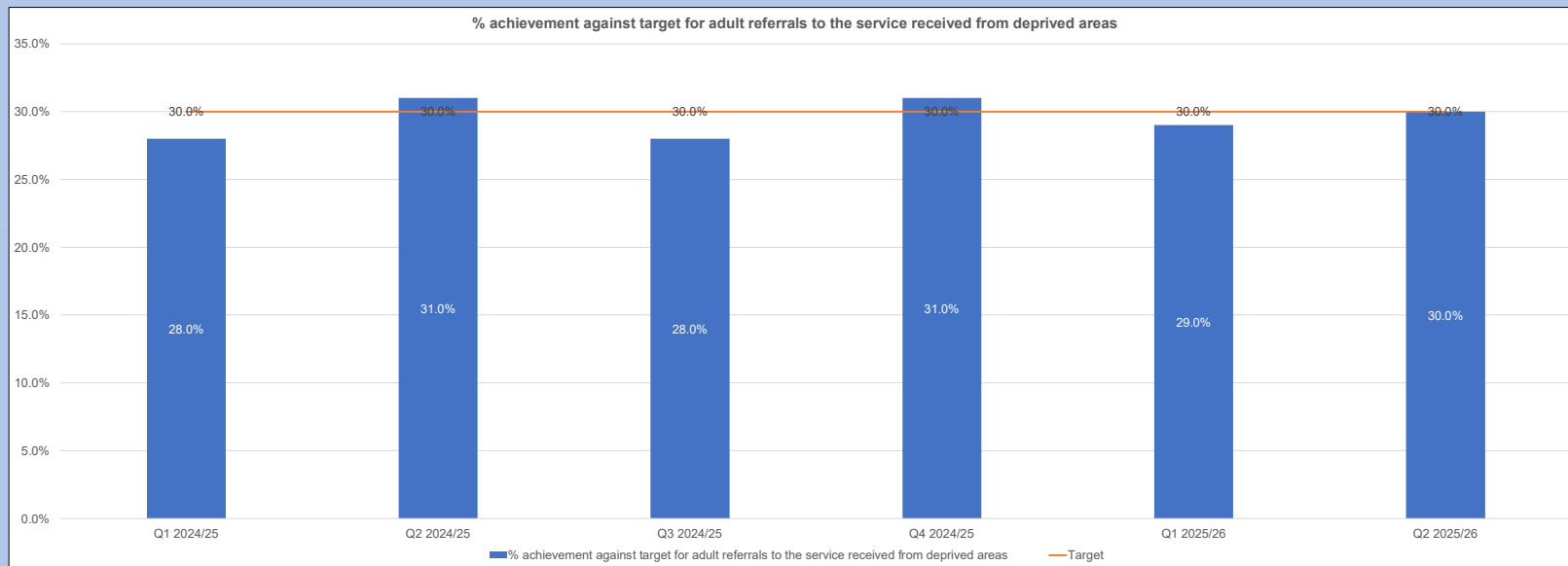
Indicator Description

This indicator is the proportion of referrals to the Integrated Behaviour Change Service that live in the 20% most deprived areas of Cambridgeshire.

The target proportion is 30% of the total number of referrals.

If an individual is referred who lives in the 20% most deprived areas (Quintile 1 postcode) then they are considered a referral from an area of high deprivation.

The integrated behaviour change service supports people to make healthy behaviour changes such as losing weight, stopping smoking and reducing their alcohol consumption.



Commentary

The number of referrals into the Health Trainer service for people from deprived areas is not available for Quarter 3. This is because following a commissioning process the provider of the Integrated Behaviour Change Service changed part way through the quarter. In Quarter 2 the Health Trainer service received 222 referrals for individuals living in the 20% most deprived areas, which is 30% of the overall referrals it received.

Useful Links

Path to Green

To increase the number of referrals from deprived areas the Behaviour Change Service continues to undertake engagement work in deprived areas by attending additional events and working closely with key partners who refer into the service by delivering MECC training.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
46.38%	↑	47.62%	47.16%	Improving

RAG Rating

Green

Indicator Description

This national measure includes the range of progress measures that individuals are making during drug/alcohol treatment.

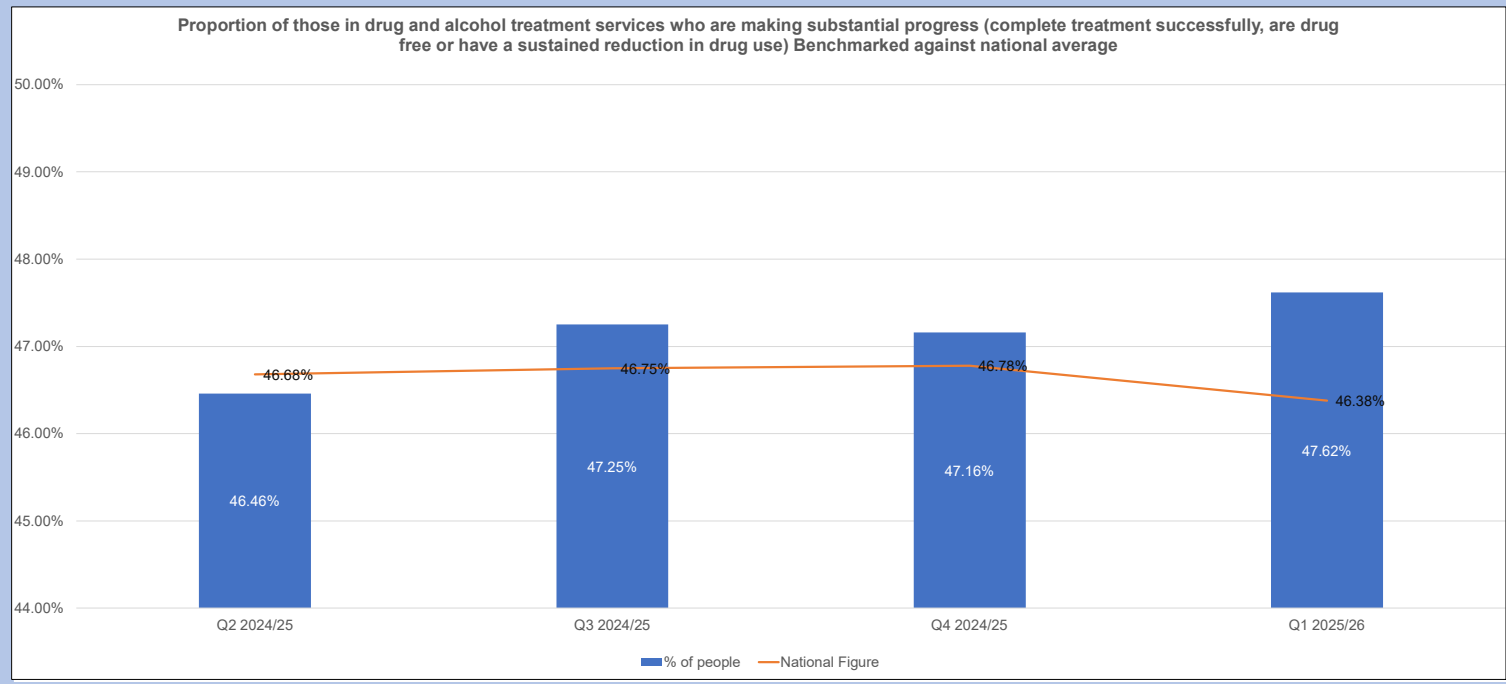
This measure reflects the proportion of those in treatment who completed successfully (excluding those who have acute housing problems), are drug free in treatment or have a sustained reduction in drug use.

This data is accessed from the National Drug Treatment Monitoring System (NDTMS) that is overseen by the Office of Health Improvement and Disparities (OHID). All services that provide structured drug/alcohol treatment services are asked to submit data to NDTMS. Local performance data is benchmarked against England average. Currently Cambridgeshire is performing above national average.

There are restrictions over the release of NDTMS data so there will be a delay in performance reporting, however commissioners will have access to more recent data for contract monitoring purposes.

Useful Links

<https://www.ndtms.net/Monthly/TreatmentProgress>



Commentary

To ensure that performance remains on track.

Path to Green

Commissioners continue to work closely with the commissioned provider CGL to ensure performance stays on track across the different drug profiles. Commissioners are working closely with the current service provider to ensure that performance remains strong during the re-commissioning exercise to minimise disruption. The new treatment service contract is due to start on the 1 April, 2026.

Adult Social Care Customer Care Annual Report 2024-2025

To:	Adults and Health Committee
Meeting Date:	5 March 2026
From:	Executive Director for Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	No
Executive Summary:	To present the Adult Social Care Customer Care Annual Report 2024-2025, providing information about the complaints, compliments, representations and MP enquiries received for adult social care and the learning from this feedback and actions taken to improve services.
Recommendations:	The committee is recommended to: <ul style="list-style-type: none">a) note and scrutinise the information in the Annual Adult Social Care Customer Care Report 2024-2025.b) agree to the publication of Annual Adult Social Care Customer Care Report 2024-2025 on the Cambridgeshire County Council's website.

Officer contact

Name: Fran Marshall

Post: Service Director Quality Assurance, Practice and Safeguarding (PSW)

Email: Fran.Marshall@Cambridgeshire.gov.uk

1. A healthy, fair and sustainable Cambridgeshire

- 1.1 This report reflects Cambridgeshire County Council's ambitions of **enabling full, healthy lives for all** and **ensuring fairness and opportunity wherever we can**. It specifically relates to the priority of Independent Living - to provide social care that supports adults and unpaid carers to live safely in the way they choose and prevents the need for more intensive support and care where possible.

2. Background

- 2.1 Regulation 18 of the 'Local Authority Social Services National Health Service Complaints (England) Regulations 2009' state that each Council has responsibility to publish an Annual Report containing information about: the number of complaints received; the number of complaints that were decided to be well founded (upheld); the number of complaints referred to the Local Commissioner or Health Service Commissioner; summarising the subject matter of the complaints; any matters of general importance arising from the complaints; and any matters where action has or will be taken to improve services as a result of the complaints.
- 2.2 Cambridgeshire County Council collects and collates information annually on the complaints, comments, representations, MP and Councillor enquiries, and compliments received for adult social care services. This information is provided in the Adult Social Care Customer Care Annual Report 2024– 2025 ("the annual report"), attached as Appendix 1.
- 2.3 The annual report identifies themes to inform learning from complaints and sets out the actions taken to address these issues and improve practice.

3. Main Issues

- 3.1 The annual report brings together the information on complaints, representations, MP enquiries and compliments received by the council in respect of Adult Social Care Services. This allows learning from complaints across all service areas to be identified, and actions agreed to make improvements in services. The report also provides a comparison with previous financial years so that any changes in patterns can be highlighted and any actions to be taken considered.
- 3.2 The annual report includes an executive summary which provides an overview of the content of the full report. Information on complaints from the executive summary and annual feedback overview have been used in the sections below.
- 3.3 Emphasis is placed on learning from complaints. The response to a complaint will identify the actions to be taken to prevent a similar situation occurring again and any areas where the service provided could be improved. The annual report ('Themes and Service Improvement') details learning from complaints received during the last year. The top three reasons for complaints continue to relate to: paying for care, charges and financial assessments; Care Assessments; and the standard of care in residential care and home care. As a result of the learning identified from feedback, the Council have implemented numerous service improvements including system

and process improvements, revisions of documentation to ensure clarity of information and staff training.

- 3.4 The learning from each complaint is collated and where there are similar issues raised in several complaints, the common theme identified will lead to specific learning and development.
- 3.5 The various ways in which learning from complaints and the themes are shared by the Customer Care Team includes:
 - Attendance at Directorate Management Team meetings
 - Attendance at the Practice Governance Board
 - Meetings with Heads of Service and the Principal Social Worker for Adults
 - Sharing feedback about commissioned services with the Commissioning Team
 - Email communication for cascading to teams
 - The learning gained from specific complaints is shared at complaint training sessions for Adult Social Care managers and staff
 - The annual complaints report is also shared with the Adults and Health Committee to ensure there is oversight and assurance.
 - Dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for Adults
 - Specific case studies which include learning from complaints investigated by the Local Government and Social Care Ombudsman (LGSCO) are considered at practice learning sessions run by the Principal Social Worker and the Practice Quality & Standards Team
- 3.6 222 formal complaints were received, and 217 formal complaints were responded to in 2024-2025. The number of complaints responded to fell by 19% in comparison to 2023 – 2024, when 283 formal complaints were received and 269 were responded to.
- 3.7 Formal complaints accounted for 24% (222) of the overall feedback items (923) received for the Adult Social Care service for 2024-2025. This is similar to 2023-2024 when formal complaints accounted for 26% of overall feedback.
- 3.8 In the year 2024-2025 the top three reasons for complaints continue to relate to: care assessments; paying for care, charges and financial assessments; and standard of care in residential care and home care.
- 3.9 The report highlights the outcomes and proportion of upheld complaints, Senior Manager Reviews and Local Government and Social Care Ombudsman investigations (LGSCO).
- 3.10 During 2024 - 2025, there were 41 Senior Manager Reviews completed when a complainant remained dissatisfied with the response after their complaint was responded to. This is a 17% increase from the previous reporting year, when 35 Senior Manager Reviews were completed.

- 3.11 In light of the learning and themes identified from complaints, several actions have been taken to improve the services the Council provides, examples of which are illustrated in the 'Learning from Complaints' section of the report.
- 3.12 This reporting year, the LGSCO reviewed and decided 20 complaints for Adult Social Care. This equates to 9% of formal complaints that went on to complain to the LGSCO. 11 complaints received by the LGSCO (55%) were not taken forward for full investigation. Of the 9 fully investigated and decided, 4 (44%) were not upheld and 5 (56%) were upheld; details of these cases are shown in the annual report. There has been a slight increase in the number of fully investigated complaints reviewed by the LGSCO, compared to the previous reporting year.
- 3.13 The [LGSCO annual report](#) notes that their uphold rate for adult social care services is 79%. The uphold rate for the nine adult social care complaints fully investigated for Cambridgeshire is 56%.
- 3.14 231 compliments were received for adult social care staff or services in 2024-2025. This is a considerable decrease to the last reporting year where 367 were received. Although there has been a decrease, compliments continue to be the most common form of feedback the Council has received across adult social care services over the last 6 years.

5. Conclusion and reasons for recommendations

- 5.1 It is recommended that the Adults, Health and Commissioning Committee:
- a) Notes and scrutinise the information in the Annual Adult Social Care Customer Care Report 2024-2025.
 - b) Agrees to the publication of Annual Adult Social Care Customer Care Report 2024-2025 on the Cambridgeshire County Council's website.

6. Significant Implications

6.1 Finance Implications – provided by Justine Hartley

There are no significant finance implications.

6.2 Legal Implications

The investigation of complaints can help to recognise areas where there may have been or has been poor practice and provides opportunities to improve the services provided by adult social care. There is a statutory obligation for the Council to have an adult social care complaints process and to publish an annual customer care report for adult social care.¹

¹ The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

6.3 Risk Implications

There are no significant implications within this category.

6.4 Equality and Diversity Implications

There are no significant implications within this category. An EqIA is not required as this report is not being used to produce, change, or review any policies, services or projects.

6.5 Climate Change and Environment Implications

There are no significant implications within this category.

7. Source Documents

7.1 LGO Cambridgeshire County Council Annual Review letter 2024-2025
[Councils' performance - Local Government and Social Care Ombudsman](#)

7.2 LGO Data Sheet – Councils 2024-2025
[Adult social care complaint reviews - Local Government and Social Care Ombudsman](#)



**1 April 2024 –
31 March 2025**

Customer Care Annual Report

**Adults, Health and
Commissioning**

Customer Care Annual Report for Adult Social Care 2024 – 2025

Context

Cambridgeshire County Council has an open learning culture and views feedback as an opportunity to monitor performance and identify learning to improve the quality of our service provision.

Under [the Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#), all Local Authorities with social services responsibilities in England and Wales are required to have a complaints procedure for people interacting with social care services, and to report on how they have dealt with Adult Social Care complaints.

This report provides information about a range of feedback to include compliments, comments, representations, MP enquiries and complaints which were received and responded to between 1 April 2024 and 31 March 2025. It demonstrates the Council's commitment to transparency and our approach to being receptive and reactive to the feedback the Council received.

The Regulations require that local authorities prepare an annual report each year. This report needs to include specific information, such as:

- The number of complaints received by the responsible body.
- The number of complaints deemed well-founded by the responsible body.
- The number of complaints referred to either the Health Service Commissioner under the 1993 Act, or the Local Commissioner under the Local Government Act 1974.
- Any general issues arising from those complaints or the manner in which they were handled.
- Any actions taken or planned to improve services as a result of those complaints.

Table of Contents

EXECUTIVE SUMMARY	3
ANNUAL FEEDBACK OVERVIEW	4
COUNCILLOR ENQUIRIES	5
MP ENQUIRIES	5
Themes of MP Enquiries	6
Timescales	6
REPRESENTATIONS	6
COMPLIMENTS	7
Summary of Compliments:	7
Common Themes:	8
Learning Points and Best Practices:	8
INFORMAL COMPLAINTS	9
ENQUIRIES	9
FORMAL COMPLAINTS	10
CATEGORIES OF COMPLAINT REASONS	11
COMPLAINT OUTCOMES	15
LEARNING FROM COMPLAINTS	16
Service Improvements	17
Response Timescales	18
DISSATISFACTIONS	19
SENIOR MANAGER REVIEWS	20
Learning from Senior Manager Reviews	21
Timescales	21
LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN	23
LEARNING FROM LGSCO	24
LGSCO RECCOMENDATIONS	25
LGSCO ANNUAL REVIEW OF ADULT SOCIAL CARE	25
REPORT RECCOMENDATIONS	26
Appendix 1	27
Appendix 2 – Summary of LGSCO Upheld Complaints, 2024-25	30

EXECUTIVE SUMMARY

Formal Complaints



In 2024-2025, 222 formal complaints were received, and 217 formal complaints were responded to. The number of formal complaints responded to by the Council decreased, **falling by 19%**, compared to 269 in 2023–2024. This marks the first decline, after eight consecutive years of increases, in both the number of formal complaints received and responded to.

Compliments



Despite a decrease from last year, **231 compliments were received** for staff this reporting year; demonstrating that a significant number of people continue to appreciate and value the dedication and excellent service provided by the team. [Appendix 1](#) provides examples of compliments.

Local Government and Social Care Ombudsman



During the reporting year, the Local Government and Social Care Ombudsman reviewed 20 Adult Social Care complaints for Cambridgeshire. This is a 54% rise from 13 cases last reporting year. Of the 9 fully investigated, 56% were upheld, compared to a 79% national uphold rate. Appendix 2 provides a summary of cases upheld by the LGSCO in 2024-25.

MP Enquiries



This reporting year saw a notable **46% reduction** in the number of MP enquiries handled, with 50 responded to compared to 92 in the previous year.

Complaint Themes



The top three reasons for complaints were: dissatisfaction with the outcomes and communication around financial assessments and charges; concerns about the adequacy and options in care assessments; and issues with the standard and quality of care in both domiciliary and residential care settings.

ANNUAL FEEDBACK OVERVIEW

During the reporting period from 1 April 2024 to 31 March 2025, the Customer Care Team received and managed 923 pieces of feedback across Adult Social Care. This represents a 10% decrease (97) compared to the previous year. This decline is mainly due to fewer MP Enquiries, a decrease in compliments, and a reduction in complaints, which is associated with a re-categorisation of complaints data as discussed later in the report.

The feedback covered a range of types, each of which is detailed in the table below, showing figures from this year alongside those from the past three reporting periods for comparison. Further information about each category of feedback can be found in the relevant sections of this report.

Feedback type	2024-2025	2023-2024	2022-2023	2021-2022
Councillor Enquiry	22	11	20	18
MP Enquiry	50	92	72	57
Compliments	231	367	366	440
Representations	1	2	4	8
Enquiries	120	95	27	91
Informal Complaints	129	123	160	66
Formal Complaints	222	269	259	226
Dissatisfactions	92	-	-	-
Senior Manager Reviews	41	42	27	19
LGSCO	20	13	7	5
Totals	923	1020	942	930

The table shows that compliments made up the highest feedback volume with 231 received, followed by 222 formal complaints received this year.

Overall, while there was a general decline in the volume of feedback in 2024-2025, some categories experienced increases. For example, Councillor Enquiries rose from 11 in 2023-2024 to 22 in 2024-2025, and Enquiries increased from 95 to 120 during the same period. Dissatisfactions were recorded for the first time in 2024-2025, with a total of 92 instances.

A detailed breakdown of each feedback category is provided in the corresponding sections of this report. These sections offer further insights into the volume, key themes, identified learning, and service improvements that have been implemented.

COUNCILLOR ENQUIRIES

Councillors play a key role in adult social care, acting as representatives and advocates for their constituents. They help residents navigate the complaints process, offer support, and may escalate complaints on their behalf. Additionally, Councillors scrutinise the Council's handling of complaints, ensuring accountability and service improvement. Councillors can also work to address any systemic problems or issues identified through complaints to improve overall service delivery.

During this reporting year, there was a significant rise in Councillor Enquiries, with 21 being received and **22 cases being responded to**, representing a twofold increase compared to the previous period. This rise is primarily attributed to the recent introduction of a streamlined process that requires all Councillor enquiries to be routed through the adult social care Customer Care Team. This new approach ensures coordination with adult social care teams and timely responses within set deadlines. Additionally, it has enabled Adult Social Care to track and report the volume of Councillor enquiries with greater accuracy throughout the reporting cycle.

MP ENQUIRIES

Members of Parliament (MPs) contact the Chief Executive of the Council to raise enquiries on behalf of their constituents. MP enquiries can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

When an MP enquiry involves a complaint or complex issue on behalf of a constituent, the matter may be addressed through the formal complaints process. This method allows for a comprehensive review, formal record-keeping, and a standardised response. The formal complaints process applies established levels of scrutiny, transparency, and accountability, and outlines specific timelines and procedures. This helps ensure that constituent concerns are addressed, any systemic issues can be identified and enables the complainant to approach the Local Government Social Care Ombudsman (LGSCO) if required once the process is complete.

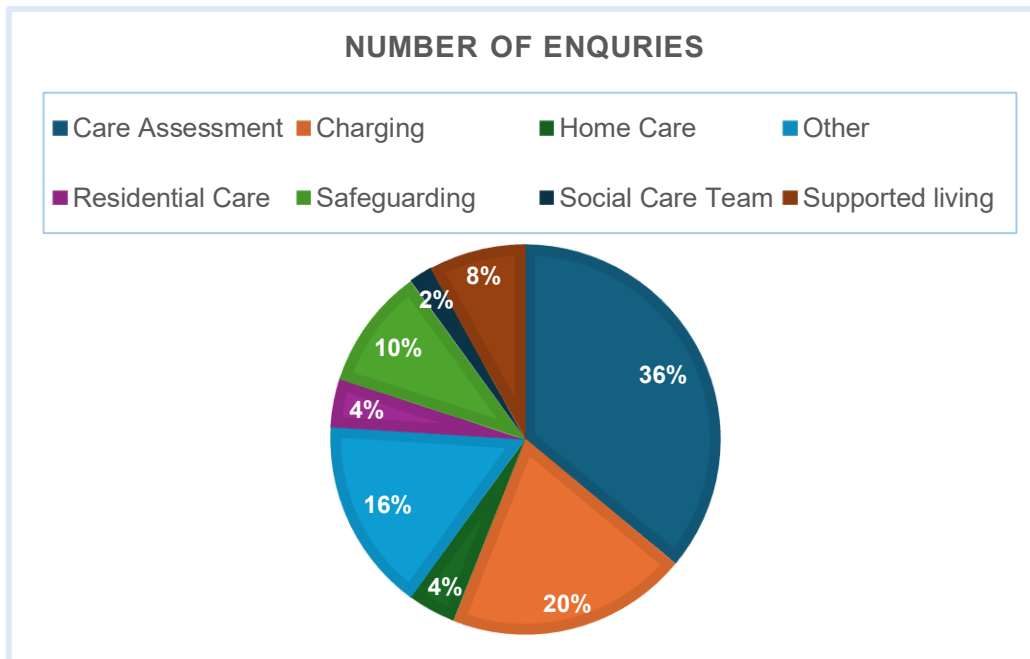
The adult social care Customer Care Team facilitates responses to MP enquiries. This reporting year, 48 MP enquiries were received, and **50 MP enquiries** were responded to (with two enquiries carried over from the previous reporting year). This is a significant decrease (46%) to the last reporting year, where 92 were responded to.

The reduction in MP enquiries this year can largely be attributed to the recent changeover of Members of Parliament, which took place around the General Election in July 2024. When Parliament was dissolved at the end of May 2024, MPs stopped representing their constituents until the new Parliament convened in July.

Most MP enquiries this year related to concerns about Care Assessments (36%) and charging related enquiries (20%).

The chart below shows the themes of enquiries made by MPs for their constituents this year.

Themes of MP Enquiries



Timescales

This year, 18 (36%) MP enquiries were answered after the 10-working day deadline; the same rate as in 2023–2024. MPs are notified of delays and their reasons, which are mainly due to complex issues needing further investigation and coordination with external organisations.

REPRESENTATIONS

A representation is a comment or complaint about the position taken in a policy or procedure owned by the Council, or about resource allocation or service availability, rather than how the Council applies its policies in specific circumstances.

During 2024–2025, the Customer Care Team oversaw one representation, where someone questioned the necessity of the Council’s annual financial assessments, especially when an individual’s income is not expected to change from year to year. They suggested that the Council could assume income remains the same unless the person being supported notifies them otherwise. The Council explained that this approach would not be compliant with the [Care and Support Statutory Guidance](#), which requires local authorities to regularly reassess a person’s ability to pay for adult social care services. This typically happens annually, so that any changes in their financial situation are considered appropriately.



COMPLIMENTS

A compliment is an expression of praise, gratitude, or positive recognition for a member of staff or the services provided by Adult Social Care. Compliments received from Council staff themselves are not included in this report.

Positive feedback is an essential element in service improvement and staff morale. Compliments not only acknowledge the dedication and professionalism of Adult Social Care staff but also highlight best practices and moments where staff have made a real difference in people's lives. This recognition helps maintain high standards, fosters a culture of appreciation, and motivates staff to continue delivering exceptional care and support services. Furthermore, sharing compliments with teams can inspire others, reinforce positive behaviours, and inform future service development. By valuing and responding to positive feedback, the Council demonstrates its commitment to learning from all forms of customer feedback, not just complaints or challenges, but successes and strengths as well.

Whenever a compliment is received, the Customer Care Team responds to thank the individual for taking the time to share their positive experience. In the 2024–2025 reporting year, **231 compliments were received** regarding staff or services within the Adults, Health and Commissioning Directorate. Notably, compliments remain the most common form of feedback the Council has received for adult social care over the past six years.

However, this year saw a significant decrease (59%) compared to the previous two years, which each saw totals of 367 and 366 compliments. While there is no clear reason for this decline, it is possible that staff may not always be forwarding compliments to the Customer Care Team, making it difficult to report the true volume of positive feedback. The Customer Care Team will remind staff of the importance of sharing positive feedback and will continue to monitor this trend to determine whether a specific cause can be identified.

Based on the compliments received, several key themes and learning points emerge that can be used to inform best practices. A summary is provided below.

Summary of Compliments:

The compliments highlight the exceptional dedication, professionalism, and empathy demonstrated by adult social care staff. Individuals have been praised for their helpfulness, effective communication, and the ability to provide support and reassurance during challenging times. The feedback often mentions specific instances where staff members went above and beyond to assist people using adult social care, showing kindness, patience, and understanding. The compliments also reflect the positive impact of staff members and teams on the lives of people and their families, emphasising the importance of personalised care and attention to detail.



Common Themes:

- **Empathy and Compassion:** Many compliments emphasise the staff member's ability to show genuine care and understanding, making the people we support and/or their representatives feel valued and supported.
- **Professionalism and Expertise:** Staff members are frequently praised for their knowledge, professionalism, and the high quality of their work.
- **Effective Communication:** Clear and compassionate communication is a recurring theme, with staff being recognised for their ability to explain complex information and provide reassurance.
- **Personalised Care:** The importance of tailoring support to meet individual needs is highlighted, with staff being commended for their attention to detail and personalised approach.
- **Teamwork and Collaboration:** Compliments often mention the collaborative efforts of the team, highlighting the positive impact of working together to provide comprehensive support.

Learning Points and Best Practices:

- **Foster Empathy and Compassion:** Encouraging staff to continue showing empathy and compassion in their interactions with people. This can be achieved through training programmes that emphasise the importance of understanding and addressing the emotional needs of the people we support and their representatives.
- **Maintain High Professional Standards:** Encouraging ongoing professional development to ensure staff members have the knowledge and skills needed to provide high-quality care. Recognising and rewarding professionalism and expertise.
- **Enhance Communication Skills:** Providing training on effective communication techniques, including active listening and clear explanations. Encouraging staff to keep the people we support informed and reassured throughout their interactions.
- **Personalise Support:** Promote a person-centred approach to care, where staff take the time to understand and address the unique needs of each person they support. Encouraging staff to be attentive to details and to tailor their support accordingly.
- **Encourage Teamwork:** Fostering a collaborative work environment where staff members support each other and work together to provide comprehensive care. Regular team meetings and collaborative projects help strengthen teamwork and improve overall service delivery.

By focusing on these themes and best practices, the Council can continue to provide high standards of support and care, ensuring needs are met with empathy, professionalism, and person-centred care.

Please see [Appendix 1](#) for examples of exceptional compliments received during 2024 – 2025.

INFORMAL COMPLAINTS

Informal complaints refer to concerns raised by people receiving support, or their representatives, that are resolved promptly without requiring a formal investigation.

These complaints are managed differently from formal complaints as they generally involve less complex issues that can be addressed through direct communication with staff or minor adjustments to service delivery. While some people may use the word ‘complaint’ to express their frustrations, many simply want someone to take immediate action to address their dissatisfactions rather than pursuing a formal complaints process.

Directly addressing concerns at the frontline, where interactions and issues first arise, offers several key advantages. It enables faster resolution, prevents minor issues from escalating, and demonstrates a commitment to responsive, person-centred care. Immediate responses help build trust, improve satisfaction for both the people we support and staff, and foster a culture of continuous learning. Individuals are informed that if they are not satisfied at any point with the attempts to resolve their concerns, they may escalate the issue to the Customer Care Team for review under the formal complaints process. During the reporting year, the Customer Care Team received 125 informal complaints and responded to **129 informal complaints, a 2% increase** from the 126 managed in 2023–2024. Most informal complaints were related to Care Assessments (46) or Charging (24). Of these, 19 cases progressed to formal complaints.

ENQUIRIES

A complaint is not a request for a service or a specific enquiry about a service. It may become a complaint if the Council fails to deliver services efficiently and effectively after receiving the initial enquiry. The Customer Care Team are often the first point of call for a person (or their representative) in receipt of Adult Social Care to contact and the Customer Care Team will establish what the customer would like us to do to put things right.

Examples of this can include a customer who has been unable to locate the correct contact details for a particular Adult Social Care service or who are requesting information or a request for a service provision. In these situations, the Customer Care Team will ensure that the enquiry is dealt with promptly by the appropriate service and contact is made with the customer in a timely way to resolve the enquiry. During 2024-

2025 the Customer Care Team dealt with **104 enquiries**, this is similar to last reporting year where 97 enquiries were dealt with by the Customer Care Team.

FORMAL COMPLAINTS

Cambridgeshire County Council considers every encounter between staff, people, unpaid carers and the public to be an opportunity to learn from people's experiences of its services. This learning is used to continuously improve the quality of these experiences as well as Council services and increases the organisation's accountability to those it serves.

Our approach to effective handling of concerns and complaints focuses on:

- Getting it right first time
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement
- Being open and honest

The Council is committed to being open and transparent in all of our work, including investigations into concerns and complaints. Where mistakes have been made or things have not gone well, responsibility will be taken by the appropriate person and a genuine apology given as soon as possible. Early meetings to discuss and address concerns in person are encouraged, and agreement will be gained regarding how best to remain in ongoing communication with those who have raised concerns.

The Council is accountable for all the services it provides, whether directly from its own resources, or through contracts with other agencies, and the Council has a duty to investigate complaints about any aspect of these services.

In line with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, this report is required to detail the number of complaints formally received by the Council. This year, a total of **222 formal complaints were received**, which is a 27% decrease from the previous year's figure of 283 and **217 were responded to (decided)** falling by 24%, compared to 269 in 2023-2024. This is the first decrease, after eight consecutive years of increases, in both the number of formal complaints received and responded to.

The apparent decrease in complaints this year is influenced by changes in how the Council records and categorises concerns. Previously, cases where individuals were dissatisfied with a formal complaint response and needed a further reply, before escalating to a Senior Manager Review, were counted as new complaints or included in total responses. Now, these are tracked separately as 'dissatisfactions', making direct comparisons with data from prior years less accurate. Thus, the reduction may reflect classification changes rather than a true decline in concerns. This year, **92**

dissatisfactions were addressed for those seeking additional responses to their formal complaints. This is reported in further detail later in the report.

This report focuses on the number of complaints responded to, not just those received, enabling a thorough summary of outcomes, themes, and lessons learned during the reporting year.

The table below shows data relating to these different categories of complaints:

Type of complaint	No. of complaints
Complaints	217
Dissatisfactions	92
Referred to another service or organisation	16
Escalation to Senior Manager Reviews	41
Total	366

CATEGORIES OF COMPLAINT REASONS

While an individual complaint may involve several issues or concerns, the Customer Care Team record each case based on the main or most significant reason for the complaint. This approach enables us to try and ensure consistency with the categorisations used by the Local Government and Social Care Ombudsman (LGSCO) in their reporting, allowing for meaningful analysis and comparison of data. By focusing on the primary reason, we are better able to identify significant trends.

The table below shows the breakdown of the main cause for complaints being raised this reporting year:

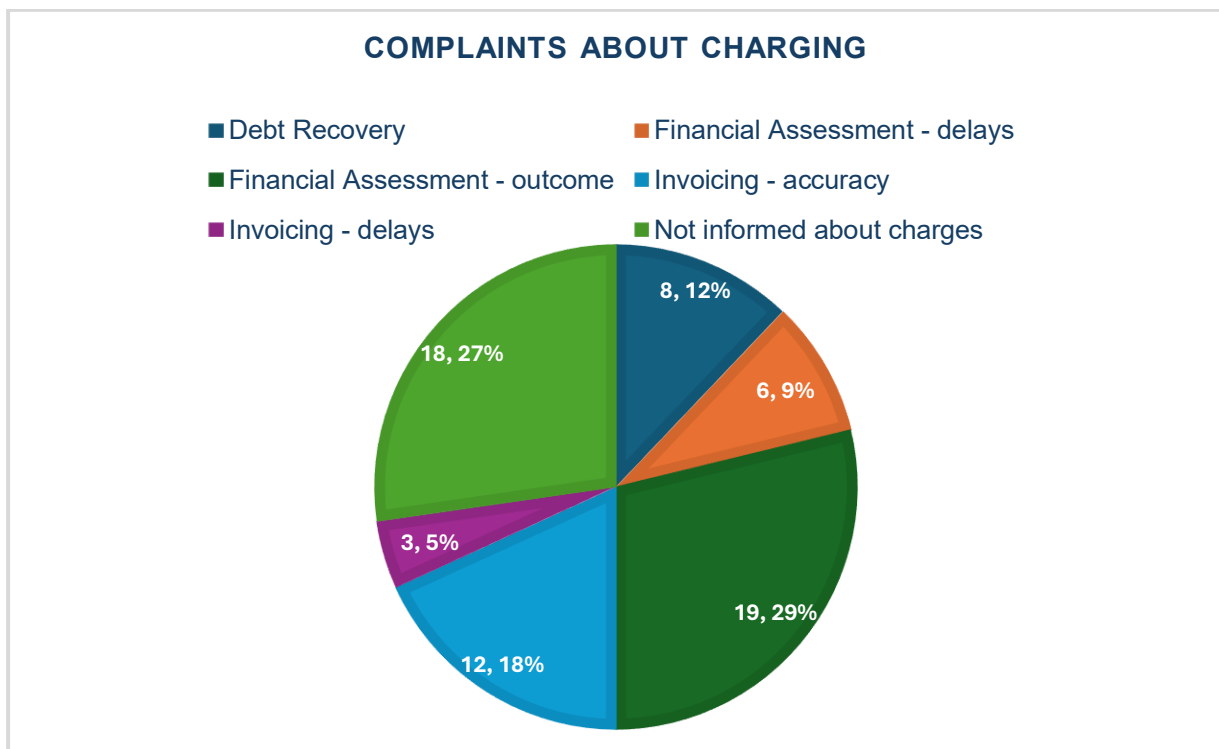
Main Reason for complaint	Total
Care Assessment	51
Unpaid Carers	4
Charging	66
Corporate	4
Direct Payments	3
Home Care	23
Other	20
Residential Care	17
Safeguarding	10
Social Care Team	11
Supported living	5
Total	217

The data in the table above presents an overview of the main sources of complaints within Adults, Health and Commissioning and are discussed in more detail next.

Charging

Of all categories, issues relating to Charging emerged as the most significant concern, accounting for **66 (30%) complaints**. This suggests that the people we support, or their representatives, encounter challenges or confusion regarding charges and financial processes. It is positive to note that the proportion of complaints related to charging has decreased from the last reporting year, where 98 (36%) complaints related to charging.

The main themes and reasons for complaints about Charging are shown in the chart below:



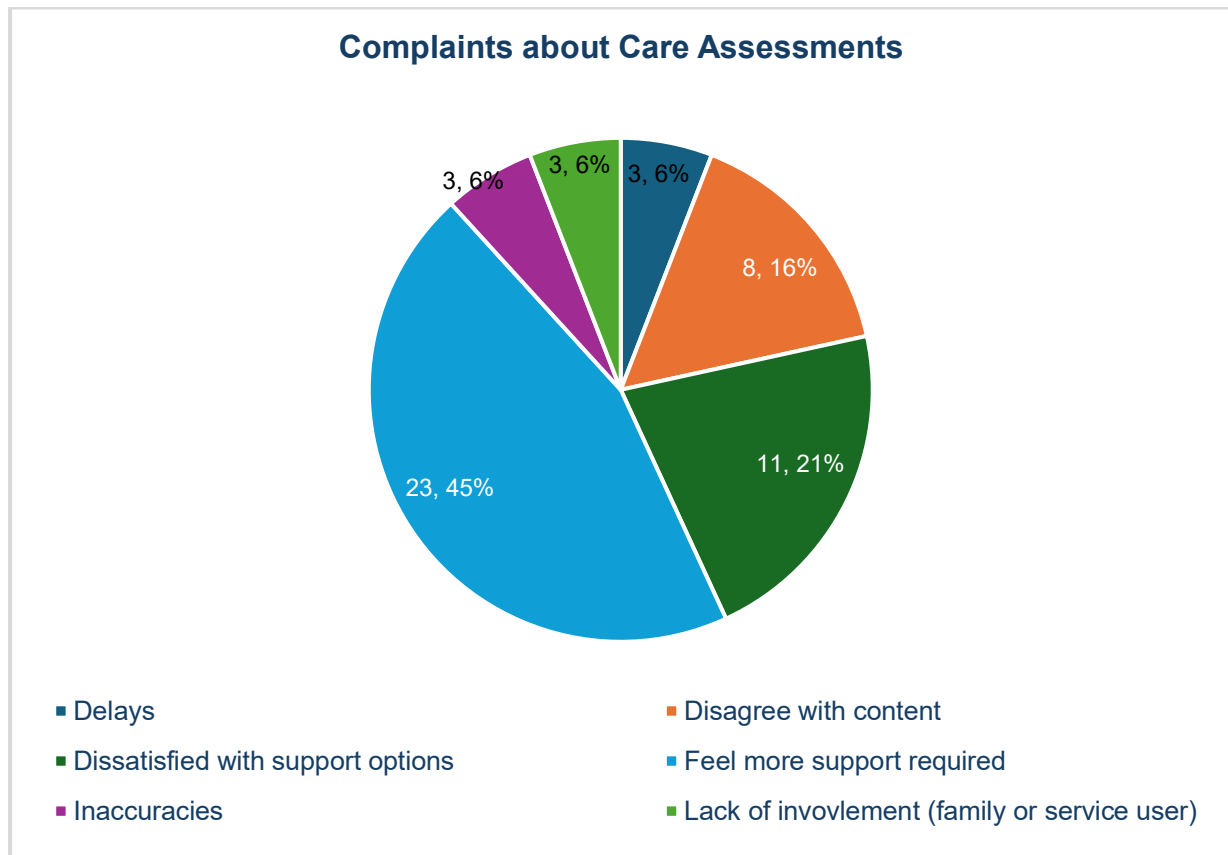
The most frequent issue is related to the outcome of financial assessments (19). This indicates that many people are dissatisfied with the results of their financial assessments, however, this is a decrease from the last reporting year where 23 complaints were recorded relating to the outcome of assessments. Another concern is the number of complaints (18) asserting that they had not been informed or fully informed about charges for care and support. This suggests that there are communication gaps regarding the charges that people are expected to pay for adult social care.

Additionally, there were 12 complaints regarding accuracy of invoicing, for example invoices for care are incorrect and don't reflect level of care received; care invoices are unclear and inaccurate; delays and backdating of invoices. This figure is similar to the last reporting year where there were 13 complaints of this type. 8 complaints related to debt recovery indicating that the process of recovering debts is causing dissatisfaction; this figure has decreased from last reporting year where there were 10. There were 6 complaints about delays with financial assessment, pointing to

concerns about the timeliness of the financial assessment process. However, this has decreased significantly from the last reporting year where there were 19 complaints raised about delays with financial assessments.

Care Assessments

51 complaints (24%) related to Care Assessments and accounted for the second highest category of complaints. This figure indicates ongoing dissatisfaction or misunderstanding about how care needs are evaluated, which may point to communication gaps or procedural difficulties. However, the number of complaints relating to this area has decreased significantly from last reporting year where 93 complaints were responded to.



As the chart above shows, the most frequent issue (23) of complaints about Care Assessments is related to the need for more support. This indicates that many of the people who complained felt that the support they were assessed as being eligible for was insufficient to meet their needs. 11 of these complaints related to dissatisfactions with support options available/do not feel that they meet their expectations or needs.

Additionally, there were 8 complaints concerning disagreements about the decision to include or exclude certain pieces of information within the care assessments, as well as the rationale for making these decisions. These complaints often related to perceptions about the relevance and appropriateness of the selected information. A lack of involvement of family or people receiving support is also a notable concern. There were 3 complaints about delays in the care assessment process, which can

cause frustration and inconvenience. Lastly, there were 3 complaints regarding factual inaccuracies in the care assessments, highlighting concerns about the reliability of the information recorded.

Home Care

There were **23 complaints (11%)** responded to during 2024 – 2025 relating to Home Care services, showing it remains an area of concern for the people we support. This is a significant increase from last reporting year where 8 complaints related to this area. Based on the data provided, the main reasons for complaints about Home Care (19) related to the standard of care being provided. The remaining 4 complaints related to timeliness of care calls (2) and attitude of staff (2).

Residential Care

17 (8%) complaints related to Residential Care, which is significantly more than last reporting year, where 8 were responded to. Based on the data provided, the main reasons for complaints about Residential Care related to the choice of care placement (8), where the people we support, or their representatives, were dissatisfied with the options available for care placement. Another significant issue was the standard of care (9) where concerns were raised about the quality of care provided in residential facilities.

The adult social care Contracts Team works with providers to manage concerns and complaints and will be strengthening this through implementing new contractual mechanisms when contracts are renewed.

The Local Government and Social Care Ombudsman (LGSCO) has raised concerns about the number of complaints received about care providers and believe that the volume of complaints could be higher if care providers were more proactive in informing residents of their right to complain. The Council has used provider forums to address this issue, with the goal of ensuring providers understand expectations regarding complaint handling and to improve transparency and accessibility to the complaints process. Therefore, an increase in complaints about provider services may reflect improved transparency and access to the complaints process.

Social Care Teams

Concerns about Social Care Teams accounted for **11 complaints (5%)**. Based on the data provided, the main reasons for complaints were about lack of support or action (6) where it was felt that the Social Care Team was not providing adequate support or taking necessary actions to address their concerns. 3 complaints related to poor communication, and 2 related to the conduct of staff indicating concerns about the behaviour of the team members. In the last reporting year, one complaint was recorded under this category. Due to changes in the way themes are recorded, it is not possible to make a direct comparison to previous years for this category.

Safeguarding

Safeguarding concerns accounted for **10 complaints (5%)**. This is a considerable decrease from last reporting year where 16 complaints related to safeguarding. The most frequent issue, for 5 complaints, related to how the safeguarding was conducted, with dissatisfactions about the procedures and methods used in safeguarding. 2 related to dissatisfactions about the lack of action taken as a result of a safeguarding concern being raised, 2 related to poor communication and one raised safeguarding concerns and was pursued through the safeguarding route.

Unpaid Carers

4 complaints were raised in relation to support for unpaid carers, who are people providing unpaid support. These complaints were with the outcomes of carers assessments and delays in their completion. The figures for this category remain similar to last year where 3 were recorded.

Other

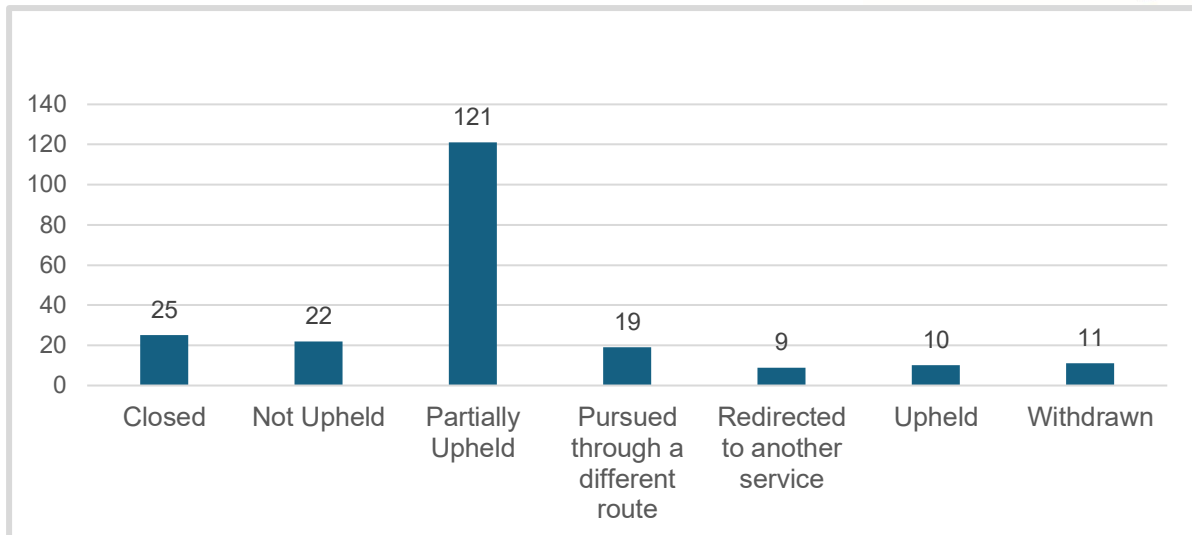
A total of 20 complaints were classified as '**other**', encompassing issues that did not clearly align with the categories previously outlined. These included concerns related to communication, data protection, day services, transport, and occupational therapy.

There were 4 complaints regarding **staff conduct** rather than care services. These matters were processed through the Council's corporate complaints procedure. 3 complaints were made about dissatisfaction with **Direct Payments** and the agency's service quality. There were also 5 complaints about **Supported Living**, all concerning the quality of care provided.

Although some of these figures are small, they still highlight areas where focused improvements can and have been made.

COMPLAINT OUTCOMES

The chart below highlights the various outcomes and provides insight into how complaints were resolved this reporting year.



Based on the data provided, the outcomes of complaints are as follows:

- **Partially Upheld:** The majority of complaints, totalling **121**, were partially upheld. This indicates that in many cases, some aspects of the complaint were found to be valid, while others were not.
- **Closed:** **25** complaints were closed, meaning that no further action was taken.
- **Not Upheld:** **22** complaints were not upheld, indicating that the complaints were investigated but found to be without merit.
- **Pursued through a different route:** **19** complaints were redirected for handling via alternative procedures, for example those that related to safeguarding, legal, or insurance matters.
- **Withdrawn:** **11** complaints were withdrawn by the complainants, indicating that they chose not to pursue their complaints further.
- **Upheld:** **10** complaints were upheld in full, indicating that the concerns raised were determined to be completely substantiated.
- **Redirected to another service:** **9** complaints were redirected to another service, as the issues were more relevant to a different department or service either within the Council e.g. Data Protection or external agencies such as housing or health.

LEARNING FROM COMPLAINTS

Complaints, though often seen as negative feedback, provide vital insights into the areas where the Council can improve. By analysing and learning from complaints, we can enhance our services and prevent future issues. Below are examples of learning and improvement from feedback that was received this reporting year, to enhance service quality and ensure better outcomes for the people we support and their representatives.

- Strengthening internal coordination, such as improving the scheduling of calls and communication within offices, to support more efficient and responsive service delivery.
- Providing ongoing training in areas including dementia support and clarifying care workers' responsibilities and professional behaviours.
- Keeping all team members informed regarding the costs and details of placements to ensure transparency and facilitate better decision making for those we support. Closer working with Brokerage and Care Teams to increase regularity of updates.
- Fostering effective communication and collaboration between hospital teams, Continuing Healthcare (CHC) complex cases, and social care teams to help prevent delays and complications, enabling smoother transitions and improved outcomes.
- Emphasising the importance of issuing correspondence to the appropriate person, particularly ensuring communication reaches the intended recipient rather than only their representatives to reduce the risk of misunderstandings.
- Regular training on the importance of adhering to care plans and maintaining professionalism.
- Refining communication, such as revising the wording of financial assessment letters.
- New process implemented by the Debt Team to ensure visits are confirmed beforehand.
- Ensuring staff explain processes clearly to the people we support to ensure understanding of complex situations, including safeguarding and charging. Practitioner factsheets, including Disability Related Expenditure, Advocacy, Financial Processes and Safeguarding were updated to ensure that processes were clearly set out and reminders shared with staff in team meetings.
- Reiterating to staff the Council-wide Customer Charter and their obligation to reply to correspondence within the specified timeframes.

Learning from complaints is an ongoing process that requires a proactive approach. By addressing the issues raised in complaints, the Council can improve service delivery, enhance client satisfaction, and prevent future problems. The steps outlined above demonstrate our commitment to continuous improvement and the importance of learning from feedback to achieve excellence in care and support services.

Service Improvements

In addition to learning from feedback, actions have also been implemented to ensure rectification of faults. Examples of these actions include:

- All providers to enhance quality of care plans and to have detailed care notes. This will be communicated in a monthly provider newsletter.
- Backdating charges where incorrect calculations were made.
- Care and support plans reviewed.
- Carers' assessments offered.
- Direct Payments reviewed and backdated where appropriate.
- Discuss alternatives ways in which support can be delivered, whether via direct payments or directly arranged support.
- Enhanced Disability Related Expenditure requests reviewed.
- Financial reassessments completed.
- Implementation of team learning, individual learning or wider learning on a specific matter.
- New care assessments completed.
- Notification of Concerns raised where concerns raised with standard of care.
- Redress for time, trouble and distress.
- Regularly review and update communication plans to ensure clarity and timeliness.
- Review or audit of care providers.
- Waiving of care charges.

Response Timescales

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, sets out that complaints about social care should be:

“responded to within 6 months commencing on the day on which the complaint was received, or such longer period as may be agreed before the expiry of that period by the complainant and the responsible body. If the responsible body does not send the complainant a response within the relevant period, the responsible body must— (a) notify the complainant in writing accordingly and explain the reason why; and (b) send the complainant in writing a response as soon as reasonably practicable after the relevant period.”

Although the legislation permits such a large timescale, the Council recognises that it is important to try and resolve complaints in a timely manner and therefore aims to respond to complaints within 25 working days.

Of the 217 formal complaints responded to this year, 80 were responded to outside of our 25 working day response timescale, although all 217 formal complaints were responded to within the 6-month timescale set out in the regulations. This equates to 37% of complaints being responded to outside of timescale and is a 1% decrease to

last reporting year where 101 (38%) formal responses were issued outside of timescale. It is recognised that delays in responding to complaints leads to additional frustration for the complainant and falls below the service standards we expected. Delays are due to a variety of reasons, such as:

- **Complex issues:** If the complaint involves complex matters, requires extensive evidence, or necessitates speaking with multiple parties, more time may be needed to properly investigate.
- **Customer delays:** There may delays due to personal reasons or while establishing the points to investigate.
- **Involving other bodies:** Investigations might be delayed if another organisation is already looking into a linked issue, such as a police investigation, insurance claim, legal services or a safeguarding matter.
- **Unforeseen circumstances:** Unexpected events or the unavailability of key staff.

The Customer Care Team continue to work towards reducing the number of delays when responding to complaints. Considering this, the Customer Care Team have made improvements in data capturing and issue weekly reports to senior management to show investigations that are breaching timescales. The Customer Care Team are scrutinising cases to identify the root cause of the delay and identifying themes to introduce service improvements to address the cause. This has led to meetings being coordinated with the investigating managers and the complainant early in the complaint process. External agencies will be contacted within 3 working days to request their input to respond to the complaint. When it is apparent that the Customer Care Team are not going to be able to respond within the timescale, the Customer Care Team will contact the complainant to apologise and provide an explanation for the delay and when they may expect to receive the response by.

DISSATISFACTIONS

When a complaint response is issued, the letter will invite the complainant to come back to the Customer Care Team if they are dissatisfied with the response. On receipt of a dissatisfaction from a complainant, the Council will consider what the most appropriate next steps are to address their dissatisfactions. This can be one or more of the following:

- The offer of a meeting
- Further information being provided
- An additional response to clarify particular queries or to investigate certain elements in more detail
- A senior manager reviewing the initial complaint and complaint response (please see next section of the report for information on Senior Manager Reviews)

This reporting year we responded to **92 dissatisfactions, representing 42% of all decided formal complaints**. 35 of these went on to be reviewed by a Senior Manager, 12 were withdrawn or closed following a further review, 4 were re-directed to another service, for example the dissatisfactions related to input from an external organisation and **41 received an additional response**. This was either from the initial responding manager or from the relevant service manager, who was able to address the area of dissatisfaction firsthand and resolve any additional or related issues. Of those who received an additional response to their complaint, 26 were partially upheld, 7 were upheld, and 8 were not upheld.

SENIOR MANAGER REVIEWS

As touched upon in the previous section, once dissatisfactions are raised with a complaint response, the decision can be made to proceed with a Senior Manager Review. If the decision is made to carry out a review of a complaint, the senior manager will:

- Consider the original complaint and response
- Decide if each point raised in the complaint has been addressed fully and fairly
- Where necessary carry out further investigation, this may include reviewing records, interviewing staff or speaking with the complainant
- If some or all of the complaint is found to have merit by the senior manager, it will receive a ‘partially upheld’ or ‘upheld’ outcome, demonstrating that the concern was substantiated through the review process
- Identify any corrective action necessary to address the issues raised
- Signpost the complainant to the Local Government and Social Care Ombudsman (LGSCO) if they remain dissatisfied

This reporting year, there were **41 Senior Manager Reviews** completed, representing 18% of all formal complaints. It is noted above that 35 complaints went on to be considered as Senior Manager Reviews this reporting year. The variance between the figures is due to 6 Senior Manager Reviews being carried over from the previous reporting year. The number of Senior Manager Reviews responded to this reporting year has increased by 17% from last reporting year where 35 were completed.

The **outcomes** of the Senior Manager Reviews responded during 2024 – 2025 are as follows:

Outcome	Number
Upheld	4
Not upheld	1
Partially upheld	35
Not pursued following meeting	1

Learning from Senior Manager Reviews

In the past year, our analysis of Senior Manager Reviews has shown several key areas for improvement. This summary highlights the primary learning points and includes specific examples to provide additional context.

- **Timely Communication:** Provide all necessary information without delay, ensuring that out-of-office messages clearly specify non-working days. For example, apologies for missed appointments were acknowledged, and a five working day timeframe was reiterated for responding to emails. Ensuring that care assessments and care and support plans are completed and issued to the people we support and their families/representatives in a timely manner.
- **Clear Documentation:** Provide clear and detailed breakdowns of care costs and account reconciliations. An example includes the acknowledgment that correspondence could have been clearer, although the account and outstanding balance were accurate.
- **Quality of Care Plans:** Contracts are working with providers to enhance the quality of care plans and maintain detailed care notes. This will be communicated in a monthly provider newsletter and compliance reviewed in Contract monitoring visits.
- **Assessment Clarity:** Clarify the distinction between long-term and short-term needs. For example, it was explained that in one case the needs were long-term, thus Reablement services were not applicable, and the involvement of family members in care assessment and planning was crucial.
- **Charges and Notifications:** Clearly communicate charges and the reasons behind them. Ensure timely completion of financial assessments so the outcomes are shared with the people we support promptly.
- **More regular use of the Notification of Concern system** and increased specificity within communications. Specific steps include regularly reviewing and updating communication plans to ensure clarity and timeliness.

By addressing these areas, we aim to enhance the overall services provided and ensure that complaints are handled efficiently and effectively.

Timescales

The timescale for completing a Senior Manager Review is 3 months. Of the 41 Senior Manager Reviews completed, 12 (29%) were completed outside of timescale. This is a reduction from last reporting year where 40% (14) of Senior Manager Reviews were responded to outside of that timescale. The pattern over the last three reporting years indicates that the number of reviews being delayed continues to reduce. Although there is a reduction in the number of responses issued outside of the timescale, the Council recognises that responding to complaints late falls short of the service complainants should expect.

The Customer Care Team keep complainants informed of delays and offer explanations for the reasons causing the delay. The primary reasons for these delays

were the need to arrange meetings with complainants or other parties involved in the process; and requests for further information, such as financial documentation to finalise financial assessment outcomes or the completion of new care assessments or care reviews.

REMEDIES AND RESTORATIVE ACTIONS TAKEN FROM FEEDBACK

Our approach to remedies is guided by the principle of restoring, as far as possible, those affected by faults to their rightful position had the shortcomings not occurred. Each case is considered individually to ensure the most appropriate remedial actions are implemented. Examples of the remedial actions taken this reporting year include:

- **Apologies:** Throughout the feedback process, we have consistently recognised that a sincere apology holds significant value for complainants. An effective apology does more than acknowledge a mistake, it validates the experience of those affected, demonstrates respect for their perspective, and reassures them that their concerns have been heard. Complainants stress the importance that meaningful apologies have as they can help restore trust, provide closure, and are vital to resolving complaints. While not an admission of negligence, our approach ensures apologies are genuine, transparent, and accompanied by clear explanations of lessons learnt to prevent recurrence.
- **Preventative Remedies:** Our focus extends beyond resolving individual complaints to preventing future injustice. We regularly recommend service improvements, drawing on lessons learned from previous cases. Specific examples of these recommendations are outlined in the **learning sections** of this report.
- **Corrective Action:** Where injustice remains unaddressed, we consider practical steps to rectify the situation. This may involve undertaking new care or financial assessments or reviewing previous decisions. In instances where a lack of action has led to injustice, prompt and effective intervention is key to reducing the impact.
- **Quantifiable Financial Loss:** If a complainant has incurred costs for services not received or delivered to an unacceptable standard, we may reimburse or waive relevant fees. Our aim is to provide a fair remedy for the injustice suffered, rather than simply awarding compensation. This also extends to those who have had to provide unpaid care, resulting in lost earnings or the use of personal time.
- **Symbolic Payments:** There are occasions where the remedies outlined above are insufficient to address significant unremedied injustice. In those circumstances we may offer a symbolic payment. This acknowledges the distress, inconvenience, or difficulties experienced as a result of the fault.

Examples include payments for emotional distress due to repeated delays or failures in assessment, harm or risk of harm, including physical injury or adverse mental effects, and time and trouble payments for significant issues in complaint handling, such as prolonged delays.

In summary, our remedies are restorative in nature, designed to put matters right and to ensure learning leads to improved services. We strive to ensure that every action we take not only addresses the immediate needs of those affected but also contributes to preventing similar issues in the future.

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

Although the Council strives to resolve a complaint to the customer's satisfaction, there are cases where someone remains unhappy with the responses provided by the Council to their complaint. Once a complaint has concluded the Adult Social Care complaints process, the complainant will be signposted to the Local Government and Social Care Ombudsman (LGSCO) if they remain dissatisfied. The LGSCO looks at complaints about councils which includes adult social care and care providers (such as care homes and care providers). The law says that, where a council has commissioned another organisation to provide a service on its behalf (for example, a care home or home care agency), the LGSCO will hold the council responsible for any failings that are identified. The service is free, independent and impartial. They are the final stage for complaints about councils.

Where a complaint is about both health and social care services and the issues are so entwined that a joint investigation by the Ombudsmen is required, these complaints are considered by the Local Government and Social Care Ombudsman (LGSCO) and the Parliamentary and Health Service Ombudsman's (PHSO) Joint Working Team. In contrast to the LGSCO, the PHSO investigates and holds whichever organisation provided the NHS service responsible for any failings, rather than the commissioner.

It is important to acknowledge that our reporting on LGSCO outcomes differs from the Ombudsman's own approach. While the LGSCO categorises complaints simply as either upheld or not upheld, the Council also reports on cases that are partially upheld. For example, if a complaint contains ten individual points and six are not upheld, we will record the outcome as partially upheld. However, if any of the upheld points are particularly significant, we may report the entire complaint as upheld, even if other aspects were not upheld.

This reporting year, the **LGSCO reviewed and decided 20 complaints** for Adult Social Care. This equates to 9% of formal complaints that went on to complain to the LGSCO. This is a significant increase of 54% (7) from the last reporting year, where the LGSCO considered 13 complaints (and 12 in 2022-2023). The outcome of these complaints are as follows:

- **11 (55%)** – were not taken forward for full investigation. The outcomes of these were either the LGSCO found insufficient evidence of fault or determined that

any identified fault had already been appropriately addressed by the Council. In two cases, the complainants were referred back to the Council because they contacted the LGSCO prematurely, before the Council had had the opportunity to consider the complaint.

Of the 9 fully investigated and decided the outcomes were:

- **4 (44%)** – were not upheld
- **5 (56%)** – were upheld; please see details of those cases below. This represents 2% of all formal complaints.

While the figures for upheld complaints appear substantial, it is worth noting that the LGSCO's annual report highlights a consistently high uphold rate, which has continued to rise in recent years. This year, they experienced an 8% increase in complaints received nationally compared to the previous year, including a notable 28% surge in complaints related to care service charges.

The [LGSCO annual report](#) notes that their uphold rate for adult social care services is 79%. The uphold rate for the nine adult social care complaints fully investigated for Cambridgeshire is 56%.

The cases examined by the LGSCO which were upheld, and so where fault was found, are summarised in Appendix 2, including links to the LGSCO's website for a more detailed account of the LGSCO findings.

LEARNING FROM LGSCO

All LGSCO cases are reviewed by the Chief Executive of Cambridgeshire County Council and Senior Managers in Adult Social Care. The Practice Standards and Quality Team also examines these cases to facilitate learning and dissemination across practice when applicable. Additionally, the cases are discussed at the Practice Governance Board and included in the Practice Update, which is distributed to all Adult Social Care staff. Examples of the learning and action taken from cases are as follows:

- The Council has apologised to individuals where faults are identified, following guidance on effective apologies to address injustice.
- Where appropriate, the Council has reviewed financial assessments and allowed supporting evidence to be submitted, recalculating and backdating contributions as necessary.
- Symbolic financial redress has been offered in certain cases to acknowledge distress or uncertainty caused.
- Service providers have been required to communicate directly with those affected, apologise, and share details of reviews and changes made to improve practice and prevent recurrence.

- The Practice Standards and Quality Team have reviewed all upheld LGSCO cases, discussed them at governance boards, and circulated learning points to staff, supporting system-wide learning and improvement.

LGSCO RECCOMENDATIONS

Where the LGSCO have found fault in a complaint that they do not feel has been remedied appropriately by the Council, in the first instance they will make recommendations for the Council to undertake to improve the services we provide. During 2024 – 2025, the LGSCO set recommendations for 4 of the 5 upheld cases they investigated. These included offering apologies, providing training and/ or guidance, carrying out a new assessment and in two instances offering financial redress for distress. The Council fully complied with all recommendations set by the LGSCO.

LGSCO ANNUAL REVIEW OF ADULT SOCIAL CARE

The Ombudsman’s annual review collates data from every complaint it has received over the past 12 months about both independent and council-funded care. Full details of the LGSCO annual review can be found [here](#). A summary is provided on the next page.

The LGSCO report on Adult Social Care highlights several key areas of focus:

- **Complaints Processes:** The report outlines nine principles of “Best Practice: Systems and Oversight”, all of which the Council already adheres to. This demonstrates the Council’s ongoing commitment to maintaining high standards in complaint management.
- **Provider Complaints Procedures:** Concerns were raised regarding the robustness and visibility of complaints processes among providers, particularly those serving people who self-fund their care. Throughout the reporting year, the Customer Care Manager participated in provider forums for both domiciliary and residential care, delivering presentations on the significance of effective complaints handling. These sessions reinforced the need for clear signposting to the LGSCO and reminded providers that people whose care is commissioned by the Council should be informed of their right to raise complaints either through the Council or through provider-specific processes.
- **Trends in Complaints:** The LGSCO noted an 8% rise in complaints received compared to the previous year. Aside from charging issues, matters concerning assessments, care planning, and safeguarding continue to make up over half of all complaints received. As discussed earlier in this section, of the five upheld adult social care cases this year, three were associated with charging, one was linked to safeguarding, and one pertained to assessments, mirroring the broader trends observed in complaint themes.

REPORT RECCOMENDATIONS

- Adults, Health and Commissioning Committee to approve this report for publication on Cambridgeshire County Council's website, in line with the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#).
- Customer Care Team to continue to work with colleagues across the organisation to embed learning identified from complaints and compliments thereby improving the experience of people we support and ensuring that the number of upheld or partially upheld LGSCO investigations remains low.

Appendix 1

Sample of Compliments 2024 – 2025

Adult and Autism Team

“Thank you for your input and guidance for us all with E. I can honestly say that your interventions, guidance etc has helped us tremendously and E has made great progress with your help and feel we would not be in this position today without your support. I would recommend this service to anyone. Thank you very much you are a brilliant person.”

Adult Early Help

“Professional and also super friendly, had a bit of a laugh about some things along the way and made me feel at ease about some outstanding issues which she chased up for me while I was on the phone. Loved that. Was great to talk to some one who was human and understood the kind of problems i'm going through. Great service and lovely people who stick to their word on what they will deliver.”

Carers Services

“consideration, compassion and dignified manner.. helpful and informative when asked questions”

Continuing Healthcare Team

“The whole experience since [H] has been managing the case has been excellent; caring, thoughtful, patient, understanding and very efficient. The care plan [H] has completed has actually been easy due to the effort and time she has invested in helping. This is the gold standard that every social worker should aspire to.”

Community Team

“The service we received from social care was so good, especially as my mother has never asked for anything in her life. Thank you to [x] and the rest of the team, they explained everything so well and gave me back my life and made mums so much calmer, thank you.”

Financial Assessment Team

“Phonecall today to lovely gentleman in Financial Assessment team, who was as helpful as he possibly could be regarding my query... He helped as much as he could, answered the phone very promptly and was courteous, friendly yet professional.”

Learning Disability Partnership

"I would just like to say on behalf of the family thank you for being so understanding and patient with my mother. It was like a breath of fresh air to actually converse with someone who could see and understand the problems we have endured trying to do the best for her and her future welfare interests. The compassion along with the way you waited until mother focused back on your questions really showed how committed you were on her future wellbeing."

Living in Care Home Review Team


"[X] was totally professional, supportive and understanding; helping my mum and myself through a difficult time. She communicated often, reassuring us and explaining clearly the process and getting Mum moved to her new home as quickly as was possible. Thank you, [X]"

Multi Agency Safeguarding Team

"Thank you very much for the way in which you handled my safeguarding referral this week. Your warm and professional approach was reassuring. You showed compassion and understanding towards the individual concerned in the referral and treated them with the utmost respect. They felt supported and validated by your approach, particularly for taking onboard their communication needs and checking with me the possible impact on their wellbeing of any further action. As a professional with over 30 years experience of working with public sector organisations, I cannot emphasise enough how impressed I am with the service you provided."

Adult Mental Health

"I just wanted to say a massive thanks on behalf of the family for everything you have done to understand and support Mum's needs, and your exceptional work in handling this particularly complex case. From the outset, it was clear that this case would require a high level of empathy, tenacity, and professional skill to navigate the myriad of challenges it presented. Your ability to understand the intricate details and nuances of the situation, and to approach it with a deep sense of empathy, has been outstanding. Your dedication to ensuring that all parties involved felt heard and respected has truly made a difference. Despite all you have had to manage over the past months, you continued to provide an unwavering commitment to our case - thank you. Your capacity to manage these demands, and your ability to succinctly summarise complex actions and decisions, and to relay these to a varied audiences, has ensured that everyone remained informed and engaged throughout the process. Your



tenacity in following through on every detail and your ability to coordinate and communicate across different stakeholders have been critical to the positive outcomes achieved - particularly the funding for the respite care. Thanks again for your outstanding work. "

Transfer of Care Team

"We wanted to send you an email to pass on our thanks for the marvellous work you recently did on Mum's case. We have never been in this situation before and it's completely overwhelming. You immediately reassured us and took the time to speak with us as a family unit. Most importantly you spoke directly with Mum and made it clear that she was in control of the whole process of coming home. After so long in the hospital, she had started to lose herself. Your words made her understand that she still had a voice. We know that you do a huge amount of work behind the scenes of which we are extremely grateful. You were our only constant during the whole time Mum was in the hospital. This meant a great deal to us. However, the main reason we wanted to write to you is that you appeared at a time when we were desperate to have our Mum home. You organised this despite encountering problems along the way. You gave Mum back her identity and I don't think you will ever realise how much that meant to us. We thank you for the terrific work you do and the empathy and compassion you have shown to our Mum and also to us all."

Reablement

"I would like to compliment the Social services excellent job and especially my assessor [X]. Personal and kind approach, good understanding of situation and health issues, accurate evaluation of special needs arising from it. Also, compassionate and very professional, everything was organised very fast and taking in consideration my mental health needs. Grateful for everything was done for me. The best experience ever. Thank you all"

Appendix 2 – Summary of LGSCO Upheld Complaints, 2024-25

LGSCO Case ID: 23 011 946

“Mrs C complained her family was not properly advised about the charges involved in securing a placement for her mother in a residential care home. Mrs C said she was not able to make a properly informed decision about her mother’s care and incurred unexpected costs. We found fault by the Council but considered the action it had already proposed of waiving some fees, symbolic payment and service improvements provided a suitable remedy.”

LGSCO Case ID: 23 011 035

“Mrs D complained on behalf of her mother Mrs E that the Council had acted unreasonably in the treatment of Mrs E’s capital in a financial assessment for her contribution to care charges. On the evidence available we have not found fault with the decision-making process, but we have found fault with the complaint-handling. We have asked the Council to pay Mrs D £200 and invite her to apply for a new financial assessment from February 2023.”

LGSCO Case ID: 23 020 569

“Mr Y complains about the Council’s involvement with various aspects of his mother’s care and support following her discharge from hospital in 2023. Some of the complaints raised by Mr Y are on behalf of his mother, Mrs W. Mr Y does not have authority to represent a complaint on Mrs W’s behalf and we have not investigated them. Some of the other complaints relate to the actions of a health body and Mr Y can pursue those separately. Of the remaining complaints, there was some delay by the Council in discussing the residential care charges with Mr Y, but it has provided a remedy for this, and we do not recommend any further action.”

LGSCO Case ID: 24 010 059

“We upheld Ms X’s complaint about disability expenses for heating because the Council did not properly consider this by asking Ms X for additional evidence of expenditure. The Council will apologise and review the financial assessment. We did not uphold Ms X’s complaint that the Council refused to cover the full cost of live-in care. This is because the Council is entitled under case law and paragraph 10.27 of Care and Support Statutory Guidance to have regard to its finances.”

LGSCO Case ID: 24 011 477

“Mrs X complains about the care provided by the Council to her father, Mr Y, when he was at a care home. She considers the failings contributed to a decline in his health and the need to return to hospital. We will not investigate this complaint. This is because the failings have already been accepted and action taken to remedy the injustice.”

Saxon Pit - Public Health Oversight Group

To: Adults and Health Committee

Meeting Date: 5th March 2026

From: Executive Director of Adults, Health and Commissioning

Electoral division(s): Whittlesey North and Whittlesey South

Key decision: No

Forward Plan ref: Not Applicable

Executive Summary: The Public Health report on Saxon Pit made a recommendation on increasing trust and collaboration between the community, operators, and regulators. This included setting up a Public Health group to oversee the delivery of the recommendations within the report. This is the proposal to set up this group, with leadership and representation from Cambridgeshire County Council.

Recommendation: The committee notes the establishment of this group, following consultation with Spokes, and agrees the appointment of the Cambridgeshire County Council representatives.

Officer contact:

Name: Sarah Dougan
Post: Consultant in Public Health
Email: sarah.dougan@cambridgeshire.gov.uk

1. A healthy, fair and sustainable Cambridgeshire

- 1.1 The proposal supports Cambridgeshire's ambitions to "Enable full, healthy lives for all" and "Support a green and sustainable county". The Public Health Report on Saxon Pit has highlighted concerns from residents about potential impacts on their health and wellbeing due to dust, noise and odour from the processing of waste and other industrial activities.

2. Background

- 2.1 Following concerns from the local community about potential impacts on their health, Public Health instigated a multi-agency public health risk assessment. The findings from the risk assessment are part of a wider Public Health report that can be found [here](#).
- 2.2 There were five recommendations made in the Public Health Report. Recommendation 1 is: *Increase trust and collaboration between the community, operators, and regulators.*
- 2.3 One of the actions under Recommendation 1 was: *Public Health will establish a system-wide group that includes local authorities, Environment Agency, community representatives, and operators to continue work on public health impacts. This group would oversee the implementation of other recommendations from this work. Regulators would be there in an advisory capacity.*

3. Public Health Oversight Group for Saxon Pit and surrounding area

- 3.1 This is the proposal for the setting up of a new internal advisory group: "Public Health Oversight Group for Saxon Pit and surrounding area".
- 3.2 The terms of reference will need to be formally agreed by the group once it is established but in short, the group will oversee the delivery of the five recommendations set out in Public Health Report.
- 3.3 It is proposed that the following county councillors attend this group:
- (a) Councillor Graham Wilson, lead for adults and health – chair
 - (b) Councillor Luis Navarro, deputy lead for adults and health – deputy chair
 - (c) Councillor Chris Boden, Whittlesey North (Cambridgeshire County Council)
 - (d) Councillor Michael Fisher, Whittlesey South
- 3.4 Other members of the group have not yet been confirmed but are intended to include political membership from Fenland District Council and Whittlesey Town Council, as well as members of the local community and with their agreement, site operators.
- 3.5 Officers will attend from Cambridgeshire County Council Public Health, the Waste Planning Authority, and Communications; Fenland District Council Environmental Health; and the Environment Agency.
- 3.6 Support and administration of the group will be undertaken by Public Health.
- 3.7 To note, that the council already has two internal advisory groups for Saxon Pit. These

liaison groups have been set up as part of planning conditions for specific operations on the site. They have a narrowly defined scope – to ensure that the operation is operating within the conditions of the planning consent. Due to their limited scope and limited number of attendees they cannot be used for the public health purpose and public health do not attend.

5. Conclusion and reasons for recommendations

- 5.1 There is a need to set up the Public Health Oversight Group for Saxon Pit and surrounding area to oversee the implementation of the recommendations from the Public Health Report on Saxon Pit.

6. Significant Implications

6.1 Finance Implications

Public Health will resource the administration of the group from existing staff time given the need to establish whether there are potential harms to health to those living near the pit.

6.2 Legal Implications

None.

6.3 Risk Implications

The main risk is from lack of timely action if there are harms to health to the Whittlesey community. Given that residents' complaints of dust, noise and odour occur mainly over the spring, summer and early autumn, there is a need to get this group set up to be able to ensure delivery of the recommendations from the Public Health report for the spring/summer of 2026.

6.4 Equality and Diversity Implications

None

7. Source Documents

- 7.1 [Public Health Report on Saxon Pit](#)

Adults and Health Policy and Service Committee Agenda Plan

Notes

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public.

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
05/03/26	Additional Drug and Alcohol Treatment Service Funding	V Thomas/ S Talbot	KD2026/046	19/02/26	25/02/26
	Allocation of 2026/27 Uplift Funding for the Adult Social Care Market +	S Torrance/ G Singh	KD2026/013		
	Finance Monitoring Report	P Warren-Higgs	Not applicable		
	Performance Report Quarter 3 2025/26	S Bye/ V Thomas	Not applicable		
	Adult Social Care Customer Care Annual Report 2024/25	F Marshall	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<i>05/05/26 [Reserve date 2.00pm]</i>				21/04/26	24/04/26
30/06/26 [2.00pm]	Notification of the Chair and Vice Chair of the Adults and Health Committee 2026/27	R Greenhill	Not applicable	17/06/26	22/06/26
	Re-tender of Home and Community Support Services	S Torrance/ J Melvin	KD2026/008		
	Section 21a Doctor's Procurement	Lee Taylor	KD2026/053		
	Finance Monitoring Report: Outturn 2025/26	P Warren-Higgs	Not applicable		
	Risk Register	S Bye	Not applicable		
	Performance Report Quarter 4 2025/26	S Bye/ V Thomas	Not applicable		
<i>17/09/25 [Reserve date]</i>	Re-tender of Day Opportunities	S Torrance/ C Cluer	KD2026/009	04/09/26	09/09/26
	Learning Disabilities Supported Accommodation Framework Tender	S Torrance/ D McMurray	KD2026/014		
	Public Health Annual Report	S Cartwright	Not applicable		
15/10/26	Performance Report Quarter 1 2026/27	S Bye	Not applicable	02/10/26	07/10/26
	Finance Monitoring Report	P Warren-Higgs	Not applicable		
10/12/26	Risk Register	S Bye Page 172 of 180	Not applicable	27/11/26	02/12/26

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Performance Monitoring Report Quarter 2 2026/27	S Bye/ V Thomas			
	Finance Monitoring Report	P Warren-Higgs	Not applicable		
14/01/27	Draft Business Plan and Budget	P Warren-Higgs/ M Hudson	Not applicable	23/12/26	06/01/27
18/03/27	Performance Report Quarter 3	S Bye/ V Thomas	Not applicable	05/03/27	10/03/27
	Finance Monitoring Report	P Warren-Higgs	Not applicable		

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

ADULTS AND HEALTH COMMITTEE TRAINING PLAN			The training plan below includes topic areas for Adults and Health Committee (A&H) approval. Following sign-off the training and development sessions will be worked up and scheduled.					Agenda Item No.10
Ref	Subject	Desired Learning Outcome/ Success Measures	Priority	Date	Responsibility	Nature of training	Cllrs Attending (All or A&H)	Attendance (including via L&D site):
1.	Adults and Health (A&H) Committee Induction Session	To understand the Adults and Health Committee's role and responsibilities.	High	05.06.25	P Warren-Higgs/ R Greenhill	Online	A&H	Cllrs Bostanci, Bradnam, Goodliffe, Green, Hawker-Dawson, Howitt, Keane, Kerr, Malinowski, Martin, Navarro, Poulton, Wilson
2.	The Importance of Safeguarding Adults and Children	To understand the roles, responsibilities and importance of Adults and Children's safeguarding including our statutory responsibilities.	High	10.07.25 12.30-1.30pm	P Warren-Higgs/ M Purbrick	Online	All	Cllrs Green, Kerr, Levien, Navarro, Osborn, Wilson
3.	Local Leadership of Health and Care	A Local Government Association (LGA) training session.	High	16.07.25	n/a	Online	Open to adult social care	Cllrs Wilson and Navarro

							portfolio holders and chairs of health and wellbeing boards only.	
4.	An overview of Public Health	Overview of Public Health function and Health inequalities	Medium	03.09.25 12:00-13:00	S. Cartwright	Online	All	Cllrs Bradnam, Bulat, Caine, Goodliffe, Green, Hathorn, Levien, Murphy, Navarro, Seeff, Wilson, Young
5.	Adults, Health and Commissioning (AHC) Strategy All-Age Commissioning Strategy	An overview of the draft strategies being developed	Before A&H Committee on 09.10.25	08.09.25 12:00-13:00	S. Bye/ C. Bush/ S. Torrance	Online	A&H	Cllrs Bradnam, Caine, Green, Howitt, Levien, Martin, Murphy, Navarro, Poulton, Sidlow, Watt, C Whelan and Wilson
6.	Mental capacity, decision making and Deprivation of Liberty	An overview to increase understanding and awareness		13.10.25 12:00-13:00	F. Marshall/ J. Codling	Online	A&H and Children and Young People	Cllrs Bradnam, Goodliffe, Green, Hawker-

	Safeguards (DoLS).						Committee (CYP)	Dawson, Levien, Murphy, Navarro, Poulton
7.	Accessing Adult Social Care	Information on our front door including number of calls, response times, online tools and forms etc. A look at how the referral process and Financial Assessments works. This will also include Mental Health general signposting.		20.10.25 1.00-2.00pm (rescheduled)	L. Davies/ R. Gibson	Online	All members	Cllrs Bulat, Green, Hawker-Dawson, Kerr, Levien, Navarro, C Whelan, Wilson
8.	End of life care and support for family members and carers	Provide assurance and signpost the support available so councillors can advise their residents.		04.11.25 12:00-13:00	F. Marshall/ L. Taylor/ A. Giasemidis	Online	All	Cllrs Black, Bradnam, Bulat, Green, Kerr, Navarro, Seeff, Sidlow, Thornhill, Wilson, Young,
9.	Co-production	An overview of how we encompass the voices of the people with lived experience in our work and the use of language.		01.12.25 12.00-13.00	S. Bye/ C. Williams/ S. Singh	Online	A&H	Cllrs Bradnam, Bulat, Green, Levien, Navarro, C Whelan, Wilson
10	Homecare Procurement	Clarity and understanding about procurement rules, process, social evaluation and tendering process		24.02.26 1.00-2.00pm	C. Bush/ S. Torrance/ G. Singh	Online	A&H	

11	Cambridgeshire's Care Market	An overview of market shaping including accommodation and demand profiles and pipeline of capacity		18.03.26 12.00-1.00pm	S. Torrance/ G. Singh/ C. Bush	Online	A&H	
12	Joint Commissioning with Health Partners - Our Section 75 arrangements	An overview of our Section 75 arrangements.		25.03.26 12:00-13:00	S. Bye/ S. Torrance	Online	A&H	
13	Performance Data	To understand how Adults, Health and Commissioning monitors performance and metrics.	Medium	April 2026	S. Bye and A. Slack	Online	A&H	
14	Risk and Assurance in Commissioning	To understand safeguarding and quality assurance in contract management.	Medium	May 2026	C. Bush and G. Singh	Online	A&H	
15	Learning Disability Supported Accommodation	To understand our commissioned service for Learning Disability supported accommodation.	Medium	June 2026*	S. Torrance and C. Bush	Online	A&H	
16	Digital, Care Tech & Assistive Technology	An understanding of some of the innovations that support independence.	Medium	July 2026	J. Robinson, L. Davies and D. Mackay	Online	A&H	

17	Direct Payments and Self-Directed Support	Overview of direct payments and how we support self-directed care.	Medium	July 2026	R. Sanders	Online	A&H	
18	Day Opportunities	To understand our commissioned Day Opportunity Services.	Medium	September 2026*	S. Torrance and C. Bush	Online	A&H	
19	All-Age Carers Strategy	To understand the new all-age carers strategy and how we support carers in Cambridgeshire.	Medium	October 2026*	S. Bye	All members	A&H	
20	Population health management	Overview of health disparities in Cambridgeshire, social determinants of health, and priority areas.	Medium	November 2026	S. Cartwright	All members	A&H	
21	Adult Social Care (ASC) Workforce	An overview of our resourcing, teams, training and skills for care data.	Medium	January 2027	F. Marshall	Online	A&H	
22	Health and Wellbeing Board	Overview of how CCC links into other health bodies, and integration.	Medium	February 2027	S. Cartwright	All members	A&H	

