Adults, Health and Commissioning

CQC Self-Assessment

November 2024

Cambridgeshire County Council

Cambridgeshire County Council

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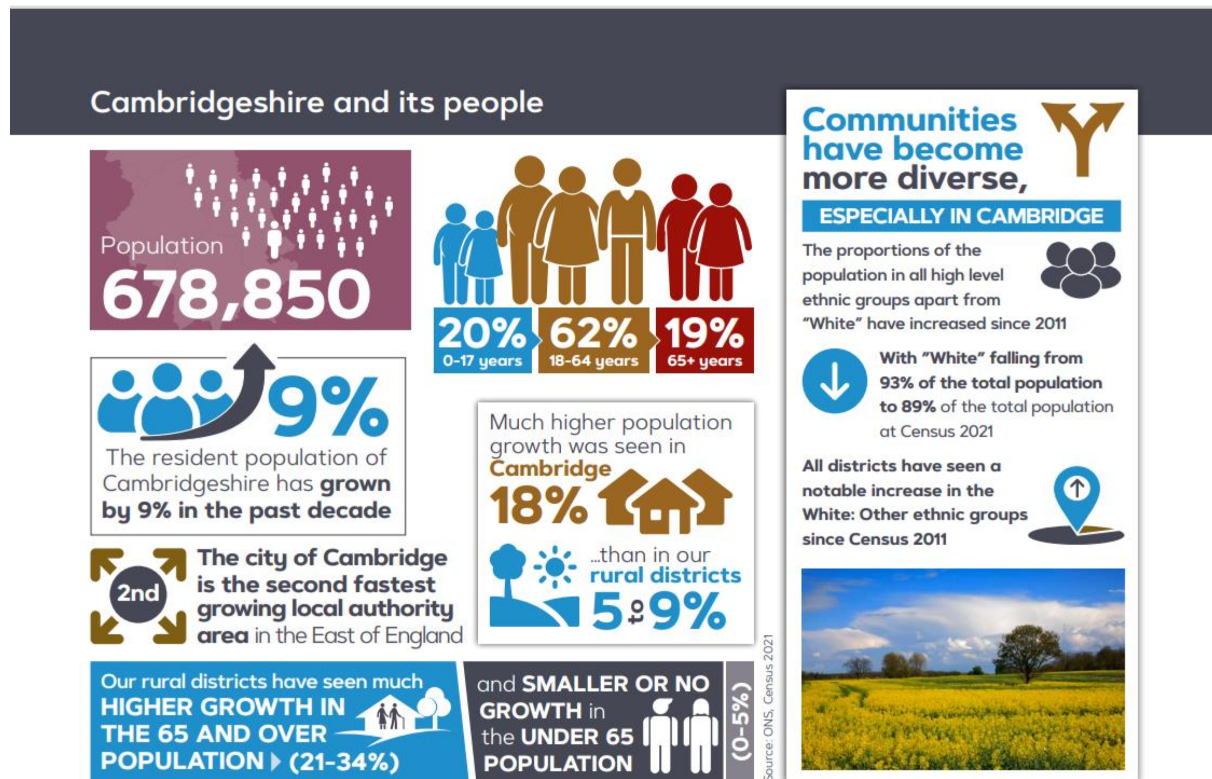
Evidence and Reference Documents

Links to documents in the public domain are hyperlinked within the self-assessment document. The full suite of non-public facing documents referenced with the self-assessment can be found in our Information Return.

Overview of Cambridgeshire

About us: Cambridgeshire's demographics



The 2021 Census showed an overall 9.2% increase in our resident population from 2011 to 2021. Urban areas saw very significant population growth of 17% over this time and by contrast, population in rural areas across the county saw less overall population growth but higher growth in over 65s. Growth in the over 65 population was 26% against an 18.6% national average. This significant population growth places extra demand on existing services and we have seen overall contacts for Adult Social Care continue to grow as a result.

Cambridgeshire's Joint Strategic Needs Assessment (JSNA) highlights that there are health inequalities within the county and there are some communities with very poor health, whether this is measured by life expectancy, hospital admissions, or deaths. Four of our Fenland communities are ranked in the 10% most deprived areas, but Cambridgeshire as a whole has comparatively low levels of deprivation and is ranked 132 out of 153 local authorities on overall deprivation. The health and wellbeing of the population across the county is as good as or better than the national average.

Despite these demographic pressures, we are driving our ambition of supporting more people to remain independent for longer by reducing, preventing and delaying the need for long term care. We are starting to see success in delivering on this ambition in our key statistics:

Key statistics

39,735 – all contacts to adult social care in 2023/24	Adults supported during 2023/24: Short term services to maximise independence: 3,704 Long term care and support: 8,304
6,491 Carers Conversations completed during 2023/24 to support unpaid carers, alongside key community partnerships	5125 community action plans completed for new contacts in 2023/24
81.2% - care Homes CQC rated Good or Outstanding (71.6% Eastern region, 75.1% nationally)	59.3% - community based care locations CQC rated Good or Outstanding (54.2% Eastern region, 55.1% nationally)

The percentage of total adult social care support to people (by Long-Term Service), 2023-24:

69%:	Older People & Disability
20%:	Adult Learning Disability
9%:	Mental Health Service
2%:	Other

Summary of our vision and values

Cambridgeshire County Council (CCC) is committed to the delivery of high-quality adult social care and creating a more caring Cambridgeshire.
Our vision is set out in CCC's strategic framework for 2023-2028, with an overarching vision to become a greener, fairer and more caring Cambridgeshire. The strategic framework is underpinned by seven ambitions, which all impact Cambridgeshire's population and people with care and support needs:

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

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

CCC's CARE values: The **C**ollaborative, **A**ccountable, **R**espectful and focussed on **E**xcellence (**CARE**) values complement the council's vision and make clear how we do our jobs, what it feels like to work here, how we would describe what others should expect of us and what we should expect of our colleagues. They were developed through engaging colleagues in focus groups and our employee survey in 2023.

The Adults, Health and Commissioning (AHC) Directorate has undertaken significant work in the past year to build on CCC's Strategic Framework and ambitions by developing an Adults, Health and Commissioning Strategy, alongside a set of ambitions and practice principles. These underpin how we work with people, focus on priorities and improve adult social care practice.

AHC have developed a set of seven ambitions that support in delivering the Council's strategic intentions that we will embed into our practice. These ambitions will enable us to continue offering a high quality of service, helping us to provide improved outcomes for the people we support. The ASPIRE ambitions will:

- Improve **A**ccess
- Focus on **S**afety
- Increase **P**lace Based Support
- Be **I**nnovative
- **R**educe Inequalities
- Provide **E**nhance Carer Support

AHC's ASPIRE ambitions were co-produced with our workforce to support the areas of most strategic importance to the directorate, ensuring we can offer a better quality of service and make the most difference to the people we support. See quality statement 8 for further information.

AHC's Practice Principles, were developed to implement our ASPIRE ambitions by setting the expectations for working within the Directorate and driving improved performance and innovation (see quality statement 8).

To provide clarity to the people of Cambridgeshire, our teams, stakeholders and providers, we recognised that there is a need for a strategic vision and overarching Adults, Health and Commissioning Strategy which defines our priorities and objectives. The development of this strategy is underway and is outlined further in quality statement 8 and in IR30.2. It will provide the overarching roadmap to support the longer-term strategic direction, shape both development and delivery of services, and ensure responsibilities under the Care Act 2014 and other legislation are met. We will be presenting our overarching AHC Strategy for consideration at Adults and Health Committee in March 2025.

Cambridgeshire County Council (CCC) structure and local partnerships

In 2022, Cambridgeshire and Peterborough moved from a shared Chief Executive to each council having their own, prompting a wider restructure. By June 2023, CCC had a new Executive Director for Adults Health and Commissioning and separated services from Peterborough. Public Health moved into the Adults, Health and Commissioning Directorate; the separation of local authority services was completed in September 2024. Established Service Directors ensured continuity throughout this transition (see IR37.1).

Cambridgeshire's political administration

Since 2021, CCC has been run by a joint administration of the Liberal Democrats, Labour and Independent Councillors. The Adults and Health Committee is one of five Policy and Service Committees with 15 members chosen to reflect the political make-up of the Council. The Adults and Health Committee has delegated authority for Adult Social Care and Public Health and scrutiny of NHS services. The Chair and Vice Chair of the Committee have held these roles since May 2021, providing consistent political leadership. CCC is also a member of the Cambridgeshire and Peterborough Combined Authority which was established in March 2017 and is led by a directly elected Mayor.

Papers for the Adults and Health Committee can be accessed here.

Cambridgeshire and Peterborough Integrated Care System

Cambridgeshire County Council is covered by the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Chief Executive is a member of the Cambridgeshire and Peterborough Integrated Care Board (ICB). The Vice Chair of the Adults and Health Committee co-chairs the Integrated Care Partnership with the ICB Chair and this meets quarterly. The Chief Executive and Corporate Leadership of CCC take an active and supportive role as a key partner within the ICS, with the Chief Executive and Director of Public Health members of the ICB. The Executive Director for Adults, Health and Commissioning (DASS) is a member of the Health and Wellbeing Board/Integrated Care Partnership. Our history and track record in

integrated practice and work have provided a strong foundation for our work with other system partners.

Cambridgeshire and Peterborough ICS have worked together to develop a Health and Wellbeing Integrated Care Strategy for the area. The strategy is jointly owned by the Joint Cambridgeshire and Peterborough Health and Wellbeing Board and the Integrated Care Partnership (ICP) Board, which meet as a committee in common. The strategy sets out three high-level, long-term outcomes to achieve by 2030, and four priority areas central to improving outcomes amongst those supported by adult social care. An Outcomes Framework for the system has been developed and agreed at the ICB Board in May 2024 (Our Outcomes Framework | CPICS Website). Despite these shared commitments, we recognise that there is still a long way to go to realise the potential that a fully integrated offer can deliver.

Theme 1: Working with people

Quality Standard 1: Assessing need

Our Strengths

- Over the last 12 months we have understood, managed and reduced waiting times for Care Act assessment and implemented risk mitigation plans.
- A well-developed Occupational Therapy service, across both our internal and external services, supports our prevention offer.
- Our Prevention and Early Services delivered 5,125 Community Action Plans last year (2023/24) which actively enabled people to remain independent at home.
- Ongoing commitment to enhancing our existing unpaid carers offer, which has strengthened following the development of our All-Age Carers Strategy (see IR33.1).

Our Areas of Focus

- Further development of support options for people with care and support needs within their own local areas.
- Continue to focus on being responsive to people who seek support from adult social care, focusing on both waiting list numbers and timescales while waiting.
- Developing consistent feedback methods from people about their experience of the assessment process and learning from this feedback.

Summary

We integrate prevention into our needs assessment approach. By utilising Community Action Plans, we can identify locally based support for individuals, effectively reducing the level of need. Over the past year, significant efforts have been made to decrease waiting lists and ensure those who are waiting are supported adequately. This has notably reduced the waiting times for financial assessments and the duration required to secure care placements. Additionally, we have effectively managed our Deprivation of Liberties Safeguarding application waiting list, resulting in improved waiting times in this area. Our Transfers of Care Team has successfully discharged individuals through a ‘Home First’ approach, with six-week post-discharge reviews optimizing care packages.

The implementation of our All-Age Carers Strategy is advancing well against its initial objectives, co-developed with unpaid carers. This has led to an increased focus on providing peer support groups and activities through our commissioned partner, Caring Together. We are also prioritising the incorporation of feedback from individuals regarding their assessment experiences.

Assessing Need

We perform well in the following areas supporting people to live the life they choose:

- Almost 90% of adults with learning disabilities aged 18-64 live in their own home or with their family (ASCOF).
- Our Adult Social Care survey results show that we have a high percentage of service users who report feeling they have control over their daily lives and as much social contact as they would like when compared to regional and national averages.
- 80% of completed Occupational Therapy interventions delivered through our internal team during Q1 and Q2 2024/25 resulted in a positive outcome such as risk minimisation, improved independence or wellbeing, or unpaid carer support.

Please see IR36.1 for a further 10 quotes of feedback from people who have care and support needs and the draft annual customer care report IR3.

Community Action Plans

Our Adult Early Help Team, through the Community Action Plans (CAP) process, offer people a strength-based conversation that helps them identify locally based support that enables them to live fuller lives in their communities. The CAP is developed with the person, and their unpaid carers, as needed to co-produce an action plan. This is recorded on the individual's case record and the practitioner follows up within 2 weeks to help ensure engagement and actions are completed.

The CAP considers the person's current health and social care needs and then identifies how voluntary, health and social care partners can meet those needs without proceeding to a formal Care Act Assessment unless required. Our Adults Early Help team are part of our Prevention and Early Intervention Services and work together with those teams to deliver the outcomes. This approach is helping to reduce need with the number of permanent admissions into residential and nursing care at the end of 2023/24 being lower than the regional average (2022/23) for both 18-64 and 65+ people (See IR8.10).

Care Act Assessments

From April to October 2024, we had 1,706 assessment requests and completed 1,821 assessments. The median waiting time for an assessment from November 2023 to November 2024 was 10 days. There were 182 adults waiting for an assessment at the end of November 2024 (see IR1.2 slides 4 and 5).

Waiting Well Process

There is a strong commitment to ensuring that people within the adult social care system experience the shortest wait times possible and that their waiting periods are managed effectively. People with lived experience have emphasised that whilst they acknowledge the inevitability of waiting, it is crucial to know what they are waiting for, have direct contact information for that individual or team, receive regular updates and have access to other sources of support while they are waiting, e.g. Voluntary Community and Social Enterprise (VCSE) services. Additionally, they should have the opportunity to inform us of any changes in their circumstances. We prioritise those waiting on a risk basis with those at highest risk receiving the quickest response, for further details please review the waiting well briefing (see IR5.6).

We respond as a system when waiting times become pressured. Some ways this has been successful include:

- **Reducing the number of people waiting for a financial assessment from 643 in November 2023 to 45 in November 2024**, with the median waiting time for a financial assessment over the last 12 months being 20 days, compared to 102 days in November 2023. This was achieved through recruiting to full establishment of the function, improved training, improved allocation tracking, and creation of Business Intelligence reporting for the function.
- The median time for an initial safeguarding concern to be triaged is within one day.
- **18% reduction** in the time it takes to find a placement for people with care and support.
- **The Learning Disability Partnership has dedicated resources to support up to 600 assessments, support planning activity and reviews for people with learning disabilities and autism with joint funded needs** throughout 2024/25. To date 401 assessments have been completed to support robust decision-making to aid the successful termination of the S75 agreement. Assessment and support planning activity is being planned from this commissioned service, to support young people to transition in a timely manner that supports them successfully into adulthood and adult social care.
- **In 2023 a bespoke community team was established to ensure that people discharged from hospital receive a follow-up review three months after the initial review (6 weeks post discharge).** The initiative maximised independence by utilising community-based support, ensuring effective recovery and timely outcomes. Between March 2023 and March 2024, 408 people received this additional review. Of these:
  - 234 reviews resulted in no changes to the care and support package,
  - 55 reviews led to an increase in the care and support package,
  - 106 reviews had a reduced level of need,
  - 13 reviews resulted in permanent care arrangements.

Feedback from those supported revealed the benefits of a recovery period post-discharge, allowing them to better understand their needs and changes. It also highlighted the often-unseen impacts on unpaid carers.

Feedback from follow up review initiative

"Thank you so much for all your help, Zoe. I am very grateful as you are the first person to manage to put some worthwhile things in place for mum!"

Reviews

We completed 69% of annual reviews over the last 12 months, our target completion rate is 75%. We recognise that our annual review position trend is changing, and we are monitoring this challenge by prioritising annual reviews based on risk levels. Moving forward, to continue working within our existing staffing capacity we are continuously assessing capacity and performance to reallocate resources as needed across ASC. We are also adopting digital solutions, such as conducting annual reviews via Teams calls where appropriate, to maximise opportunities. Additionally, we have reviewed our recruitment strategy and are optimizing recruitment efforts, including welcoming 20 apprentices in January 2025 across adults social care (see IR1.2, slides 13 and 14).

Feedback from people receiving assessments

"I actually cried when I read your assessment, I felt like I have never been listened to and finally have been."

"Jess has been an exceptional social worker, and we feel incredibly fortunate to have had her assigned to my partner's case. Her professionalism, empathy, and unwavering dedication to understanding our unique challenges have been truly commendable. Jess consistently took the time to listen attentively, thoroughly assess our needs, and work diligently to secure the necessary support and resources. Her methodical and comprehensive approach ensured that every aspect of my partner's complex needs was addressed with care and precision. Thanks to her hard work, we now have a much more suitable care package in place. We are deeply grateful for her support and would highly recommend her to anyone in need of social care assistance."

Feedback from those we assess

We are specifically working to gain more feedback from people who have care and support needs and unpaid carers' experiences of the assessment process. We use this feedback to improve our practice and support offer and have developed a co-produced feedback form which has been tested within our Prevention and Early Intervention and Learning Disability services with positive results. It is being rolled out across all our operational teams in the coming months.

We continue to receive more compliments than complaints from people who access services and have done so for the last five years. Our overall number of 'upheld'

complaints is lower than the national average and the second lowest of comparator authorities (see IR3.1).

Information on how we quality assure our Care Act assessments is included under Quality Statement 8.

Deprivation of Liberty Safeguards (DoLS)

We have effectively managed our Deprivation of Liberty Safeguards (DoLS) application waiting list, reducing it from a high of 1,192 cases in April 2023 to 933 cases by November 2024. The median waiting time for DoLS assessments has also improved, falling from a peak of 65 days in October 2023 to 47 days in November 2024. DoLS cases are triaged using the ADASS-recommended prioritisation tool and we have implemented a detailed work plan including regular data cleansing and increasing the number of trained Best Interest Assessors by 30; these positive actions have significantly boosted assessment activity. Monthly DoLS applications have steadily risen during 2024, reflecting the ongoing demand which we are using proactive measures to address.

We are using a new online referral form, designed to ensure more robust and detailed referrals and to prevent inappropriate submissions. Secured funding will enable us to explore innovative ways to support the DoLS team in managing risk, streamlining processes, addressing waiting lists, and developing a sustainable model to meet demand.

Our assessment process maintains high standards and quality of work, supported by a strong sense of ownership throughout the organisation. All adult social care Heads of Service, Service Managers, and Team Managers are responsible for signing DoLS authorisations on a weekly basis and have received formal training to ensure legal compliance. The DoLS team operates autonomously, actively challenging practices in consultation with our legal department to ensure continuous improvement (see IR1.2 slides 26 and 27).

Occupational Therapy Service

The Community Occupational Therapy (OT) Service delivers support to adults over the age of 18 in Cambridgeshire and is provided as an integrated health and social care service by the NHS (see IR8.3) The model is successful in ensuring the right support at the right time, with most people only requiring contact with one OT practitioner for all their health and social care needs.

The median waiting time for an OT assessment via our internal OT service was 23 days between November 2023 and November 2024. At the end of November 2024, there were 86 people waiting for an occupational therapy assessment. Full information, and separate data on waiting lists for internal and commissioned OT services are included in IR1.2, slides 8-10.

Hospital Transfers of Care

Our Transfer of Care teams work on a Home First approach with consideration in the first instance of discharge via pathway 0 and 1. They work closely with our

Reablement Service, with consideration for all new packages of care or increases to be progressed through our reablement process. A recent review showed 68% of people discharged from Transfer of Care Teams through Reablement have not required care at the end of their reablement package. The team complete proportionate assessment and care planning within the hospital to enable discharge planning, this includes consideration of prevention services, support for unpaid carers and consideration of NHS-funded services such as NHS Continuing Healthcare. The team aim to triage all referrals within 24 hours, with assessment completion within 72 hours of referral. A post-discharge review phone call is completed within 72 hours of discharge from hospital to ensure the discharge plan was appropriate and is meeting needs.

Between April 2023 and March 2024, our Transfer of Care teams efficiently managed the discharge of 4,956 people (3,526 people were known and 1,430 were people not known to adult social care). During this period, we completed 1,332 social care assessments and engaged in 650 carer conversations.

Case Study – Hospital Discharge

P was a lady admitted to hospital following a medication overdose. P had a history of anxiety and depression, her husband had passed away 2 years ago, and family were concerned that P was not able to manage at home on discharge and requested a residential placement. The team identified that P had a good community network and was keen to remain independent and living at home. P was discharged from hospital with reablement support on Pathway 1 with 4 times daily care support, including medication administration. Family was involved in the discharge decision making and agreed to support P at home alongside reablement. Reablement managed to assess need in the community and arranged ongoing services reduced to once a day and medication managed via a Pivotal arranged with Technology Enabled Care and medication management services.

We are actively involved in the Homefirst delivery programme (see IR24.5).

Feedback on Hospital Transfer of Care

"I am most impressed and grateful in the support you have given me in an extremely stressful situation. From our very first contact with you, I felt you listened to my mother and myself and showed respect when answering any queries my mother had, who you realised had a very strong mind when she did not agree with you.

You replied to any text messages and calls to your office promptly and made sure that we were well informed and kept up to date with any queries and developments relating to my mother's care and wellbeing. I was listened to in a sympathetic manner, and you never made me feel undermined in any way and my views and concerns were important to you.

You dealt with all contact with me in a calm and professional manner and even though you had to deal with complicated family dynamics that weren't always easy, you made me feel supported. I always felt reassured when I'd had a stressful and difficult day.

I cannot thank you enough for the time and support you have given me and my family. I am confident that your skills and calm supportive nature will be an asset to your future career in social care. Thank you sincerely for all that you have done."

All Age Carers Strategy 2022-2026 Implementation and Achievements

All-Age Carers Strategy 2022-26

Following collaboration with unpaid carers, and approval by the Adults and Health Committee, we are implementing our All-Age Carer's Strategy (AACS) for 2022-2026 (see IR33.1). We worked with unpaid carers to co-produce strategic outcomes for this strategy and continue to work with people with lived experience as implementation progresses. Our performance against the AACS is on track to meet the initial baseline objectives.

Notable accomplishments so far include the recommissioning of Adult and Young Carer Services effective 1st August 2024; enhanced support and wellbeing for unpaid carers leading to improved mental health, social interactions, and satisfaction levels; and the establishment of a feedback loop following Section 42 interventions to enhance outcomes for unpaid carers facing domestic abuse. These initiatives were identified as priority areas and support the strategic objectives.

Feedback from unpaid carers on counselling provided via Caring Together

"I have previously had counselling from various sources (both paid for and free). However, that provided by my counsellor at Caring Together was far superior to any previous counselling and has restored my self-confidence and made me feel more able to cope with my role as sole carer for my husband with Alzheimer's. Thank you so much!"

"It was certainly the right timing, and I was able to focus on my needs, organise myself better, create important boundaries, ensure my wellbeing and ability to safeguard myself, also to manage all different aspects. I previously had 2 lots of counselling at different times for trauma, but this was the best for me. My Caring Together counsellor used the time and space well on what manageable goals were set and pro-active for me and my needs, creating a new structure. She was also aware of my background but what was invaluable to me is that she didn't keep going over the past traumas. This work has helped me not going into burnout stage anymore ......A huge thank you!"

"My husband's condition is worsening and I don't find the medical professionals [are] listening or understanding to what life is really like .....my life is still very difficult due to my caring role with no other support from my husband's family but I really found it very useful for me each week to have my sessions .....they helped me realise a great deal by talking out loud and hearing myself!"

As an example of our work with providers to support unpaid carers, our commissioned partner, Caring Together, received 374 carers' referrals between August and September 2024. Of these, 37 were from known unpaid carers to the service and the remainder were new unpaid carer referrals (as unpaid carers can self-refer or professionals and community partners can also refer). 11 of these unpaid carers were signposted to other appropriate resources, the remainder were supported by Caring Together. Their mean response time between referral being received and triage was 11.87 days. Further information about Caring Together and feedback from unpaid carers themselves is included in the Caring Together Hub Quarterly Overview Report. (see IR33.4). We support carers conversations through commissioned providers like Caring Together to support unpaid carers.

Through good collaboration and strategic development, we now have a more accurate picture of unpaid carers across the region, and this work will continue to support the drive for improvement.

No Wrong Doors is a memorandum of understanding recently refreshed and published by Partners in Care and Health. Locally we are working with system partners to establish a memorandum of understanding for unpaid carers under the No Wrong Doors for young carers approach.

We are one of seven local authorities participating in the Social Care Future's 'Fixing the Social Care Plumbing and Wiring' project, utilising a co-production approach known as Working Together for Change. This project enabled us to gain a deeper understanding of unpaid carers' needs and enhance their inclusion in adult social care service discussions about those they care for. This focus is based on feedback from the biennial Survey of Adult Carers in England 2023-24, which indicated a

decrease in the proportion of unpaid carers in Cambridgeshire who felt included in these discussions compared to surveys from 2018-19 and 2021-22, as well as feedback received during the development of the AACS. The project's last co-produced session was held in October 2024, and we have compiled the feedback and developed action plans based on this work (see IR2.5).

Co-production activity has already resulted in positive action to address unpaid carers' needs. For example, one of the top priorities expressed by unpaid carers was to increase the availability of peer support groups, in addition to existing groups available through our commissioned unpaid carer support providers. In response, we are now providing additional seed funding to be used by local organisations to co-produce more of the activities that unpaid carers have said they want. Bids are currently open, and groups will start in April 2025.

We found that the contributions received via the Working Together for Change process mirrored the feedback we had received when creating the All-Age Carers Strategy (AACS), underlining that our strategic intentions remain relevant. Another highly supported improvement suggested by unpaid carers was for the creation of 'a website that links to both national and local support'. It was positive to be able to share that activity was progressing well with updates to our unpaid carer webpages based on their feedback and the introduction of Bridgit Care, a digital platform for unpaid carers which provides tools and resources unpaid carers can use to create personalised self-care plans, access local events, and find support tailored to their needs providing links to both national and local resources.

Feedback from unpaid carers attending Provider Hubs in Cambridgeshire districts

"I want to say I appreciated your advice today at hub and am feeling happier! I feel more focused and positive about the future. Can't believe what a difference you have made."

"It has been really good to sit and meet other people. As I am a [carer for my parents], I don't know anyone else in my position but there was another person caring for their parents here today, so it was great to chat. We have swapped numbers to support each other. I would definitely like to come back and might try to come to some things just for me too."

Feedback from unpaid carers attending Carer Breaks offered by providers

"I've not been able to switch off completely for caring for my daughter in a very long time and today was just what I needed, some me time."

"I have thoroughly enjoyed myself today – what a beautiful break."

"Going on today's trip made me forget all my worries, fascinating local history on our doorstep."

Quality Standard 2: Supporting people to live healthier lives

Our Strengths

- Our well-established Prevention and Early Intervention offer delivers a holistic approach to wellbeing, reducing the need for long term care and support. This is evidenced in the 2023/24 LGA's 'Use of Resources' report based on the amount of long-term care delivered per head of population.
- Good access to equipment, adaptations and technology-enabled care maximises independence and achieves positive outcomes for people.
- A comprehensive approach to support people with sensory issues including commissioned provision and our own internal sensory services.
- The 'Care Together' programme has improved access to place-based preventative support across Cambridgeshire.

Our Areas of Focus

- Further improvements to our self-directed support offer, including increased take-up of direct payments packages.
- Continued improvements to our existing information and advice offer to support PEI.

Summary

Initial contact for people who feel they may require support is managed by the Adult Early Help (AEH) Team which sits within our Prevention and Early Intervention Service (PEI). The service includes In-House Reablement teams, Technology Enabled Care (TEC), an Enhanced Response Service (ERS), Occupational Therapy, sensory support and financial and housing advisors. This extensive, coordinated and connected AEH offer enables effective management of demand by offering low-level and preventative interventions before the need for longer-term services develops (see IR 8.2).

Our PEI service encompasses a variety of interventions designed to help individuals manage and maintain their daily living skills (see IR8.2). This operating model integrates our practice principles, supporting individuals in sustaining independence at home and enhancing their skills post-hospital discharge. Our exemplary performance in PEI practices has been discussed with the Department of Health and Social Care to share insights into our approach and the positive outcomes achieved.

Initial contact for those seeking support is managed by the AEH Team, which operates within our PEI Service. This service includes In-House Reablement teams, TEC, an Enhanced Response Service (ERS), Occupational Therapy, sensory support, as well as financial and housing advisors. The extensive, coordinated, and connected AEH offer enables effective demand management by providing low-level and preventative interventions before the need for long-term services arises (see IR8).

Additionally, we offer a range of commissioned preventative support services in collaboration with various voluntary sector organisations. These services provide targeted support, advice, and information to individuals aiming to increase or maintain their independence We have expanded this offer through the 'Care Together' initiative (see IR8.7, IR8.8), which emphasises co-production and incorporates the voices of individuals with lived experiences, unpaid carers, and broader community networks to develop services and stimulate community asset development.

Prevention and early intervention offer

Our holistic PEI offer has successfully maximised the independence of people requiring support. This is evidenced by strong performance in the following areas:

Outcome	Performance
Preventative approach	22,160 new contacts in 23/24 with 47% supported through reablement or other short-term services and only 7% progressed to long-term support outcomes. 2,992 community action plans for new contacts completed in Q1 & Q2 2024/45.
Maximising independence	**Independence rate for reablement** • 85.2% of people who completed reablement in Q1 and Q2 2024/25 where no further request was made for ongoing support. **TEC Outcomes** • 80% of TEC assessments in Q1 & Q2 2024/25 resulted in a positive intended outcome at the point of delivery.
Reducing need for long term care and support with an early intervention approach	Number of permanent admissions into residential and nursing care at the end of 2023/24 was lower than the regional average for both 18-64 and 65+ clients.
Improving outcomes	At the end of Q2 2024/25, those with mental health conditions in employment was 13.42%, an increase from 12.93% at the end of 2023/24.

Our PEI offer has generated interest from the Department of Health and Social Care who explored it during a visit in November 2024. It brings together a range of services within our Prevention and Early Intervention Services. We asked Professor John Bolton OBE as an expert on discharge and reablement to visit us to give his view on our model of delivery. Professor Bolton concluded that our model had several strengths and was very impressed with our focus on preventative services that maintain independence. He particularly liked the way the preventative services are all joined up as one service and team who are focused on best practice and can

coordinate a wide range of services and options for people (see IR8.10).

Feedback from Professor Bolton posted on social media following his visit to Cambridgeshire:

"Had a brilliant time in Cambs with team for Prevention & Early Intervention Services. Excellent model - other places should consider for their front door."

Technology Enabled Care (TEC)

In CCC, we manage and deliver a dedicated jointly funded TEC Service which assesses how technology can enable people to remain safer and live more independently in their home and whilst accessing their community. The service uses a benefit realisation model which enables staff to document individual, system and financial benefits.

The team have an innovation project whereby staff are asked to research and trial new technology on offer. The project focuses on themes linked with their casework and associated with 'prevent, reduce and delay'. We opened a SMART flat in September 2024 which offers an opportunity for people to see TEC in action. The flat is currently open to professionals, and 73 people have visited to date, but this will be extended to members of the public in the future. We are also developing a video which will be hosted on the CCC website to improve accessibility for those unable to visit in person. The team works closely with any visiting professionals to tailor their support to their specialism, for example showcasing equipment which can support with the ongoing monitoring of certain health conditions. Following an assessment of care needs, the TEC team will proactively review the products available to meet the person's need, including researching any new technology that might be available.

The team promote and demonstrate the technology to colleagues and have created a training module in relation to the most frequently utilised TEC for all professionals, internally and externally. Within CCC, 210 people have completed the TEC Awareness e-learning course in the last 12 months.

TEC flat feedback from visiting professionals

"It was a really interesting session, and I learnt lots about what is available and how this can support people's independence. I found it very helpful just to improve my knowledge and build my confidence when speaking with people about possible referrals."

"TEC [Lead] used real examples for how it worked with other people and quick thinking for different solutions; the TEC flat helped with context in my role."

Feedback from people using preventative services

“Thank you very much for organizing this [Ring Doorbell]. No one has been left outside in the cold, like before, and I’ve been able to answer the door every time! So, in summary, it is a great help and exactly what I was hoping for (and more!).”

“My husband has dementia, and your department has been extremely helpful in providing him with relevant technology to facilitate him remaining at home. I would also like to add how helpful and important these aids have been in enabling him to remain at home for as long as he has done.”

"Further to your visit to my sister today I would like to thank you for all your help and for caring about the two of us. Little ‘Snowball’ [a TEC cat] is quite a hit. I left Sheila chatting away to her. Your thoughtful gesture is probably going to make a difference in Sheila’s life, she is interacting with the cat and has a little pet in her life again. Due to her memory, she was in one minute thinking it’s real, then the next minute looking a bit puzzled, and I have assured her it doesn’t need food or a walk. Thank you ladies, you’ve made a big difference, it was touching to see."

“The care my Mum has received from the reablement team has been exceptional. All of the carers were kind, caring, patient and professional. Particular thanks must go to her Occupational Therapist, KS who is outstanding at her job. Her dedication to getting Mum to her best scenario for discharging over to social care was amazing. She seemed to recognise her potential for improvement, and with her guidance, advice and equipment she achieved it.”

Sensory Services (See IR12.1)

Our Sensory Services support adults who have congenital vision impairment and adults with dual sensory loss to live independently. They help people to access support and adapt new skills with mobility, life skills in the home, communication skills and use of technology, housing, finance and social activities. We work with key partner agencies across the sensory loss sector including CamSight, Huntingdonshire Society for the Blind, Royal National Institute of Blind People, Sensory Impairment Partnership Board and Deafblind UK.

As part of this, we commission visual services from CamSight and hearing services from Cambridgeshire Deaf Association, together supporting almost 4,300 adults with sensory impairments across Cambridgeshire. 89% of people accessing CamSight reporting that they have a better understanding of the services and support available to them and improved access to the right technology and equipment.

Feedback from a Deaf Volunteer – Cambridgeshire Deaf Association

"I started organising a board game event for deaf people with the help of my tutor and even if the beginning was a bit hesitant, I'm happy to see more and more people joining in, less afraid of not being able to hear, of not being able to understand the rules of these strange boardgames. It's just about having fun with other people who are also able to communicate with deaf people. And it's rewarding as a deaf volunteer to see their smiles at the end".

Care Together: Transforming Community Support and Prevention (see IR8.7 IR8.8)

In 2021/2022, the Council set up 'Care Together', a four-year pathfinder programme to innovate and diversify the community-based care and support market for older people with a dedicated team of place-based commissioners embedded within local community networks. At the heart of Care Together is an ethos of co-production and collaboration. Commissioners embedded within local communities are undertaking appreciative enquiry to understand the services older people would like. They work closely with other council teams, District & Parish Councils, VCSE and health to identify opportunities for joint working. Local people and partners are participants in the co-design of services in their area, resulting in innovative and more impactful services.

Feedback from Professor Lafortune, Cambridge University

"…the Care Together approach is building the right foundations to see the expected benefits to local people and council budgets. Observation of a growth in grassroots action can be seen as a valid interim outcome to building community resilience, leading to decreased reliance on services…"

Care Together has transformed our prevention offer into a diverse, evidence-led range of services that people want to access as demonstrated through the following examples:

Beyond Day Centres - Older Adults Social Inclusion (OASI) Grants

Purpose: To widen our preventative offer beyond traditional day centres, a new range of place-based grants were co-designed with people and partners during 2023/24. A total of £1.4m over 3 years was invested into 31 projects (OASI grants).

Impact:

- We have stimulated innovation and co-produced a more diverse and relevant offer. In addition to day centres, there are now digital inclusion sessions, improved community transport and pop-ups in rural areas offering physical and

social activities for older people. BBC news ran a positive feature on one of the schemes funded through the OASI grants called 'Box and Brew'.

- We have reached a wider range of VCSE groups (including eight groups not previously funded by CCC).
- We have improved equity in access by shifting funding to account for deprivation levels across the county, taking a more place-based approach.
- We have doubled the number of older people accessing day opportunities (from 415 to 940 per quarter since April 2024) within existing resources.

Seed funding to grow and innovate community assets

Purpose: Care Together's annual seed funding supports grassroots VCSEs to create more activities and develop sustainable funding mechanisms. Grants are co-designed with older people and partners to respond to local needs and reach some of the most isolated people. In 2023/24 Care Together issued £278k via 17 grants. This included grants for chair-based exercise classes, memory cafés, a mobile gym for older people in rural communities, and community transport in rural areas.

Impact: Over 3,000 older people benefitted from seed funding activity in the year, almost 2.5 times the forecasted number, increasing physical activity and reducing social isolation amongst older people. Some projects have secured longer term funding as a result.

Feedback from a participant, Art for Wellbeing, Field Theatre Group

"It's more about getting the elderly together, helping their balance, mobility, strength and, importantly, mental wellbeing. We have a chap here, who, when he first came had to sit down to do the exercises and spar. He used sticks to walk, but after three-months he can get about without them and he's freely standing now," Box and Brew 'These kinds of classes are so good, especially for someone like me who lives alone. I've enjoyed meeting the others and having some company."

Case Study - TEC

The team undertook an assessment for a young person with complex epilepsy, and it was assessed that they could benefit from having a seizure monitoring activity tool (Sami). This equipment alerts the young person's unpaid carers to a seizure so they can respond as required and has enabled them to end an overnight care package previously needed.

Additionally, clinicians can review and monitor the young person's overall activity and can tailor advice to manage their epilepsy based on evidence from the seizure monitoring. Sami has enabled a more holistic assessment and therefore person-centred plan in relation to responding during the day to the likely impact of overnight seizures on behaviour.

Self-Directed Support (SDS) Offer

The proportion of people in Cambridgeshire receiving direct payments is lower than regional and national averages. We have had feedback that staff and people wanting to access direct payments struggle due to unclear guidance, outdated information, and a lack of Personal Assistants available in the County. The 2024/2025 Self Directed Support (SDS) Programme aims to address cultural, process, and system changes within adult social care to increase direct payment access. This includes new practitioner training, revising business processes, updating guidance, improving public information, and enhancing the support calculator.

Engagement with people with lived experience and coproduction will be further developed to design and deliver a direct payment offer to enhance service choice, actively promote the SDS offer throughout the customer journey, and train knowledgeable practitioners. Phase one of the SDS Programme has placed 19 Direct Payment Champions across ASC, with champions aiming to lead, support and promote direct payments across their team or service and to support practitioners as required. Early indications are that direct payment numbers (including the Learning Disability Partnership joint pool) have increased, from 811 in April 24 to 838 in November 2024. Phase two of the programme will focus on system and process support, launching in early 2025 to implement effective processes and the target of 10% increase in new direct payments has been set between January – March 2025. Practitioners across teams will offer direct payments at all new assessments and during annual reviews, and performance will be regularly discussed in Team Meetings. Care Micro Enterprises (CMEs) are also offered via a direct payment in the first instance, and this is an area we are keen to grow during 2025/26. The direct payment offer by practitioners is considered at care and support planning sign-off phase, through the Quality Assurance Forum and during case file audits.

During January-March 2025, the SDS programme will be redefined to continue improvements during 2025/26. This work will look at the wider self-directed support offer for people with care and support needs, how we maximise the availability of support available through Care Micro Enterprises and how we can use Individual Service Funds as our Learning Disability Partnership arrangements change and develop during 2025. Phase three of this programme will also focus on improving transitions between children's and adult social care for direct payments, during 2025.

Case Study – Successful use of direct payments
MM is a young person with Spinal Muscular Atrophy who sought support from adult social care before starting university to gain independence from his parents. He relies on assistance for daily living, including personal care. To reduce reliance on his family, he organised a direct payment for a personal assistant (PA) through People Plus and took charge of his care arrangements himself, including interviewing and hiring PAs. This flexibility allowed him to participate socially and academically without his mum's constant presence, leading to renewed independence for both him and his mum. Soon, he will begin a work placement in London, supported by his PAs and "access to work" funding, exemplifying the positive impact of direct payments.

Improvements to information and advice to support prevention and early intervention

We know that we need a strong focus on the provision of information and advice as part of our PEI offer. Our Adult Social Care Survey in 2023/24 found that 65.7% of respondents found information very or easy to find, compared to 67.9% nationally. We are striving to improve our offer so that more people feel that information is easy to find and that it is helpful and targeted to their situation.

We commission a range of information and advice services to ensure people can access high-quality resources and receive the support they need to understand their options. These services empower people to find information tailored to their specific needs. For instance, the Community Navigator Service supports people directly on topics like social isolation, community connections and maintaining independence (see IR.8.5). Age UK Cambridgeshire & Peterborough provides a comprehensive information and advice service and support through "Pam the Chatbot" to help people navigate their website. CamSight and the Cambridgeshire Deaf Association offer specialised information and advice for those with sensory impairments. Finally, Care Together provides online and telephone advice and support for unpaid carers on topics including financial support, events and activities, emergency planning and homecare.

We are also investing in digital tools to enhance the accessibility and convenience of information and advice for people. These include the Bridgit Care platform and app which offers tailored support and resources for unpaid carers; and the BetterCare Support platform, currently being piloted, to provide innovative digital solutions for accessing care-related information (see IR10). Through these commissioned services and digital innovations, we aim to provide inclusive, user-friendly options to meet the diverse needs of our community.

To develop our approach further, we undertook an Information and Advice Maturity Assessment (see IR10.3) to review all elements of our information and advice support. This assessment highlighted our strong printed resource offer through our 'Guide to Independent Living', which is distributed widely, with 12,500 copies

distributed across Cambridgeshire through partners, including the voluntary and community sector. We also produced large-print versions of this guide in response to community feedback and included 10,000 promotional leaflets in Public Health 'Stay Well Packs', distributed at flu clinics targeting older people.

Using the maturity assessment framework we have developed an Information and Advice Action Plan (see IR10.4) to identify areas where we can make improvements; these include our website information, enhancing accessibility and ensuring staff awareness of the resources available. Key actions being taken include:

- Involving people in mapping out how the adult social care information on our website is structured, via card sort exercises, to enable ease of access when people need to find out more on aspects of care and support.
- Development of a public information pack to bring together the available resources and approach in one place (see IR10.2).
- Awareness sessions are available for staff in our Contact Centre, social care practitioners and external partners to understand the information and advice offered and what practical support is available.
- Working with the Web and Digital team to understand how we can make our website more accessible.
- Updating the content on our adult social care webpages including the development of our Local Account (see IR10.1).

We have also used feedback from Adult Social Care Partnership Board members, experts by experience groups, the Adult Care Survey and a specific co-production workshop held in June 2023 to support us to improve our approach to providing adult social care information.

Quality Standard 3: Equity in experience and outcomes

Our Strengths

- Consistent and high-quality scrutiny of equalities impact in key areas of service development or change has been embedded within the practice of commissioning. This has been supported by co-production and increased engagement with seldom heard groups.
- Collaborating with people who have lived experience of self-neglect and hoarding to inform a comprehensive system-wide response and support framework.
- Corporate ambition of being an anti-racist organisation, with specific actions to support this being delivered by adult social care.
- System wide initiatives to support and enhance adult social care's ability to tailor care, support and treatment to individual needs.

Areas of Focus

- Commitment to developing practice to enhance outcomes for people from LGBTQIA+ communities.
- Ongoing development of trauma informed practice.
- Further progression of the commissioning action plan to improve our data capture on protected characteristics and build in Public Health intelligence to better inform our commissioning activity.

Summary

We are dedicated to ensuring equity in the experiences and outcomes of all individuals accessing our services. Our commitment to co-production is evident through initiatives such as the Changing Futures Programme, the development of services for individuals with Acquired Brain Injury and Profound Multiple Learning Disabilities, and the Working Together for Change Initiative (see IR2.5). For more details on the support provided to unpaid carers, please see IR33. Additionally, we closely collaborate with our Partnership Boards, whose members contribute their lived experiences to shape shared priorities and actions aimed at enhancing the experiences of individuals accessing health and care services. Further information on the impact of our work with the Partnership Boards can be found in Quality Statement 9.

Over the past 12 months, we have been enhancing our practitioners' skills and expertise with targeted support and development in anti-racist practices. To further our commitment to this goal, we have empowered Healthwatch, our commissioned partner responsible for coordinating our Partnership Boards, to ensure that the recruitment of individuals with lived experiences reflects the diverse makeup of our communities. In collaboration with Healthwatch Cambridgeshire and Peterborough, we have developed a Partnership Boards Recruitment Action Plan to proactively address this crucial aspect of representation. Additionally, we are taking steps to capture the specific needs of our local community, with a particular focus on the LGBTQIA+ community in adult social care. Our close collaboration with system

partners also aims to address inequalities, exemplified by our work with the Integrated Care Board (ICB) in response to the findings of the Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR) service improvement programme.

Our commissioning arrangements are a critical aspect of enabling us to meet and manage diverse needs and we are strengthening our position here through upskilling our teams, progressing a focused action plan and continuing to extend our approach to co-producing services.

Commissioning

Our local providers can meet a wide diversity of need across all service areas and the need for this is clear within service specifications. Notable examples of achievement include Care Homes which have developed small communities for specific religions or nationalities; and requests for homecare support workers who speak specific languages are able to be provided. This is underpinned by access to the All-Age Translation Service (see IR11.2) and All-Age Advocacy Services (see IR11.1 and IR11.13). Socio-economic disadvantage was also adopted as a protected characteristic by CCC in March 2022, along with people who have spent time in care in May 2023. The work undertaken on day opportunities for older people also demonstrates how we have drawn upon this evidence of deprivation and health outcomes to redistribute funding to ensure proportionate investment within areas evidencing high levels of deprivation.

Our Commissioning Team has played an integral part in CCC's work to improve the consistency and quality of Equalities Impact Assessments (EQIA). These are now completed across all areas of change with an evidence-based approach taken to assessing impact, including the voice of people who access services. This is underpinned by the use of EQIA Champions across the service to provide peer review and advice. We have improved practice in relation to engaging and co-designing services with people and groups who are seldom heard through the delivery of flexible and creative approaches. This has brought our commissioners closer to place-based services and drawn upon the expertise and access of our co-production partners, as well as the expertise and experience of independent and parent carer advocates (see IR12.6, IR13.2).

Whilst significant improvements have been made, there is more to do to ensure an evidenced place-based approach to embedding the assessment and impact of equalities across all areas of commissioning and the wider provider market. This will be progressed through a targeted action plan focused on the continuous improvement of the quality of EQIAs. To ensure access to a robust, localised evidence base to inform decision-making, supported by an effective resource library for staff, we have developed a directory of services designed to support specific protected characteristics and co-production of an EDI schedule and monitoring approach (see IR12.7, IR12.8). In addition to this, targeted work will be taking place to address areas of known inequality, with the plan to address our current performance in relation to the number of people with learning disabilities accessing employment and the systemwide response to the findings of the annual LeDeR process being a prime example of this (see IR12.9).

Collaborating with people who have lived experience of hoarding

Hoarding is an issue that over recent years has become more understood and there is growing evidence through Safeguarding Adults Reviews nationally that hoarding has played a significant role in serious harm or death.

As result of our learning, a regular 'Declutter Together' Group has been established. Meeting monthly, this group is a peer support group which provides a safe space for people living with excessive clutter to share experiences, advice and provide peer support with decluttering. We publish a quarterly newsletter for all attendees with advice and signposting relevant to the topics.

In addition to this, CCC has arranged a regular hoarding forum chaired by our Adult Early Help Team Manager, to provide support to system wide partners, with attendees currently from health, housing, mental health and social care. The forum draws upon information within the 'Declutter Together' group to better inform practice and approaches within CCC and our system partners to support those who live with excessive clutter.

CCC are working with our local higher education institution to help inform and develop research and best practice in this area.

Case Studies – Collaborating with people who have lived experience of hoarding

Case Study 1:
J lives with depression and does not attend every Declutter Together meeting but comes when they can. For J, the meetings are giving them a chance to begin to trust others and to open up. There have been tears which have been compassionately supported by the group, many live with their own mental wellbeing challenges. J has begun to reach out to professionals for some support.

The lived experience that J has shared has been shared within the regular professional hoarding forum to support practitioners to reflect and develop skills and knowledge when working with people who experience living with excessive levels of clutter.

Case Study 2:
A series of reflective sessions were held across teams in adult services to develop knowledge and practice around supporting people who hoard, chaired by our hoarding lead and Adult Early Help Team Manager, using videos produced by those with lived experience.

Feedback from these sessions showed how people valued the chance to clearly see how diverse people's situations and stories were, and how listening to the views of others helped widen their own perspective. Insights were gained on how preconceptions and judgmental approaches can create challenges in engaging people. For others, it was an introduction to an area they had little or no experience in, with the session being more meaningful than regular training. Practitioners were able to use this to enhance their practice when working with people who are hoarding.

Equality, Equity Diversity and Inclusion (EEDI) in CCC

CCC is committed to reducing inequality, strengthening and developing good community relations and challenging discrimination. As a council, we are committed to becoming an anti-racist organisation. Our Equality, Diversity, and Inclusion (EDI) strategy takes a cross-cutting approach focusing on workforce, communities and services that enable us to achieve our vision and ambitions in the ways that are most suitable to the diverse communities we serve. The associated action plan details how we will achieve our equality objectives and is overseen by our EDI Leadership Forum and the Communities, Social Mobility and Inclusion Committee.

There are three themes to help define our equality objectives:

- **Our workforce**: We will foster an inclusive, supportive and safe working environment that attracts and retains diverse people who feel valued, respected, and empowered.
- **Our communities**: We will further understand and work with our diverse communities across Cambridgeshire, developing local solutions which address the needs of our communities.
- **Our services**: We will ensure people who use our services have good quality public services that meet the diverse needs of our communities.

Adult social care has been embedding anti-racist social work practice and support to both people with care and support needs and to its workforce, some of the activity that has been undertaken includes:

- **Commissioning anti-racist social work practice** from the Equality Academy to embed support to our workforce to respond to racial discrimination that social care professionals encounter in their practice.
- **Driving forward a corporate Anti-Racist Steering Group**, with the Principal Social Worker for Adults representing the Adults, Health and Commissioning Directorate, which has committed to commissioning the Birmingham Race Action Partnership (BRAP) to support the development of a specific action plan to support our workforce.
- **The Principal Social Worker co-chairs a regional EDI forum** which was established in spring 2024 and brings items to this group, such as practice on LGBTQIA+ issues. The Principal Social Worker has also planned and hosted practice events within CCC and regionally on EEDI in 2023 and 2024, Eastern Region Adult Social Care Practice Event - Equality Diversity and Inclusion - EELGA (see IR36.13)
- **Maintaining a Black and Asian Support Network** for Assessed Year of Supported Employment (ASYE) staff, which feeds into the national forum.

System wide initiatives to support and enhance adult social care ability to tailor care, support and treatment

Changing Futures Programme

This is a nationwide programme aimed at improving outcomes for adults experiencing multiple disadvantages such as homelessness, substance misuse, mental health issues, domestic abuse, and interactions with the criminal justice

system. By collaborating with 15 local partnerships across England, the programme tests innovative approaches to unite public and community sector partners to better lives. It involves those with lived experiences co-producing enhanced systems and activities. The Changing Futures Cambridgeshire & Peterborough initiative, launched in 2022, builds on the 'Counting Every Adult' team's work. The team partners with the Cambridgeshire & Peterborough Combined Authority, the Cambridgeshire Police and Crime Commissioner, Probation Services, the voluntary sector, and colleagues across CCC to co-create and implement mechanisms ensuring equity for people facing multiple disadvantages.

Adult social care works with Changing Futures to engage with seldom heard groups, but also use a variety of other methods including:

- Engaging with people in their own environment rather than making those people come into council offices.
- Commissioning independent support and expertise which can be seen in the work recently undertaken by SUN Network, a local co-production partner, to gather the insight of people diagnosed with Acquired Brain Injury to support service development and design.
- Engaging with parents and unpaid carers acting as advocates. We are currently doing this to design a commissioning solution to meet the needs of people with profound and multiple learning disabilities.

Case Study – Using TEC to support people who use British Sign Language

A Reablement Assessor worked with a person who communicated using British Sign Language. She contacted someone at Cambridgeshire Deaf Association and arranged for this worker to advocate for her service user. They prepared for the Reablement assessment together, and the Reablement assessor prepared BSL signs for support workers to use, she also emailed them links and support on communicating with this service user. She carried out a joint assessment with the staff member from the Cambridgeshire Deaf Association using BSL signs and the 'Otter' mobile transcription app which worked very successfully.

People with lived experience supporting recruitment of Social Care Practitioners

This year we have been developing stakeholder engagement panels in the recruitment of Newly Qualified Social Workers (NQSWs) and our apprenticeship pathway for Social Workers. This is an area which has been very successful and received positive feedback from people with lived experience. Our ambition is to continue to build on this success.

Commitment to developing practice to enhance outcomes for people from LGBTQIA+ community

We are seeking to learn from national research – LGBTQIA+ Older Adult Social Care Assessment (LOASCA) – to drive forward practice improvement. One of the key

outcomes is data collection of LGBTQIA+ people through the assessment process. Our Mosaic system was upgraded in September to ensure that the data captured is reflective of the people who we support. Practice guidance and training will be developed, to enhance the skills and knowledge of the workforce in this area of practice, which will be done in collaboration with people with lived experience from the LGBTQIA+ community. This will be used to shape and develop care, support and treatment to people from the LGBTQIA+ community.

Ongoing development of trauma informed practice (TiP)

The Mental Health Social Work service based in Cambridgeshire and Peterborough Foundation Trust (CPFT) (commissioned under a S75 agreement) and Cambridgeshire Learning and Development service worked jointly with Health Education England, NHS England and Skills for Care during 2023 to develop an e-Learning Trauma Informed Practice (TiP) modular framework. This was for all levels of health and social care staff groups and was supported by additional face to face delivery sessions for national implementation. As a contributor to this development, the area has identified an early implementor programme for further evaluation – a Health Education England /NHS England grant allowance of £9,999 was received to support this work:

- Area One: 2023/2024 Assessed Year of Supported Employment (ASYE) Social Workers:

  The TiP programme will be incorporated within the ASYE 6 portfolio day programme for supported e-learning opportunities, with the arrangement of Skills for Care face to face sessions. This group of staff includes ASYE Social Workers from CPFT Mental Health Social Work and CCC teams. The programme will be supported by dedicated learning huddles.

- Area Two: 2023/2024 Approved Mental Health Professional (AMHP) Training:

  This programme is delivered by Anglia Ruskin University. We aim to progress inclusion of the TiP programme as part of the local AMHP training course via the local Social Work Teaching Partnership.

- Area Three: Mental Health Social Work & the Learning Disability Partnership:

  This includes the Adults and Autism Team and Multi-disciplinary Teams. There has been a local request made for access to TiP for Learning Disability Teams, so we feel that this could be another positive test site area.

We also participated in the national Trauma Informed Change workshops facilitated by Research in Practice. We are currently in the process of developing an action plan which will enable us to drive forward and embed trauma informed practice in a meaningful way across our adult social care teams.

Theme 2: Providing support

Quality Statement 4: Care provision, integration and continuity

Our Strengths

- The capacity and quality of commissioned provision has significantly improved within recent years. We have a good level of domiciliary care capacity, and the quality-of-care home provision is significantly above the national and regional average for CQC ratings of Good or Outstanding.
- Recent targeted investment in our care market has improved sustainability, maintained quality of service provision, enabled expansion of capacity to meet demand ensuring that over 89% of providers pay their staff the Real Living Wage.
- A commissioning model with a clear focus on the use of early intervention and prevention services, evidenced through the higher proportion of people supported who made no ongoing request for long term support following a short-term intervention (ASCOF 2A).
- We can evidence a year-on-year decline in the use of traditional care home placements over the past three years through using alternative support, such as supported living. We continue to have a higher percentage of people with learning disabilities who can remain at home and have a lower percentage of our population requiring any form of long-term care than the national average (Use of Resources, 23/24).
- Through the Care Together Programme (see IR8.8) and other areas of commissioning, we have embedded co-production and used the voices of people with care and support needs, unpaid carers and community networks to develop services. This has resulted in several targeted place-based community grants that have increased capacity in local community activities (see IR15.5).

Areas of Focus

- Work continues to ensure our demand forecasting consistently improves forward planning to develop accommodation options for working-age people who use services, addressing known shortfalls in capacity (see IR15.7). We have comparatively longer wait times to secure placements for this group of people, with 1 in 5 supported living placements made outside the county.
- Delivery of a new pathway to support people with learning disabilities to access employment (see IR12.3).
- Review of existing pathways to inform and support access to direct payments to address these areas of poor performance against national benchmarks.
- An All-Age Commissioning Strategy is a working document and will be taken through a process of coproduction with members, providers, partners and people with support needs. The strategy builds on our refreshed market position statement and a new children's sufficiency strategy.

Summary

Our approach to commissioning is set out in our Market Position Statement (see IR15.1), Market Shaping Approach (see IR15.2) and draft All-Age Commissioning Strategy (see IR16.3). At the heart of the approach is the ambition to focus on 'Home First' principles, maximise independence, through expanding our preventative offer and embed the principles of co-production across everything that we do. We will do this by developing services which enable people to maintain as much independence as possible by:

- Decreasing the use of traditional residential care home placements, where we have already seen a three-year trend of declining numbers.
- Further develop 'housing with care' solutions to support independent living, meet projected future demand for Extra Care provision to support older people, and address shortfalls in supported living capacity to meet the needs of working aged people with complex needs.
- Co-produce, re-shape and diversify the delivery of homecare provision for all people, giving them more choice and control. This will include testing and embedding a more localised place-based enabling approach, which focuses on the whole person and their wellbeing, not just their care hours. This work has already resulted in the creation of over 5,000 weekly hours (1,300 hours already utilised) of support through the delivery of Care Micro Enterprises (CMEs) (see IR15.3, IR13.2).
- Increase the uptake of direct payments and use of individual service funds through working with people who wish to take more control over how their needs are met and supported in 24/25 by the payment of Real Living Wage (RLW) rates to all packages where a personal assistant supports people.
- Building on our success in Mental Health, we will increase the support available for people with learning disabilities to access employment through the delivery of a clear pathway and targeted commissioning interventions (see IR12.3). We will expand and develop the local prevention offer to ensure a more collaborative model which delivers throughout someone's lifetime and aligns adult social care prevention projects with public health, communities, district councils and health plans.

We are committed to working with local care providers to develop their services and the workforce to maintain the current high-quality standard. This is demonstrated through our strong investment in the market.

Investment in the Care Workforce

We recognise the importance of working with local providers to grow a resilient workforce which has the skillset to meet the growing demand for support, as well as complexity of need. Providers have consistently told us that their biggest challenges are financial sustainability and the ability to maintain a consistent workforce due to recruitment and retention challenges.

Over the last 2 years we have invested a total of £44.4m to support providers with inflation, real living wage, market sustainability and improvement, (see IR16.2) recognising that CCC's rate of pay benchmarked well below average and that this

was negatively impacting recruitment and retention in our care market. This has supported the growth of the sector and increased capacity across all areas, with fee rates increasing by 8% on average over the last 2 years. This investment has been targeted at areas of the market with the most acute sustainability pressures by lifting 'floor' rates.

Figure 1 below shows an example of the impact this has had within the older people market, with the average increase across homecare, residential and nursing above the rise in inflation. A provider forum survey completed by 57 local providers in November 2024 demonstrated that investment in the real living wage has successfully supported the sustainability and expansion of the workforce with 66% reporting the funding has enabled them to maintain or improve performance. Cambridgeshire's care market has demonstrated resilience in the face of unprecedented pressures within the care sector nationally, with minimal loss of provision.

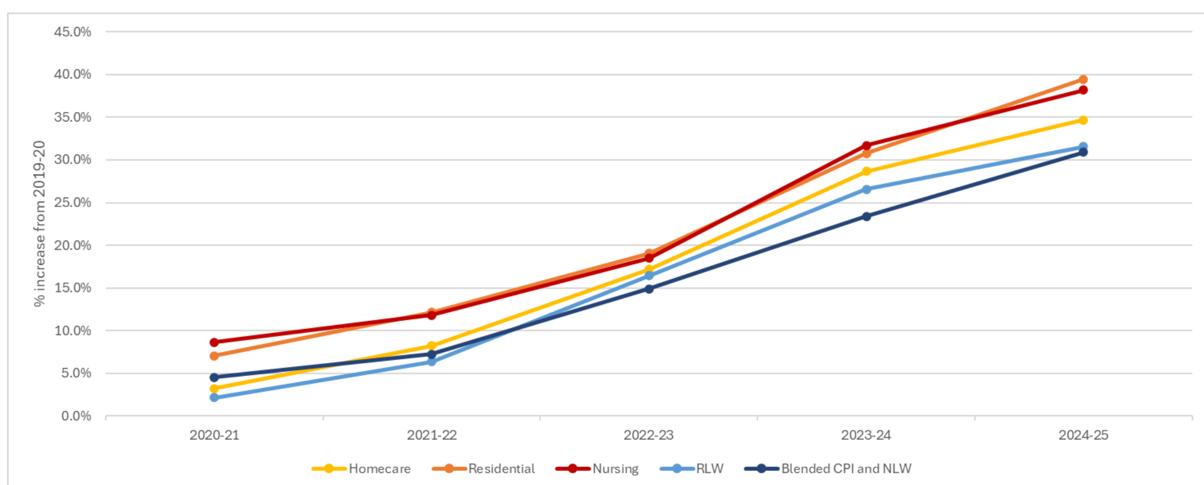


Figure 1: Older People - Price rise compared to inflationary increase (2020-2025)

Market Relations

Through our provider forums, newsletter, organised engagement and co-production events, we seek to closely collaborate with the market in developing and expanding services to meet the needs of people in Cambridgeshire. However, we recognise that this is an area of development and plan to invest £100k in additional resource by the end of 2024/25 to develop an approach and roadmap to create a local provider-led Care Association. This will provide an opportunity for the local market to form a collective, independent voice. Our aim here is to move the maturity curve of our long-term relationships with quality local providers from collaboration to deeper strategic partnerships that will lead to greater levels of co-design and transparency.

In addition to this, we have established an adult social care provider workforce programme to deliver upon the ambitions set out in our Adult Social Care Workforce Support Plan 2023-28 (see IR19.1). The team is driving the ambition that "The social care workforce across Cambridgeshire feels able and supported to build a 'career in care' approach, which will lead to better outcomes for the people we support." The Council has invested £845,000 over two years from ring-fenced grants to support development of a targeted offer. To date key developments have included:

- In January 2024, we launched our 'Care Academy', which provides a single online portal for care workers (including PAs) and providers to access professional development opportunities and log their CPD, access sector news, and receive rewards. We aim to have 50% of local care workers and providers signed up to the Care Academy within 2 years. As of September 2024, 633 care workers and 35 provider organisations over 63 sites have signed up (see IR19.2).

Feedback from Quality Homecare Anglia

"We've been using it for ages. It makes sure the carers have their mandatories, and we can keep track on what is completed. We can see who has passed, who is not compliant, and who has outstanding mandatories. The three new courses are really good, the Oliver McGowen, Safeguarding of Children and Young Adults, and Autism. [The] portal has been good for us".

- We have launched an in-house Care Certificate training offer, delivered by our Learning and Development Team, providing the whole market with a standardised offer. The Learning and Development Team have applied to be an accredited provider of the newly launched national accredited level 2 care certificate offer. This compliments the wider training offer that is also available to external providers including, Safeguarding, First Aid, Medication Management, Mental Capacity & Continence Care (see IR19.3).
- We have recently commissioned a training needs analysis across local providers, with the recommendation report due in early December 2024. The outcomes of this will inform the development of a targeted skills offer to address identified gaps.
- We launched a support offer in September 2024 for displaced international recruits, as part of the International Recruitment East hub and spoke provision, funded by the Department of Health and Social Care. This included the launch of the International Recruitment Zone App for Cambridgeshire, providing a hub of key information and advice.

This targeted approach has resulted in positive statistics seen in Skills for Care's annual data, with a 13.1% reduction in turnover and 2.2% reduction in vacancy rates between 2022/23 and 2023/24. Current performance is better than England averages, as given below:

Metric (2023/24)	Cambridgeshire	England
Turnover rate	23.7%	25.8%
Vacancy rate	7.9%	8.1%
Average hourly pay	£11.50	£11.41
Average sickness days	4.3	4.9
Completion of Care Certificate	43%	39%

Older Adults Accommodation

Service Type	Overview
Older People - Residential & Nursing	CQC ratings for local residential and nursing homes rated good or above are 81.2% compared to regional average 71.6% and England average 75.1%. Council purchasing represents approximately a third of market capacity with the remainder being accessed by the NHS and self-funders.
Older People –Extra Care	Across CCC, 18 Extra Care Schemes are commissioned, supplying 757 flats with plans to expand the use of provision in line with projections developed as part of the accommodation needs assessment (see IR15.4)

Admissions to care homes in Cambridgeshire have achieved a significant reduction over a three-year period but remain slightly higher than the regional average. This aligns to the preventative approach we have taken to support people to remain living as independently as possible for longer. However, where someone does require care in a care home, we have sustained high-quality market capacity across the county to meet demand with average waiting times falling to 12 days in recent months.

In 2021, we published a set of demand profiles for older people covering projected need for care home provision up to 2036. These were developed in partnership with district councils and the local provider market. Projections suggest that the largest area of growth is the increasing need for nursing provision. Our pipeline of provision (see IR15.6) demonstrates that upcoming developments of care homes alone should meet this demand for the next 10 years. To address this, we will be working with local providers, developers and district councils to drive the delivery of alternative provision where demand is rising.

Pipeline Surplus After Two Years: Residential or Nursing Beds

District	Increased Supply	Increased Demand	Surplus / Deficit
City	121	20	101
East Cambs	133	18	115
Fenland	155	26	129
Hunts	288	35	253
South Cambs	84	29	55
Total	**781**	**127**	**654**

Although we can meet current demand for services, further development is required to ensure extra care capacity can keep pace with a projected increase in demand of 141% by 2036, with the greatest area of growth expected in Huntingdonshire. Focus will be given over the next 12 months to working in partnership with local registered social landlords, district councils and the internal assets team to build a longer-term development plan to meet this need. This will build on the reductions delivered in unused pre-paid bed spaces (termed voids) which are reported in the monthly performance report.

Homecare

Service Type	Overview
All people – Homecare	CCC is currently funding 39,843 hours per week of homecare. There are 132 CQC-registered providers operating homecare services in Cambridgeshire. 57% of those services are rated good or above, compared to regional average 53% and England average 54%. CCC uses proxy measures such as waiting times for care to determine if there are sufficiency issues and there are minimal wait times for care which is at an all-time low at 12 people. We are aware that there is currently more homecare capacity within the market than we have demand. This is being considered in our thinking in readiness for the end of the existing contract in 2027.

Whilst we have a mature and well-established homecare market able to provide people who require this service with choice and control, we are planning to shape the market to ensure that our approach maximises the benefits of embedding prevention, exploring a more place-based approach and diversifying the provision available in response to evidence of need and protected characteristics. This will impact all people accessing homecare services and is a key focus of the Care Together Programme. This is currently progressing through:

1. The introduction of Care Micro-Enterprises (CMEs) to our local homecare market via a team of CME Development Officers linked to each district. Working closely with the place-based commissioners, they identify suitable venues, events, partners and candidates for CME development and promote CMEs locally. At the end of Q2, we had onboarded 49 CMEs and the potential for over 5000h/week of care and support capacity has been created (see IR15.3).
2. Through this emerging place-based homecare model. In readiness for the end of the current contract in 2027, we aim to create a market for homecare and support services which improves outcomes for people and care workers by adopting a more enabling approach, improving resilience in the homecare market and lowering the carbon footprint for these services (see IR15.8).

In line with the ethos of the Care Together approach, we will apply co-production, working directly with people accessing these services, unpaid carers, wider communities, local providers and other partners.

Feedback from a Social Worker on the use of CMEs

"I have used the CMEs for a number of my customers who do not fit into the domiciliary care framework approach. I find that CME services work more effectively with these customers that could be seen as hard to engage with. For example, for people who are under 50 years old, who have just started to use services, customers with mild learning disabilities, mental health issues/alcohol/drug dependencies and domestic abuse survivors."

Voluntary, Community and Social Enterprise (VCSE) sector

In 2024/25, CCC has invested £16.26m in prevention services to support people to remain independent for as long as possible, with over £10m of this funding being committed to the VCSE sector (see IR8.2). We commission services through a range of methods including an Early Intervention and Prevention Framework and numerous block contracts. The services delivered are broad and are designed to meet a range of needs including sensory impairment, community navigation to link people into a range of local community-based offers, unpaid carers support, visiting support and handyperson services and befriending (see IR.8.9).

CCC works closely with the local VCSE sector through channels including Support Cambridgeshire and Social Training Enterprise Group, which act as a collective voice for the sector. CCC also works closely with local providers as part of the localised co-production infrastructure developed through Care Together with placed based commissioners being in regular contact with VCSE providers and wider community groups. The sector also has a direct line to the Commissioning team which is advertised on the Council's webpage. Through this communication, the local VCSE have emphasised the need for more certainty if services are to be developed and expanded and this is enabled through longer term funding solutions. As a result, we comply with the Voluntary Sector Compact which sets a minimum of a 3-year contract term across all areas subject to procurement.

Working Age Adults

Community – Learning Disabilities and Autism

811 people in Cambridgeshire with learning disabilities and/or autism access a range of community provision, delivered across a range of inhouse and commissioned provision including well-established day opportunities offer, access to respite provision, and shared lives outreach service. Work has also been undertaken to ensure mainstream prevention services such as Community Navigators are able to meet the needs of this group of people (see IR8.5). This has enabled CCC to perform well with a comparatively high number of people with learning disabilities living in their own home or with their family.

However, there is more work to be done. Whilst engaging to develop a vision for people with learning disabilities, people with lived experience said that they wanted support that is more flexible with opportunities at evenings and weekends. They also

told us that they want more and better opportunities, job coaches and a choice of things they can do and control over who delivers that support. This feedback is consistent with the approach taken within the All-Age Autism Strategy (see IR16.1). We also know that we currently have a shortfall in community-based services to meet the needs of people with profound multiple learning disabilities (see IR12.6).

To develop the market further in this area there are plans to:

- Review, Co-produce and modernise the current day opportunities offer across in house and commissioned services across all service user groups, to align with the current framework end date of April 2027. This will aim to develop a more flexible range of provision which is able to meet a greater range of needs and better connections to employment opportunities.
- Following an independent review, we will be developing a business case to support expansion of shared lives and outreach service over the next financial year.

Supported Living

Service Type	Overview
Working Age Adults Supported Living	There are 26 CQC-registered providers operating supported living services for working-age adults with learning disabilities or autism. 64% of those services are rated good or outstanding. This compares with 58% for the region and 56% nationally. There are 20 CQC-registered providers operating supported living services for working-age adults with mental health needs. The CQC quality ratings of these services are in line with regional and national levels of 'good' and 'outstanding.' There is diversity of providers in terms of size and geographical coverage. Demand for supported living is currently outstripping supply with an average wait time for placement of 80 days.

Whilst we have two well-established frameworks in place which aim to meet the support needs of all working aged adults with complex needs, there is a shortfall of accommodation. This pressure is not forecast to decrease, with more young people with increasing needs transitioning into adulthood. In 2024, we published a set of demand profiles for accommodation needs for working aged adults up to 2041. We have also worked closely with our district councils to develop a pipeline of accommodation (see IR15.6) to meet this demand. Even with this, demand will continue to outstrip supply. An Accommodation Board has been established to kickstart progress in this area over the next year and alongside developing more preventative community services, we will be developing a longer-term pipeline of supply. This will seek to harness opportunities identified through a recent review of in-house services and will be progressed through working with:

1. District councils to maximise access to general needs housing wherever possible and identify further sites for development as they progress through their local plans.

2. Strategic assets and capital programme teams to identify opportunities to utilise council-owned sites marked for disposal to meet the need identified.
3. Local registered social landlords to ensure a robust understanding of need and facilitate development of sites.
4. People with lived experience to co-produce and design a new accommodation offer to meet a range of needs that ensures they can remain as independent as possible, with access to wider community-based support, networks and employment opportunities.

Contract management

Management of contracts ensures services are optimised, quality is monitored, and focused attention is provided to services of greatest risk. Department performance (see IR18.2) is reported monthly.

We support providers with regular touch points where we share important information such as training opportunities and can hear directly from our providers about their issues and challenges (see IR18.8). These touchpoints include our provider forums and our general communications, including our regular newsletter.

The Contracts Team continues to work closely and facilitate effective contract management meetings with individual providers to support service delivery (see IR18.7). We operate dedicated monitoring teams across all provision, with prioritisation based upon the level of risk assessed through gathering quantitative and qualitative intelligence (see IR18.9). All our monitoring visits to services are carried out using the ADASS East Region's standard PAMMS methodology (see IR18.2, Slide 26) and in line with our own risk management operating approach (see IR18.1).

Contractual uplifts are commensurate with performance, need and value. Intensive support is directed to services that are not performing or are at risk of under delivery. The Contracts Team monitors service improvements and takes appropriate additional actions where improvements cannot be evidenced, despite the team's ongoing interventions (see case study, IR18.4). In extreme cases, we may need to call upon the provider's business continuity plans. In this example the support provided enabled the care home to avoid closure and demonstrate improvement to the point where they achieved a Good CQC assessment rating within a year (see IR25.3).

Feedback from the owner of The Firs Care Home

"I also want to express my sincere gratitude to the entire CCC team for the brilliant support you've provided in turning the home around. Thanks to your efforts, we are now at the exciting stage of opening up again"

Contracts and Brokerage operate a provider of concern approach (see IR18.5) where there is concern across a whole setting or organisation and separate safeguarding Section 42 enquiries (Care Act 2014) have been undertaken for individual people. The provider of concern process works well as it enables providers

to be held to account against the terms of their contracts. The lead up to a provider becoming a concern can include issues raised and documented in the concern tracker.

The Operational Leadership Team is a cross health and social care group who hold responsibility for prioritising activity to monitor quality of care and respond to concerns raised about providers. Operating under a Terms of Reference, managers from the CCC Care Home Support Team, Contracts and Brokerage and Living in Care Home Review team meet on a fortnightly basis with health, contract and quality improvement colleagues based in the ICB to share information and make decisions about which providers to focus support on, and who is best placed to do that given the nature of the provider or the concern identified. We routinely notify the CQC, who are also a core member of the provider of concern process including attending meetings with the provider.

We work closely with the CQC regional team to support the care market with quality and sustainability improvement advice and guidance. In 2023 the CQC worked with us during two provider failures which resulted in the relocation of over 250 people to new service providers. The most recent example was Beaumont in October 2023 where we successfully supported more than 180 people to move to new services and supported 75% of the workforce to find new jobs, almost all within the county (see case study IR25.5). Throughout 2024 the support from the regional CQC team has enabled the turnaround with The Firs, a small care home that was likely to fail less than 18 months ago, into a Good rated service (see IR25.3). We meet the CQC monthly to agree priorities and press for action on urgent matters. In Q4 2024/25 we will realign CCC and CQC assessment priorities for the first time. Both the CQC and CCC agree it will help focus our collective efforts where it's needed the most.

The closure of a care provider involves a complex process to ensure the wellbeing and smooth transition of people being supported by a specific provider (see IR25.8), as well as compliance with legal and regulatory requirements. While specific protocols may vary depending on the jurisdiction and the type of care facility (see IR25.9), the initiation of closure sets in motion a series of actions aimed at facilitating a smooth transition with careful planning, coordination and communication. Our prime focus is on prioritising the needs of the people using our services, adhering to legal obligations, and fostering transparent communication every step of the way, which is paramount in ensuring a smooth transition to new facilities and services. Throughout the implementation of this protocol, we find it imperative to work closely with the staff in the service to minimise disruptions to people they support.

The Contracts Team provide valuable insight at the outset of any organisation safeguarding investigation including where an individual raises a significant concern.

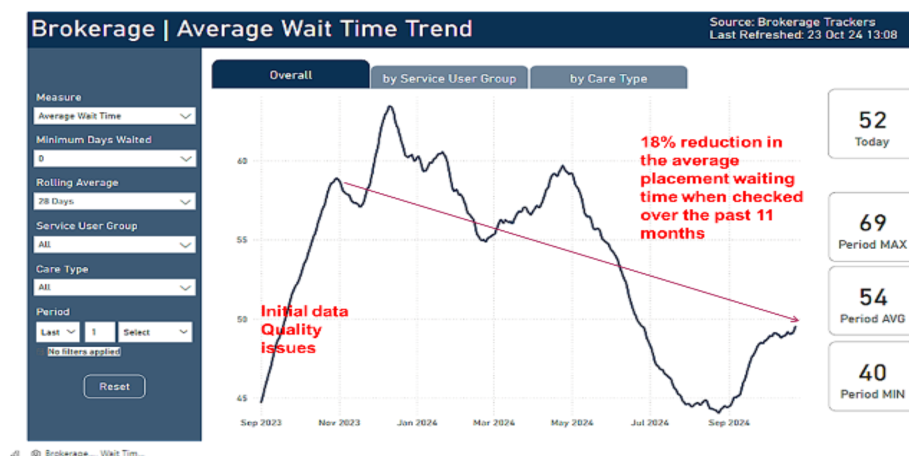
Brokerage management

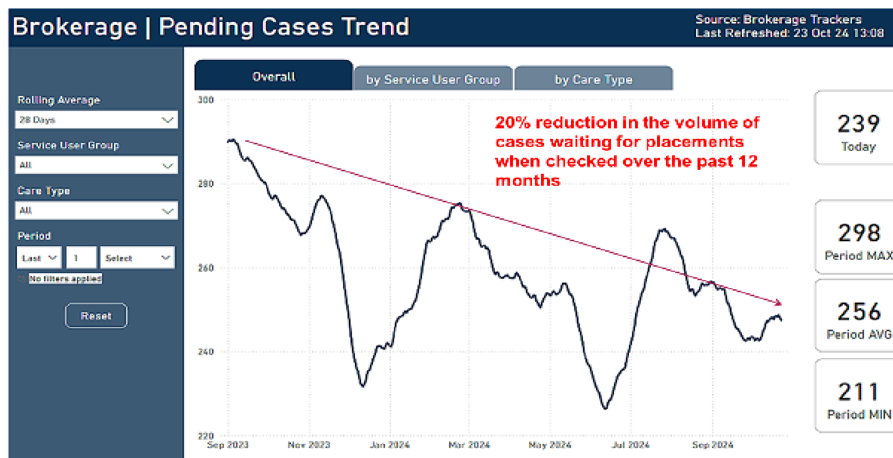
Our Brokerage Team aims to establish an efficient and transparent process for managing care placements within adult social care, ensuring optimal matching of people with appropriate care providers while prioritising meeting the outcome of their assessment. In 2024/25, additional resources have been recruited to support the brokerage function to ensure placements are managed in a timely manner, which has included additional investment in capacity from the Discharge Fund Grant.

Each care type has its own dedicated work pending list to ensure a focused approach to work management. This is proving successful with waiting lists reaching a two-year low. By implementing a comprehensive care placement brokerage process, we aim to enhance the efficiency and effectiveness of adult social care placement, ultimately improving the wellbeing of those in need. Our approach incorporates:

- A person-centred approach managed case-by-case.
- Starting with the person's assessment of their needs which means requiring social workers to workflow requirements including person pen-profiles and person related property profiles.
- Offering diverse placement options where practical, although this is market specific; at present the homecare markets offer 3-4 responses to every request. We can track this through our e-brokerage system (see IR18.2, Slide 27).
- Working with quality assured partners and avoiding working off-framework where possible. Where that is not possible, we will conduct further assurance work and seek approval of all exceptions.
- Managing finances effectively which includes tracking adherence to expected utilisation levels and negotiation with decision support tools such as Care Cube which enables us to apply national baselining to fair cost of care and demonstration of value for money in our pricing of care against needs.
- Implementing processes for continuous improvement and driving further change such as the migration of additional types of placement finding into our ADAM e-brokerage system.

This focused approach in 2024/25 has resulted in the team being able to demonstrate significant improvements in peoples' experiences of our service. We have delivered an 18% reduction in waiting times and a 20% reduction in waiting lists. The charts below, extracted from the monthly department performance report (see IR18.2), illustrate the performance improvement.





The Contracts and Brokerage Teams recognise that they are on an improvement journey and that work continues including:

- Refreshing our Contract Management meetings to better align with the Standard Terms and Conditions for Contracts and to include a statement regarding how we expect service providers to meet their responsibilities under the Equalities Act (2010). The procurement process will also be amended to ensure we ask providers to share their Equality & Diversity policies.
- Identifying a team champion who is reviewing all contracts, contract management and provider monitoring to crystalise what we do well and where there are gaps. For example, early work has flagged that the team are better at supporting equality, diversity and inclusion around ethnicity, but less obvious is our assurance regarding LGBTQIA+ access to appropriate care and support.
- Embedding the brokerage standard operating procedures which have been developed to enable more consistent access to the market and control over governance for high-cost placements.
- Migration of the management of more specialist placements – both quality oversight and contractual arrangements – to our ADAM e-brokerage platform building on our use of this e-brokerage system.

Quality Statement 5: Partnerships and communities

Our Strengths

- We are an active partner within the local Integrated Care System (ICS) and have worked closely with the NHS to develop several integrated and joined up Section 75 (NHS Act 2006) arrangements which seek to improve outcomes for people.
- Collaboration with district councils and the Strategic Housing Board to transform and integrate pathways and provision to address homelessness and rough sleeping across the county, along with the implementation of a Housing First offer.
- The work we have undertaken as part of the wider ICS to jointly develop and commission a range of services to meet the preventative and community-based needs of working aged adults with mental health challenges exemplifies the use of placed-based working to maximise local resources.
- A high-performing discharge service with close alignment between operational staff across health and social care to proactively support early discharge from the wards and to prioritise pathway zero and pathway one. Our reablement offer is recognised for its short wait times, high independence outcomes and supporting early discharge.

Areas of Focus

- Ensuring continuity of quality service provision for people with learning disabilities whilst we transition out of a Section 75 (S75) agreement with the Integrated Care Board and a Management agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT) and design a new integrated model.
- We are accelerating our delivery of the Home First programme, which brings together multi-agency projects designed to support the effective transfers of care.

Summary

We have established a variety of Section 75 and other operational arrangements with our system partners to deliver services. We continuously monitor these partnerships to ensure their effectiveness and the delivery of optimal outcomes for people, applying the same rigorous approach to practice assurance as we do within our own services. Our shared goal is to enhance integrated working with our ICS partners, and we are actively seeking improvements, such as developing governance for the Better Care Fund. Additionally, we leverage these relationships to enhance our workforce offerings and are expediting efforts with district councils and local providers to deliver improved accommodation options that meet diverse needs.

Moreover, we play an active role within the Eastern Region ADASS Network, holding significant representation across all networks. This participation enables us to share

experiences and learning, explore regional collaboration, and expand our knowledge of best practices for developing and enhancing local services.

Joint Community Based Services

Community Occupational Therapy (see IR8.3, IR8.4)

The Community Occupational Therapy (OT) Service, which delivers support to adults and older people, has been provided as an integrated health and social care service since 2003. The delivery and funding of the social care element of the integrated service is governed by a S75 Partnership Agreement (NHS Act 2006) with CPFT. This service ensures that one practitioner can support people through their health and social care journey and avoid hand-offs between health and social care with a focus on improving outcomes for people.

Feedback from people accessing integrated Occupational Therapy Service

"Celebrating 100 days out of hospital! Thank you for all of your help and support, we could not have done it without you!"

"Thank you very much for all the equipment that has been supplied and for all the support given. After a couple of excursions out with the walking frame he has managed to get to Hazel wood road store and back again!"

The service is part of CPFT's placed based Community Rehabilitation service. The OT service also liaises closely with our teams to facilitate a coordinated approach. This includes engagement with our own OTs that work within the Adult Early Help and Reablement Teams, together with the in-house Technology Enabled Care service.

The service delivers the assessment and provision of minor and major housing adaptations which involves working collaboratively with the District Council Home Improvement Agencies supporting the Disabled Facilities Grant process. Home Improvement Agencies also offer Trusted Assessors who manage non-complex cases without having to refer to the OT service. This has been successful in ensuring people receive their adaptations in a timelier way, preventing an escalation of need. The service also has strong working relationships with the county's Integrated Community Equipment Service.

In 2022 an independent review of CPFT's Section 75 OT service was undertaken which focused on sustainability and delivery of the service and identified that no other fully integrated services of this kind existed at a county-wide level outside of unitary authorities. It found that the service was delivering positive outcomes for people through the integrated service delivery model whereby health and social care interventions could be provided as a single offer to avoid hand-offs between health and social care and resulted in CCC increasing investment in the service by 12%. This investment has positively impacted service performance with waiting times significantly reducing since the pandemic, all key performance indicators being met, and the service being able to deliver effectively during a drastic increase in demand.

Mental Health Social Work and Commissioning

Delivery of the Mental Health Social Work service for adults over the age of 18 is delegated by CCC to CPFT through a S75 Partnership Agreement (see IR22.5). The overall purpose of the service is to provide a comprehensive and responsive Mental Health Social Work Service response which is outcome-based, community-focused and joined-up.

The service delivers assessment, review and care and support services for adults experiencing emotional, psychological distress and mental ill health. This includes support for unpaid carers. The service is usually accessed through Adult Early Help or through a referral from professionals within the health and social care system. This could take place following admission to hospital, case transfers between adult social care services (e.g. from Adults and Autism Team to Mental Health Social Work) and transitions from Children and Young People Services to Adults Social Care Services. The Mental Health Social Work Service is working to support the roll out locally of the national partnership agreement between Policing, health and other services 'Right Care, Right Person' to ensure that a person in mental health crisis is seen by the right professional. The service is aligned to and co-located with local health teams focused on supporting people with Mental Health needs in Cambridgeshire. This arrangement means that people and unpaid carers receive the best possible service addressing both clinical and social needs without the need for them to re-tell their story or receive multiple assessments. It also includes the delivery of daytime Approved Mental Health Professionals (AMHP) Mental Health Act (1983) services as part of a system-based approach across CPFT and CCC's emergency duty team.

Whilst the service is performing well, we are currently working with CPFT to deliver an integrated review to ensure it continues to achieve the best possible outcomes for people and is well placed to deliver against areas of pressure including increased demand for provision and AHMP services.

We also work in close partnership with the Integrated Care Board, Mental Health and Learning Disabilities Accountable Business Unit, Public Health, Cambridgeshire and Peterborough Combined Authority and the local VSCE to jointly commission a range of services to meet the needs of people with mental health challenges. As a system, over £3.9m is invested in a more preventative, community-based offer which delivers a range of provision from bereavement and sexual health counselling through to good mood cafes, other peer and 1:1 support groups and unpaid carers and employment support (see IR8.11). Combined, these services have a significant impact on the outcome of this group and have ensured that we achieve good performance in areas such as the percentage of people with mental health challenges accessing and retaining employment. In 2023/24, the Cambridgeshire and Peterborough system submitted a successful Work Well bid (hub supporting people back to work) enabling us to further expand this offer as a key vanguard site.

Feedback from person accessing the Individual Placement Service

"I no longer feel alone and have returned to work successfully and continue to be supported by my Employment Specialist as I settle back into my role, a role I have done for almost 25 years and would have been at risk of losing had it not been for the support in place."

Learning Disabilities

People with a learning disability have been supported by the Learning Disability Partnership for over twenty years. This service operates under a Section 75 Agreement with the ICB. Over this period, the needs of people using this service have changed significantly. Many more people with profound and multiple learning disabilities are now enjoying longer life expectancy due to advances in health and social care support. This has meant that both CCC and the ICB have needed to consider their contributions to the pooled budget, as set out in the Section 75 agreement. In 2023, the decision was made to serve notice on the pooled budget arrangements outlined in the Section 75 agreement and subsequently the Management Agreement held with CPFT. This decision enables both parties to consider how they can continue resourcing differently that allows full transparency of statutory resources and for ICB colleagues to consider the equity of the health offer to people with a learning disability across their entire footprint. There is a continued intention to align and integrate services going forward but in a different model. Focused effort and joint working continue to ensure that whilst remodelling is designed, people with care and support needs are not impacted.

Active partner in our system with good examples of joint working with the ICS

We have been working jointly with the ICS, in relation to the Home First Programme (see IR24.5). The Home First Programme has several workstreams including data flow, discharge to assess and trusted assessors which we are a part of. This has begun to improve the discharge process for people. We have seen a reduction in discharges on pathway 3 which is discharge mainly to care homes and improvements around discharge dispute timescales. Our Transfer of Care Teams are core members of the Transfer of Care Hub (TOCH), which includes CCC, Peterborough City Council, CPFT, acute trusts, complex cases team and voluntary sector alliance. The TOCH works to improve discharge performance, working on a range of initiatives including an integrated patient tracker list, improved discharge pathways in relation to housing and improved escalation. There is a daily virtual room where all partners are present, and staff can get direct support and clarity around referrals to improve speed of discharge. Escalation of concerns are through daily MDTs, held within 4 hours of request and daily senior management huddles to look at people who have been in hospital for over 28 days or those people without a clear discharge pathway.

Alongside this there are regular TOCH case review meetings in which people who have complex situations are reviewed post-discharge to consider whether discharge could have been improved. These reviews have led to pathway challenge and review

as well as new standard operating procedures. One example of this was a gentleman who had multiple discharges and readmissions due to unsuitable housing, a review found housing escalation required clarity as well as an understanding of housing partners' operating processes for those within the hospital setting.

Integrated neighbourhood working across health and social care

There is a shared aspiration within the ICP to enhance and integrate early help in communities through the 'Integrated Neighbourhoods' programme. We have commenced our journey to implement integrated neighbourhoods alongside integrating this with place-based working programmes led by our local authority (e.g. Care Together and Closer to Communities in Cambridgeshire). Our Better Care Fund (BCF) plans for 2023-25 continue to build on and accelerate this work to share the learning across the county (see IR23.1, IR23.2). To deliver this vision, we aim to support people at all points in their journey, and this translates to the following key priorities for our:

- Integrated person-centred, place-based delivery (facilitated by local multidisciplinary working) and commissioning with prevention and early intervention at its core.
- Patient flow: Providing services that prevent unnecessary hospital admissions and supporting people back home after a stay in hospital.
- Enablers for integration: joining up systems and data in ways that help us to deliver integration in a seamless way and deliver the best health outcomes for our local populations.

As a system, we recently commissioned an independent review of the local Better Care Fund (see IR23.3). This identified overall that the findings of the review and outcomes highlighted an improving trend except in some areas such as falls and avoidable admissions. It also recognised that, compared to the national BCF picture, we had some strong examples of innovation and collaboration. However, alongside this, there were opportunities for development identified, including improving system-wide governance, more opportunities to deliver at pace and a need to shift more investment into transformation initiatives.

Housing, Skills and Employment

Homelessness and Multiple Disadvantage

We work in partnership with district councils, public health and the independent sector to deliver a robust prevention offer to reduce homelessness and support those experiencing multiple disadvantages. In 2020, we co-produced and designed a new model for housing related support which sought to embed the principles of 'Housing First' to support those with the most complex needs for whom other interventions have not succeeded. As part of this, we also worked with Cambridge City Council where we are seeing the highest demand for services to develop the multiagency 'Streets to Home' pathway and have re-designed the housing related support model across the county.

As those experiencing homelessness are often a seldom heard group of people, we worked directly with CCC's Counting Every Adult Team to enable us to link with their established co-production group to ensure meaningful engagement and involvement in the tender evaluation process. People told us that the use of shared hostel accommodation couldn't meet everyone's needs in an effective way and that more flexibility was needed with women who have experienced domestic violence or specific cultural requirements.

Feedback on Housing Related Support Services

"Home visits and able to talk to people face to face. Given all information and feel empowered to live at home independently with aids and equipment. Maximised income with benefit support which I was never aware off. Person centred service provided is important to us older people - feel seen and heard."

"The staff are super understanding and supportive. It's only as good as the people, the staff go above and beyond to make its feel like a home. It isn't just a hostel anymore it's a family and community. I have overcome so much and grown and learn with help from them. I am lucky and grateful to have been homed here."

We worked with local providers to develop a collaborative model within local district areas and over the last 4 years have shifted towards a model which provides a range of accommodation and single service units to be able to meet a range of needs. Housing Related Support services provide specialist support to people to enable them to develop independent living skills and maintain their accommodation. The support provided is tailored to meet the specific needs of each person, with key examples including support to develop life skills and manage issues such as addiction, mental health issues and emotional wellbeing. The aim of these services is to help people to increase their ability to live independently, feel part of their community, make informed decisions and become more actively involved in training and employment opportunities and/ or engage with the relevant agencies to support them to manage their own health and wellbeing.

To date, this service has absorbed a 37% increase in the number of people supported, with many then accessing drug and alcohol services, other support agencies and/or employment as a result of this preventative intervention.

Case Study – A collaborative approach with District Housing in supporting a vulnerable adult

Collaboration between adult social care and Cambridge City District Housing successfully facilitated a positive outcome for a vulnerable adult facing multiple disadvantages and experiencing street homelessness.

The person was at a critical life risk due to severe alcohol dependency, poor physical health, and the absence of a permanent home address. By adopting a "team around the person" approach, a comprehensive network of professionals and agencies was mobilized to mitigate the identified risks and provide practical support. This multifaceted support included street outreach assistance, access to essential health services, provision of hostel accommodation, availability of food and laundry facilities, and temporary accommodation solutions while awaiting permanent housing. The key positive outcome for this person was that no one had "listened" to her wishes regarding temporary accommodation before, and she had previously not used temporary accommodation options secured as they were not local to her street support networks. This was fully recognised by all involved and the current temporary accommodation arranged for her is being used almost daily.

Regional Housing Board

We have worked alongside the five district partners in Cambridgeshire to understand the changes brought into effect by the Supported Housing Act and plan for how we will meet the rising demand for housing as well as care and support. These strong relationships have enabled us to work jointly with housing partners to resolve complex accommodation issues for families with disabled children and engage in positive conversations about future specialist housing demand.

Workforce and Skills

We work with several partners, including the Combined Authority and ICS to develop the workforce and skills offer for Cambridgeshire. We are active members of the ICS's People Board and the associated enabling group meetings which are leading on delivering the workforce ambitions of the system.

A recent outcome of this work has led to the launch of the ICS health and care careers website which has been developed jointly with CCC. This provides a health and social care portal for people looking for information about joining the profession, including interactive video resources, training information and links to current vacancies. A new addition is the recent launch of the Health and Wellbeing hub in November 2024. This provides free signposting and information on wellbeing related matters such as mental health, lifestyle choices and financial wellbeing and is available to all health and social care workers across the Cambridgeshire and Peterborough ICS. This is the first phase of the hub. There are plans to expand the information library, including publication of a series of useful videos and education pieces to support colleagues and line managers.

We are developing strong relationships with the Combined Authority in relation to workforce and skills, which includes ongoing conversations around the joint

development of future bespoke training solutions for care workers based on the outcomes of our recently commissioned training needs analysis and the development of a learning disability employment pathway.

In September 2024, we launched a support offer for displaced international recruits as part of the International Recruitment East Programme. This has led to the implementation of a regional hub and spoke infrastructure model to enable international recruits impacted by license revocations to find an alternative job, access relevant support required including pastoral care and embed preventative practices including safeguards against exploitation and provider suspension and revocation. As a spoke, this enables us to build on the existing processes and practices we had in place to respond to providers affected by revocations. In addition, we are now able to offer individual support to international recruits whose sponsor license has been revoked. The model has been developed in conjunction with the region, the Department of Health and Social Care and the Home Office (see IR25.5).

Theme 3: Ensuring safety within the system

Quality Statement 6: Safe systems, pathways, and transitions

Our Strengths

- The Safeguarding Adults Board has multi-agency support and commitment for safeguarding, leadership, accountability and safety, which are a priority for everyone.
- Robust and rapid system responses from all professionals to incidents and provider issues, ensuring safety and tailored responses.
- Robust practice quality assurance systems are in place supporting learning from Domestic Abuse Related Death Reviews (previously Domestic Homicide Reviews), Safeguarding Adult Reviews and complaints in a timely manner.

Our Areas of Focus

- Embed earlier intervention to support all young people transitioning between and within services in Cambridgeshire, including the 0-25 service within adult social care during 2025.
- Building consistent and comprehensive feedback loops from those we have safeguarded to enhance Making Safeguarding Personal Principles during 2025.

Summary

Ensuring safety within our system is of paramount importance, guided by the Safeguarding Adults Board, which unites local partners. Our procedure for conducting Safeguarding Adults Reviews is designed to extract and implement valuable insights, extending beyond the official criteria with additional reviews. We also focus on coordinated efforts to address domestic abuse and sexual violence. This past year, our approach to managing unplanned events has been effectively applied, particularly in supporting the closure of a domiciliary care provider. We are currently reinforcing our commitment to smooth transitions between services within adult social care, actively incorporating the perspectives of those with lived experience.

Safeguarding Adults Board

The Safeguarding Adults Board (SAB) represents both CCC and Peterborough City Council (PCC) and is currently jointly chaired by the Director for Adult Social Care for Cambridgeshire and Director for Adult Social Care for Peterborough. A recruitment campaign is underway to secure an Independent Chair. The Cambridgeshire and Peterborough Safeguarding Adults Board Annual Report details how the board has delivered as a partnership on the priorities identified.

The Safeguarding Adults Board operates under the Executive Safeguarding Partnership Board which includes representation from CCC, the NHS, and the Cambridgeshire Constabulary. It also incorporates colleagues from public health, Healthwatch, and the voluntary sector for assurance that safeguarding issues are being addressed robustly. The Safeguarding Adults Board has subgroups designed to ensure effective safeguarding practices across the system. Our Adults Health and Commissioning Committee Chair is a core member of the board and themes are reported to our Adults and Health Committee through performance and assurance reports.

There has been specific training developed on themes identified in Safeguarding Adults Reviews and other thematic reviews to support professional practice. As an example, in July 2023 the Safeguarding Adults Board carried out a multi-agency audit of self-neglect cases and identified actions around multi-agency working and mental capacity. In November 2023 the Safeguarding Adults Board held a conference for multi-agency professionals regarding self-neglect and the recognition of care and support needs which arise due to drug and alcohol misuse. Subsequently, a workstream under the Safeguarding Adults Board has also reviewed the partnership board's website regarding Mental Capacity Act (2005) and reviewed and updated practitioner resources available.

The Safeguarding Adults Board develops specific training based on themes via virtual briefings (known locally as Sways), these are interactive 20-minute presentations and are accessible via the Cambridgeshire and Peterborough Safeguarding Adults Board website. Topics covered include child exploitation, online abuse and sexual violence.

At present, Transitional Safeguarding is a key area of focus across all statutory partners across the Safeguarding Adults Board. A workstream for Transitional Safeguarding was established in April 2024, which has committed to the co-creation of the Cambridgeshire and Peterborough Transitional Safeguarding 'Vision'. Within this workstream there is active and valuable representation from two young people and a parent whose young person with learning disabilities has successfully transitioned through our local services. This feedback has been instrumental in identifying and addressing gaps in our transitional safeguarding services across Cambridgeshire. The work is progressing well, and the feedback received highlights several key areas for further focus:

- Develop a local pledge and commitment within a framework on Transitional Safeguarding.
- Identify ways in which services can support vulnerable young people who do not meet the threshold for adult statutory services.
- Create a repository of best practices and tools. A benchmarking exercise revealed training needs in understanding Transitional Safeguarding and Trauma Informed Practice. Good practice examples are being collated alongside resources and key legislation for the local repository. Additionally, the Chair has delivered a presentation on 'Transitional Safeguarding and the Impact of Neglect on Young People' at the Safeguarding Children Partnership Board to enhance staff skills.

The Safeguarding Adults Review Group operates under the Care Act 2014, to commission and manage Safeguarding Adults Reviews (SARs) on behalf of the

Safeguarding Partnership as a sub-group. An independent SAR Chair has been appointed until 31st March 2025 to review processes and current progress of our live SAR. To date, a panel has been implemented to review SAR referrals in a timelier manner, a new chronology template has been agreed and a work plan for the subgroup has been drafted. The panel includes partners from health, social care, probation, and the police, and it oversees the entire SAR process. It works closely with professionals, communicates with service users and families, and appoints the author of the commissioned SAR Report. Following the completion of the report, the group develops action plans based on the independent author's recommendations to improve and enhance practice.

Furthermore, the SAR group may conduct additional reviews that do not meet the formal Safeguarding Adults Review criteria, aiming to gather valuable insights and learning to be shared across the Safeguarding Partnership. The Principal Social Worker is a key member of the Safeguarding Adults Review sub-group, ensuring that recommendations from both local and national Safeguarding Adults Reviews are effectively implemented and that the identified learning is embedded into practice (see IR27.1).

Case study - Learning from Safeguarding Adult Reviews (SARs)

The Cambridgeshire and Peterborough Safeguarding Adults Board has carried out a SAR in relation to a male (DA) who was identified as experiencing self-neglect (i.e. a very low body weight and chronic malnutrition through not eating regularly, declining support with personal hygiene needs, and declining to access healthcare for skin integrity and other medical assessment and treatment). The person had alcohol related liver disease and chronic pancreatitis with an associated long-term stoma. The SAR (currently at draft report stage) has identified multi-agency learning in relation to the completion of mental capacity assessments such as impact on executive functioning where alcohol use is a prominent factor, and the utilisation of Multi-Agency Risk Management (MARM) processes where self-neglect is posing a high risk to the person – in particular reviewing protocols for supporting adults who the agencies find difficult to engage with. Specific training for adult social care staff (assessors) has already been held regarding alcohol-related conditions and how these can affect the person.

Alongside the SAR learning events, we also held our own Principal Social Worker reflection session, open to all practitioners, where we discussed the circumstances of DA and reflected upon the actions taken and learning moving forward. We have proactively implemented huddles to support practitioners working with those who self-neglect and we have also reviewed and subsequently updated our own High Risk Case Escalation process to enable us to respond more effectively to the needs of people such as DA.

Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence (DASV) Partnership

The DASV Partnership unites key agencies in Cambridgeshire and Peterborough to reduce harm, risks, and costs associated with domestic abuse and sexual violence, and to prevent these crimes. It consists of agencies that provide prevention and support services, forming the Domestic Abuse Safe Accommodation Strategic Board. The Board is responsible for producing and updating the DASV Strategy and Annual Report for domestic abuse services in Cambridgeshire.

CCC employs a Partnership Manager, a Partnership Support Officer, and oversees the Independent Domestic Violence Advisory Service (IDVAS). You can hear personal stories from people on the partnership's webpage "My Story of abuse".

Under the Domestic Abuse Act 2021, CCC must have a strategy for providing support in safe accommodation. Two strategies exist: the Domestic Abuse and Sexual Violence Strategy, and the Safe Accommodation Strategy, both found on the CCC DASV Partnership website. The DASV Strategy includes a detailed action plan involving all partner agencies to support victims and children, and to work with offenders for accountability and behavioural change.

CCC offers various services for victims of domestic abuse including high-risk refuges, children's support in refuges, mobile advocacy, target hardening, and dispersed accommodation. The specialist Independent Domestic Violence Advocates (IDVAs) at the Multi-Agency Safeguarding Hub collaborate with Health, Housing, and multilingual IDVAs for Eastern European and Minority Ethnic communities. They also assist young people in abusive relationships and can access flexible funds for additional support.

The Domestic Abuse and Sexual Violence Partnership (DASV) ensures coordinated responses among key agencies, holding a Multi-Agency Risk Assessment Conference (MARAC) three times weekly, plus a MARAC Plus for complex cases. In 2021, the DASV partnership introduced a specialist risk assessment for older survivors, used by all partner agencies except the police, who use the Domestic Abuse Risk Assessment as per guidelines.

The DASV Partnership co-chairs a Perpetrator Panel with the police to address high-risk domestic abuse perpetrators and runs a multi-agency stalking intervention programme with IDVA support. Currently, the DASV Partnership is collaborating with Safe Lives (a UK wide specialist charity) to enhance MARAC processes and multiagency domestic abuse responses.

Since 2023, the DASV Partnership has co-managed a project with CCC's Shared Lives Service to support domestic abuse survivors with learning disabilities. The year one report is available at Cambridgeshire County Council DASV Partnership – Disabilities.

The DASV Partnership works with us on Review Panels, joint cases, and specialised training for survivors of domestic abuse with care and support needs. It also coordinates Domestic Abuse Related Death and Homicide Reviews for the six Community Safety Partnerships across Cambridgeshire and Peterborough.

Managing unplanned events

Management of contracts ensures services are optimised, quality is monitored, and focused attention is provided to services of greatest risk. Contracts and Brokerage operates a Provider of Concern (POC) process where there is concern across a whole setting or organisation and separate safeguarding Section 42 enquiries (Care Act 2014) have been undertaken for individual people. The PoC process works well as it enables providers to be held to account against the terms of their contracts. On rare occasions, we encounter a provider failure.

During August 2023, CCC undertook collaborative work with health colleagues to engage with residents in two care homes operated by a large care provider and supported them to move into alternative accommodation as the homes were closing. There was a similar experience in October 2023 with a large domiciliary care provider. In both cases:

- Staff from Adults and Children's Teams, Finance, HR, Commercial Services, the Integrated Care System (ICS) and others, worked collaboratively to prioritise supporting the people affected. ASC led the commissioning of all new placements on behalf of the ICS, to manage the market responses to this requirement.
- Regular staff dialogue was held to keep residents, families, and staff informed about the impending changes, emphasising transparency and empathy.
- To maintain a high level of organisational transparency, daily 20-minute progress meetings were instituted. These meetings served as a platform to address challenges, share updates, and swiftly adapt the transition plan as needed. Directors and elected members were kept informed through regular briefings, aligning key stakeholders with the evolving situation and decisions.
- The commitment to daily progress meetings and transparent communication fostered a collaborative environment. The relocation of care residents occurred seamlessly, with minimal disruption to their routines. This case serves as a testament to the importance of communication, collaboration, and adaptability in achieving ambitious goals.

Further information can be found in Case Study Provider Failure Beaumont (see IR25.5).

Preparing for Adulthood Pathway

CCC has an accessible approach for local people aged 0-25 years, aiming to enhance the transition to adulthood for young people with eligible care and support needs. This initiative was developed in response to family feedback, highlighting a fragmented process when transferring cases between Children's and Adults Services. The 0-25 Service is designed to minimise the number of professional changes at this critical stage of life and reduce fragmentation.

The service's Children's Teams (0-18 years) and the county-wide Young Adults Team for Learning Disabilities (18-25 years) work collaboratively to plan and facilitate each young person's transition into adulthood. We have established a Transitions Panel for 14-year-olds with Special Educational Needs and Disabilities who will need assistance from Adult Services under the Care Act. This panel

promotes a multi-agency, coordinated, and collaborative approach to transition planning, ensuring resources are deployed effectively and based on evidence. The panel also identifies trends that inform service improvements, resource adequacy, accommodation planning, and commissioning.

Additionally, a Preparation for Adulthood (PfA) Steering Group is driving strategic efforts to advance this agenda. Consistency in service delivery is maintained by the Preparing for Adulthood Social Care Transitions Protocol.

Transitions within adult social care

We aim to ensure that everyone accessing our services and support, experiences a seamless transition, including those moving between services within adult social care (e.g. transitioning from domiciliary care to residential care).

In the coming 12 months, a key focus will be to work with those people with lived experience to ensure that all people transitioning across service areas receive consistent and continuous care. We will ensure they are well informed about the arrangements and processes related to their transition, with clear timescales provided. To achieve this improvement, we are developing clear pathways and guidance for all staff and reviewing our management approach to transitions to better support people with care and support needs. We are currently working with families whose children have transitioned into adult services over the past few years, to gain an understanding of their experience to review the end-to-end process and approach.

Hospital Transfer of Care

Our dedicated Hospital Transfer of Care (ToC) Teams are committed to supporting people with care and support needs upon their discharge from the hospital. The team work closely with the hospital safeguarding team to ensure that safeguarding is prioritised across partners and people are kept safe using our joined-up systems.

Out of Hours: The Emergency Duty Team (EDT)

The Cambridgeshire and Peterborough Adult Social Care Out of Hours Service remains a shared service and comprises of a team of experienced Senior Social Workers and Approved Mental Health Professionals (AMHP), who maintain an overnight, weekend and Bank Holiday response 365 days per year. EDT respond to local people with care and support needs to mitigate risks and manage the evening and overnight response where AMHP’s are required. Significant activity for the team is in relation to either Mental Health referrals or changes to packages or queries to cases already open to teams. The EDT team is currently under active review, with options being fully considered for appraisal and decisions.

Emergency Planning Arrangements

We work closely with the Emergency Planning team to ensure that there are robust arrangements in place to support our response when there are emergency situations

which may affect vulnerable people within the community and our business continuity. Measures in place include:

- Organisational Emergency Management Plan (see IR25.1)
- Team level business continuity plans
- On-Call Rota for out of hours escalations
- Vulnerable Persons Protocol (see IR25.7 Vulnerable People Protocol for Access to MOSAIC)

We are also working with Emergency Planning to develop scenario planning workshops for all those who form part of the On-Call Rota, to ensure that our arrangements are robust.

Case Study – Emergency Planning Scenario

On 24 September a local flooding alert was received, and the Cambridgeshire and Peterborough Local Resilience Forum invoked the Vulnerable Persons Protocol.

We were requested to obtain vulnerable people data for specific roads in the affected areas. Following our internal Vulnerable Person's Protocol, information from vulnerable persons lists were provided.

One person was found to be living in an area which was likely to be impacted by the floods. It was noted in the subsequent CPLRF flooding debrief that the vulnerable persons welfare checks provided reassurance to vulnerable people.

Quality Statement 7: Safeguarding

Our Strengths

- The Multi-Agency Safeguarding Hub (MASH) has been strengthened by system, process and practice changes over the last 12 months.
- Our enhancements to the workflow and client recording system, Mosaic, have led to significant improvements in evidence-based recording for Section 42 enquiries.
- We support unpaid carers who may be at risk of abuse but do not have their own care and support needs by exercising our discretionary powers for Section 42 enquiries.

Our Areas of Focus

- We will create a feedback loop within the system before April 2025 to collect information on individual experiences, thereby improving outcomes for those involved in safeguarding Section 42 enquiries.
- Additionally, we will support improvements in practice when Safety Planning to ensure risks, mitigations, and actions are clearly defined and evidence-based across our multi-agency system partners. This will be reviewed during safeguarding thematic audits in 2025.

Summary

By closely examining safeguarding, we have significantly enhanced our performance in this area over the past year through a dedicated focus on ensuring appropriate referrals with our Multi-Agency Safeguarding Hub (MASH). Alongside these practice improvements, our comprehensive learning and development programmes provide our staff with the necessary skills and training to ensure the safety of people.

Additionally, in response to instances where unpaid carers have been impacted by domestic abuse, we have leveraged our discretionary powers under Section 42 to extend support to these carers, garnering national recognition. Our commitment to safeguarding quality is further reinforced by our rigorous quality assurance audits, which drive continuous improvement and uphold the high standards established in areas such as Making Safeguarding Personal.

CCC Safeguarding duties under the Care Act

CCC offers a Multi-Agency Safeguarding Hub (MASH) overseen by an Adult Social Care Service Director and Lead Service Manager for Safeguarding Adults. The MASH service facilitates centralised initial Section 42 decision-making for most adult safeguarding concerns, excluding those managed by the Hospital Social Work Teams. The MASH applies Care Act (2014) compliant eligibility criteria and ensures that an adequate protection plan is developed. Subsequent safeguarding enquiries are conducted by the relevant locality team, ensuring consistent Section 42 decision-making and promoting Making Safeguarding Personal Principles by involving

professionals who may already know the person or are familiar with their local context.

Feedback on the MASH service

"I've just completed my first year at university, am doing really well, going on holiday with my girlfriend over the summer and am teaching dance at Uni. I've also been elected Dance President for next year and am going on placement for my course which has meant that I've stopped self-harming. I just wanted to say thank you because I definitely wouldn't be here and enjoying things the way I am if it weren't for you.''

During initial review of safeguarding concerns when a Section 42 enquiry is not required and the person could benefit from our Adult Early Help Team undertaking a Community Action Plan, this is undertaken to ensure that any concerns raised are addressed and the person has preventative services where needed. Locality teams also undertake preventative work, integrating safeguarding risks within a broader assessment under the Care Act, and by prioritising the person's self-identified outcomes. We provide an online form for professionals to make safeguarding referrals, which is currently under review to ensure seamless integration with our client recording system and guide professionals to provide accurate information. This development is targeted for completion in 2025.

Our safeguarding service maintains strong working relationships with statutory services, care providers, and other partners.

Feedback received from a paid advocate:

"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."

Our staff are highly skilled, with mandatory and bespoke training which is reviewed and updated regularly by our Mental Capacity Act (MCA) trainer and safeguarding trainer (see QS 9 and IR36.5, IR36.6). We can respond proactively to the needs of our workforce, a recent example of this is the self-neglect huddles which were implemented as a result of DA SAR (not yet published) (see IR27.2). Learning from

SAR DA and RH SAR can be found in IR27.5. Learning from RH resulted in the MCA trainer delivering specific development sessions to each team throughout 2023 to enhance our reflective practice, learn from national SARs and respond promptly when appropriate to do so (see IR27.8).

Safeguarding improvements

Following the separation of Cambridgeshire County Council and Peterborough City Council (PCC) in August 2023, CCC undertook a reflective review of its Safeguarding Service, enlisting external expertise to ensure a comprehensive evaluation. This review took place between September 2023 and March 2024. We developed an improvement plan with Partners in Care and Health and consultancy support for our Safeguarding Service. Some of the improvement areas were:

- Inappropriate concerns - In December 2023 we received over 800 inappropriate concerns, causing delays and long waiting lists.
- Waiting times – In September 2023 the MASH initial review waiting list had 420 referrals; the oldest wait at this time was from October 2022.

The Safeguarding Improvement Plan was created to enhance the MASH's capacity to meet evolving demands while maintaining quality. The resulting CCC Adult Social Care Safeguarding initiative has led to notable enhancements in systems, processes, and practices. Key achievements to date are outlined in IR29.2 the Safeguarding Summary Report, which includes:

- Developing a comprehensive guide for safeguarding practitioners, linking best practices with internal policies (Standard Operating Procedure).
- Implementing workflow changes in the Mosaic system to ensure compliance with Section 42 of the Care Act.
- Introducing risk tools/RAG rating for transparent, evidence-based decisions and work prioritisation.
- Providing comprehensive compliance reporting and reviewing safeguarding training in ASC to meet workforce needs, with both bespoke training and eLearning.
- Our Practitioner Fact Information Sheet “Supporting Carers at Significant Risk of Harm” developed this year supports our workforce with the changes made (see IR28.4).

The Practice Governance Board supported all changes. We launched process changes with our Customer Service Centre in April 2024 and system changes in October 2024 which enable us to address our areas of challenge. Our plan positions the Multi Agency Safeguarding Hub (MASH) to handle current workloads, adapt to new safeguarding needs, and maintain its commitment to safeguarding adults with care and support needs.

By September 2024, the Multi-Agency Safeguarding Hub waiting list was at 94 with the longest wait time within the same month. How we prioritise and manage those waiting is set out in IR29.2 and IR1.2 slides 24 and 25.

Feedback from a person supported by Mental Health Social Worker who received support under our safeguarding processes

"Thank you for your visit today and for making me feel like I am important. And for all your words of support and encouragement. I am sorry that I was not strong enough to not let life crush me. I have been invisible for so long I have forgotten that there are some good people out there in the world."

The IR1.2 Data Pack slides 24-25 and IR29.2 the safeguarding summary report highlights the positive impact the safeguarding improvements have had on waiting times for people. As an example, for the percentage of Section 42 enquiries where outcomes have been partially or fully achieved, performance has remained between 95% and 96% for the last five quarters and remains above the national and regional averages from 2022/23, which are 94.9% and 91.9% respectively.

Discretionary Section 42 Enquiries – Unpaid Carers

To further support unpaid carers who may be at risk of abuse, but do not have their own care and support needs, we exercised our discretionary powers for Section 42 enquiries through the MASH. This initiative addresses themes identified in national and local Domestic Homicide Reviews and has resulted in 76 referrals since its inception, with 24 progressing to a full Section 42 enquiry for unpaid carers who are at risk of harm or abuse. This was supported by our Practitioner Information Fact Sheet "Supporting Carers at Significant Risk of Harm" developed this year, which supported our workforce with this change (see IR28.4).

Case Study – Supporting Carers at Significant Risk of Harm

AB, a carer for her 29-year-old son with complex needs, was referred due to his frequent aggressive outbursts, leading to regular police involvement. She disclosed to the police her fear of her son, who has not yet physically attacked her but has caused significant damage, such as smashing her car window. Getting him to college is challenging and often triggers aggression, leading to a s42 enquiry. Upon contact from adult social care, AB expressed relief at receiving support and shared her concerns about her son's needs and impacts to her as his parent carer. AB coproduced a three-tier crisis plan for immediate risks and a longer-term plan with the allocated worker. The safeguarding conversation established that AB wishes to continue her caring role and keep her son at home, while feeling safe.

The long-term plan involves AB working with a psychologist to identify patterns in her son's outbursts and learning strategies to defuse them, aiming to build a more positive relationship. AB's son was allocated a care act assessment to evaluate his needs and plan for additional support. AB also accepted a carer's assessment, allowing her to explore her needs holistically. The assessment took place a month after the s42 enquiry, and AB was open to discussing her son's transition to Supported Living. Although it is still early days, AB is adjusting to her new role in her son's life with support.

Safeguarding Quality Assurance Audits

The Practice Standards and Quality Team consistently audit case work relating to safeguarding, providing quarterly reports to the Practice Governance Board and contributing to the annual thematic audit cycle. The Practice Governance Board is chaired by the Principal Social Worker. In January 2023, a thematic audit focusing on section 42 enquiries within the community revealed that the principles of making safeguarding personal were met in 90% of the cases audited.

Feedback on approach to safeguarding

"Her approach to safeguarding me is brilliant. As a result of Clare's consistent approach, I have felt heard, seen, and my confidence has been really boosted. Clare has personalised the support brilliantly, with real attention to detail, and a high degree of empathy."

Throughout the financial year 2022/23, 790 managerial case file audits were carried out. These audits encompassed various practice aspects, including safeguarding and the completion of section 42 enquiries. 85% of the cases audited met the required 26 standards for section 42 enquiries, with 100% meeting the standards in Q4 2022/23. These standards include the requirement of robust evidence of the exploration of risk, consideration of the person's communication needs and ability to participate (and the provision of appropriate support to add communication and participation as needed) as well as the involvement of other professionals and/or agencies within the enquiry and safety planning, as appropriate. Furthermore, 91% of cases audited in relation to Making Safeguarding Personal statutory principles met the required standards for 2022/23, with 92% achieving the standard in the final quarter.

The insights gained from these audits are disseminated through the Practice Governance Board, briefings, team meetings, bespoke training, and reflective sessions, ensuring continual improvement and adherence to high standards.

Feedback from recent audits which have shown positive and effective practice has been undertaken with the person during safeguarding enquiries:

"Very good analysis of risk and good correspondence when reaffirming this with the care provider. The practitioner has not taken the care provider's word for a new system to reduce the risk but has enquired as to how this system works to eliminate risk."

"Some very detailed recording showing consideration of history and rationale for decisions made. Didn't shy away from speaking to the person alleged to be causing harm and ensuring he was aware of his responsibilities."

CPFT delivers support to local people where their primary need relates to their mental health, including those with dementia, under a s75 agreement on behalf of ASC. This service adheres to the same high-quality standards as the wider ASC workforce and undergoes the same thematic audits and creation of action plans. These improvement plans are monitored monthly alongside the Principal Social Worker and Practice Standards and Quality Team. Additionally, S42 activity is meticulously recorded and reported to the S75 Mental Health Finance and Performance Governance Group, which oversees timescales and service responsiveness to S42 enquiries.

We oversee the quality of practice and performance via the Adult Social Care Practice Governance Board. Oversight of the integrated Occupational Therapy Service and delegated Mental Health Social Work Service delivered by CPFT is undertaken through monthly finance and performance meetings chaired by the Head of Adult Social Care Commissioning. This chairing role will now be assigned to the Service Director for Adult Social Care. Exception reports are also fed into and considered as part of a wider review by the Finance, Activity and Performance Board. Ongoing improvement of the services are monitored through an annual work plan with a summary of progress, outcomes and impact being reported to the Adults Leadership Team annually. Recent audits have shown positive and effective practice has been undertaken with the person during safeguarding Section 42 enquiries.

Mental Capacity and Safeguarding Training

Our workforce has a robust continuous professional development offer, and we monitor training quality and compliance, particularly with a focus on Safeguarding and Mental Capacity. We have worked hard to improve compliance rates in these areas and have a robust Mental Capacity Act and Safeguarding training provision. Excluding new starters within the directorate in the last 12 months compliance rates are 75% for Safeguarding Training and 84% for Mental Capacity Act Training.

Theme 4: Leadership

Quality Statement 8: Governance, management and sustainability

Our Strengths

- Committed leadership with a good understanding of key issues and governance processes to support effective decision making.
- Well-developed Council wide Strategic Framework that underpins CCC's ambitions and outcomes for our population with a clear corporate focus on caring.
- Rigorous and robust audit and practice governance arrangements, supported by a dedicated Practice Standards and Quality Team and Practice Governance Board.

Our Areas of Focus

- Development of an overarching Adult, Health and Commissioning Strategy to articulate the improvements in performance and practice required.
- Better use of data and intelligence, including feedback from people with care and support need and unpaid carers, to drive improvements.
- Longer term financial sustainability managed through business planning processes.

Summary

We have developed and continue to refine our governance processes to ensure that decisions are made with the best possible information and to achieve the most effective outcomes for the population of Cambridgeshire. Work undertaken in the past year has includes:

- Creating a clear remit for approval processes.
- Embedding CCC processes and strategies which have been introduced or refreshed including CCC's Strategic Framework, Change Strategy and Performance Framework.
- Working closely with our internal corporate colleagues to develop our assurance approach including Internal Audit and Health and Safety teams.
- Re-establishing a number of partnership forums following the decoupling from Peterborough City Council to provide a Cambridgeshire-only focus.
- Continued development of our overview and improvement of quality and practice through regular forums, events and audits.

We also want to develop the following areas further to make sure that we are continuing to deliver good governance within our directorate and that we are using information robustly to make effective decisions.

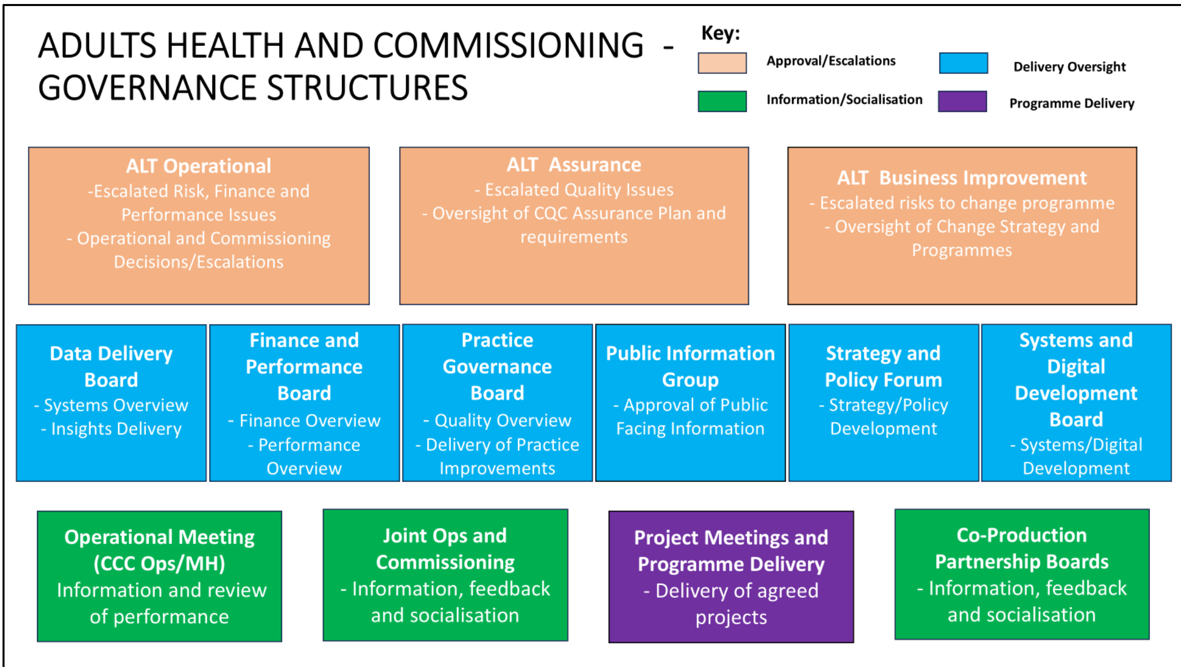
- Providing a vision for the Adults, Health and Commissioning Directorate in an overarching strategy, with a planned commissioning strategy that will deliver on our objectives.
- Developing our systems and processes to bring together performance data and feedback from the people with care and support needs and unpaid carers to give a focus for areas for improvement.
- Continue to address challenges within our financial position to ensure that we are prioritising our investments and delivering against our ambitions.

Governance processes to support effective decision-making

The Adults, Health and Commissioning Directorate reports into our Adults and Health Committee to ensure that decision making is in line with the Council's constitution. Members take key decisions and receive updates to provide assurance that the adult social care governance and performance is operating effectively and in line with CCC's wider business planning and assurance processes. This includes an overview of the financial position, delivery against performance indicators and the identification and management of risk.

Acting on feedback from our Employee Survey carried out in 2023, we have been working to improve our lines of governance and making sure that there are clear systems and processes to support the management and delivery of services. This has included re-establishing or setting up specific forums which give focus to areas of governance and decision making:

- Weekly meeting of the Adults Leadership Team to oversee commissioning decisions, areas of improvement and strategic development.
- Monthly focus at the Adult Leadership Team on our Change Programme.
- Finance and Performance Board to review statutory performance indicators, areas of under or over performance both from an operational and financial perspective.
- Other governance points which ensure effective decision-making including Practice Governance Board, Strategy and Policy Forum, Public Information Group and Systems and Digital Development Board. All forums have a clear remit and are accountable for overseeing the development of specific areas.



We also have a range of areas which link to wider corporate processes but provide assurance in the delivery of adult social care for our staff, our internal development and the services we deliver, including Risk, Health and Safety, Business Continuity and Audit. We have set up governance processes which support the effective oversight of these areas including regular reviews of our risk register and outstanding audit actions and scrutiny of these at Committee level, establishing a AHC Health and Safety Group, working with corporate emergency planning teams to update business continuity plans at an operational team level, learning from emergency planning scenarios and inviting internal audit to undertake a review of our business planning processes to ensure robustness and that lessons learned are taken forward.

Strategic Framework

CCC's Strategic Framework sets out our ambitions to achieve a Greener, Fairer and More Caring Cambridgeshire. This is underpinned by 7 ambitions for our residents. Although we are striving to achieve more in all 7 areas, the work of adult social care most closely aligns to Ambition 4:

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

The Strategic Framework is well understood and at a recent Adults Leadership Forum 76% of participants felt they could connect the council's strategic priorities to their work. As part of the recent refresh of the Strategic Framework we provided a number of examples to outline the ways in which we have contributed to the CCC ambitions as part of the refresh of the Framework Business Plan 2024 to 2025 | Cambridgeshire County Council and the impact this has made.

Case Studies – How AHC are achieving the Strategic Framework ambitions

Case Study 1:

An interactive falls prevention self-assessment tool called 'Steady on Your Feet' was launched in October 2023 to enable adults to independently screen their own risk factors for falls and take action to reduce their risk. Over 2,000 people have visited the website since October 2023 and September 2024, and 618 assessments have been completed. The website is complemented by an existing leaflet to enable people who are not digitally enabled to complete a self-assessment.

Case Study 2:

We have worked with a variety of colleagues across the justice system (police, probation, prison, third sector) to reduce suicide risk in those who have been in contact with the criminal justice system. Achievements include improving the accessibility of resources for justice-involved people on the Keep Your Head and How Are You websites, as well as producing an easy read guide for people who have had contact with the criminal justice system to ensure that they are aware of what mental health resources are available to them and how to process difficult feelings through a distressing time in their lives.

The current development of an overarching adult social care vision and strategy will be closely connected to the CCCs Strategic Framework and will empower our staff to continue to understand their role in delivering the organisation's ambitions.

Audit and practice governance arrangements

Our Practice Governance Board (PGB) provides consistent oversight of, and decision-making about, all activities across ASC practice. The board leads a culture of continuous improvement across all service areas which is informed by practice, data, and feedback from adults, unpaid carers, staff, and partners. It takes a collective stance on quality and engagement priorities which ensures that cross-cutting issues are recognised and that teams across ASC collaborate to improve outcomes consistently for the people of Cambridgeshire. The PGB serves as a focal point for quality engagement by providing:

- Strategic oversight and decision making for quality assurance, safeguarding and practice.
- A place to evaluate, measure and report on progress and impact of quality assurance activity on practice and people's lives.
- Sign off and implementation of evidence based and person-centred processes to improve practice.
- Shared accountability and ownership leading to greater engagement.

Our dedicated Practice Standards and Quality Team also oversees a robust audit process (see evidence in IR31). The team is made up of experienced senior social workers and a dedicated auditor sub team. The team have developed a thematic audit cycle, which covers our statutory responsibilities and best practice, such as

Care Act Assessments, section 42 enquiries, Mental Capacity Assessments, Carers assessments and reviews of care and support plans. This programme of audit activity allows us to identify areas for improvement and measure changes in practice after implementation of targeted action plans.

We have a programme of managerial case file audits, where operational managers and senior social workers audit a range of practice areas by looking at case activity for the previous 3 months, across service areas. This activity includes Care Act assessments, care and support plans, mental capacity assessments, safeguarding, reviews, our work with unpaid carers and quality of case file recording. A quarterly report is produced and shared with our PGB, providing additional oversight for senior managers around practice performance and feeds into a directorate wide action plan. This also allows for the celebration and sharing of good practice to take place across the service.

Case Study – Deep Dive audit

Following the completion of the thematic audit exploring Section 42 Enquiries in the community, it was identified that one team had performed significantly below the expected standard required.

As result a specific and immediate action plan was put in place with the team with additional support offered to the Team Manager and Senior Social Workers by the Practice Standards and Quality Team.

The Practice Standards and Quality Team completed a follow up deep dive audit with the team. The deep dive audit evidenced a 40% improvement in all areas of the standards being met. This included an improvement in the evidence of consideration of the Mental Capacity Act, ensuring the safeguarding process had been explained to the person in an accessible way, evidencing that the person has been asked what they want as the outcomes from the safeguarding enquiry and where a safeguarding plan has been agreed, there was evidence this has been followed up within the agreed timescales.

In the past year, some of the ways in which we have addressed our practice standards and quality have included:

- **Audits** – in the last 4 months we have implemented a programme of team-level action plans for audits which is held at a local level and reported back to the Practice Governance Board. This has scrutinised data at team level, providing a higher level of accountability with team managers across the service to consider and implement practice improvements and learn from good practice in their own teams. The data is discussed in a quarterly meeting which is a collaborative meeting between operational managers and the Practice Standards and Quality Team to share updates, learning and actions implemented. The approach is designed to make our process more robust and ensures we are seeing actions and improvement at an operational level, and we will monitor the impact of this in the coming months.
- **Managerial audit MS forms** – we have reviewed our audit tool and updated the data provided. This has ensured it can provide data more quickly, allowing us to share feedback more robustly and produce a quarterly report shared at Practice Governance Board for oversight.

- **Specific training modules (see IR36.4)** - we have commissioned the University of East Anglia to provide some specific post qualifying modules identified as a result of our audits and feedback from our workforce about what they need to support them to do their job well. We have also hosted specific development sessions based on emerging practice themes to enhance our standard CPD offer, including but not limited to barristers from 39 Essex Chambers delivering a session on inherent jurisdiction in the High Court and from the Alcohol Related Brain Damage network. Follow up work is being undertaken to develop an online learning package for our workforce on Alcohol Related Brain Damage, launching in January 2025.
- **Ability to deep dive services as needed** – this ensures that where practice may be challenged or fall below the required standard, we are able to assure ourselves about the service we are delivering and the quality of social work practice. This is done in collaboration and conjunction with teams.
- **Principal Social Worker reflective workshops** – these ensure wider lessons are learnt from Safeguarding Adults Reviews, Domestic Violence Homicide Reviews, and findings from the Local Government and Social Care Ombudsman (LGSCO). These are held every 3 months, with a flexible approach to meet the needs of the service. We recently held an in-person event for learning from a Safeguarding Adults Review which has been followed up with the 7-minute briefing, please refer to Quality Statement 7.
- **Feedback and lessons learnt from complaints, Senior Management Responses and Local Government and Social Care Ombudsman -** if there is wider directorate learning, this is shared with PGB, with actions held on the board's action and assurance tracker. Where appropriate, learning is taken forward in an Adults Principal Social Worker reflective workshop and is shared in the Practice Update newsletter. Specific team focused actions sit on team level action plans (see IR34.7).

Case Study – Learning from Local Government Social Care Ombudsman (LGSCO) - Navigating safeguarding and family care challenges (see IR34.13).

The LGSCO investigated a complaint raised by a family member regarding how we handled safeguarding concerns and subsequent safeguarding enquiry in relation to her son. The LGSCO found no fault in how we investigated the concerns and concluded we acted appropriately to address risk. The reflection on this LGSCO identified the importance of considering previous safeguarding enquiries when conducting a new one and the need to remain clear about where our focus and obligations lie. We recognised the value of sharing this learning and as such presented the LGSCO to Practice Governance Board to raise awareness and celebrate good practice. The outcome of the LGSCO and the reflections of our practice were shared in the Practice Update, our audit tools and practice guidance reviewed to ensure they highlighted the importance of considering past Section 42 enquiries and the information was shared with our safeguarding trainer for inclusion in future training sessions as a demonstration of the importance of reviewing past enquiries for effective safeguarding.

Quality Assurance of Care Act Assessments

The quality assurance of Care Act Assessments happens initially within teams through the quality assurance sign-off, however the quality of assessments and the standard of the sign-off of assessments is monitored via two of our practice audit programmes. The audit of Care Act Assessments and care and support plans is part of our thematic audit programme, with a re-audit underway currently. A sample of Care Act Assessments are explored monthly as part of our managerial audit programme. Data from Quarter 2 of financial year 2024-2025 have provided assurance the quality-of-Care Act Assessments undertaken is of a good standard.

Overall, our managerial audit data for this period tells us that 88% of all applicable standards are met for assessments audited. However, within several standards explored, 97% were met, in areas including:

- The person's communication needs, and preferred methods and formats have been explored and recorded appropriately within Mosaic. Any additional support requirements (e.g. interpreters or translator) were identified and arranged.
- The person’s ability to independently participate and their advocacy needs have been considered and support provided, as applicable, to enable participation.
- There is a clear information sharing agreement in place and information about the person has been shared with others appropriately and as per the person’s wishes (or in their best interests in accordance with the Mental Capacity Act 2005).
- There is evidence that the practitioner has gained good knowledge of the person (e.g. their strengths, living arrangements, lifestyle, recent changes, health, mobility, their preferences and what is important to them, etc).
- The assessment explores and identifies any fluctuating health conditions and associated variable needs / changes in the person's ability to achieve the Care Act outcomes.
- Where appropriate, there is evidence that other professionals and/or relevant third parties have been involved to enable a holistic assessment to be undertaken.

Feedback from auditors

“I enjoyed hearing the service user’s voice in the assessment and the approach that was taken to support him during this difficult time. It was clear that all consideration had been given to his situation.”

“The assessment is of very good quality, clearly outlining strengths and also areas of identified need under the care act eligibility criteria.”

“The individual's voice is clear throughout assessment, care and support plan, review and safeguarding. His wishes were considered, and support provided to help the individual live the life they wanted despite some risks which were appropriately considered.”

“Very comprehensive assessment/review and care and support plan - good understanding of the current situation as well as the difficulties and additional pressures put upon the parents. Clear evidence of supporting to maintain independence in the community.”

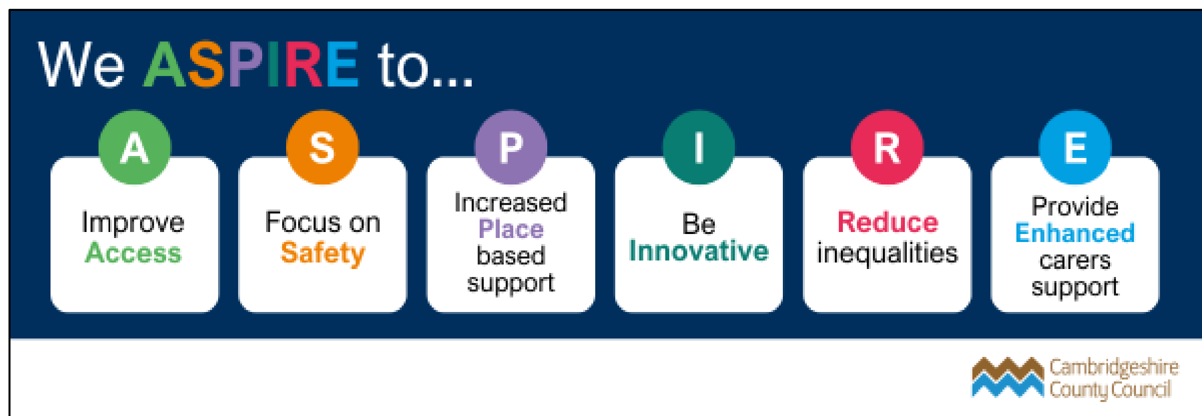
We are particularly proud of how we are meeting the challenge of delivering support to the workforce in a way that meets the needs of the workforce, being solution-focused and having the ability to review, reflect and amend support as needed. For example, using feedback from staff and senior managers we are procuring a solution which will allow us to move away from the use of practitioner factsheets and instead provide a suite of operational procedures for our statutory responsibilities which will improve access and timeliness of updating information with new legislative changes or procedures.

We have been conducting a series of listening sessions led by the DASS. These sessions have enabled us to meet with all teams across the directorate, allowing staff to reflect on the employee engagement survey and highlight areas of strength including strong collaboration and team morale. They have also given staff a forum to suggest solution focused improvements that can be made to both the council and the directorate. This feedback is being collated into themes which are feeding into an action plan that will be launched in January 2025. This will be key in showing staff that we are not just listening but also responding to feedback in order to develop and improve (see IR4.2).

Development of Adults, Health and Commissioning Strategy

We are currently developing our strategy for Adults, Health and Commissioning which will focus on our vision for adult social care.

The ASPIRE ambitions and Practice Principles launched in September 2024 within the Adults, Health and Commissioning Directorate, providing the initial steps in outlining our ambitions and the ways in which we will work to achieve this. They provide guiding ambitions and principles for the workforce, aligning with CCC's strategic goals and enhancing performance. These ambitions clarify expectations and provide an identity for those working in CCC's Adults, Health and Commissioning Directorate with 84% of people at a recent AHC Leadership event connecting the ASPIRE ambitions to the work of their team.



Our ASPIRE ambitions were crafted with our workforce to address key strategic areas while improving service quality for those we support. Our eight Practice Principles were developed by considering statutory responsibilities, best practice, and reviewing standards from other councils. The principles were reviewed by the PGB for feedback on their applicability across all levels of the workforce and in other areas of health and social care practice.

Our Practice Principles

Cambridgeshire County Council

Standard 1 – Legal literacy
All practitioners have and will maintain a clear understanding of the legal framework in which Adult Social Care operates and how this applies to their direct practice.

Standard 2 – Empowering, strength based, and person focused
By being person focused and strengths based in our approach, we can talk about needs and difficulties without then becoming defining characteristics of the person.

Standard 3 – Meaningful engagement with partners and providers
Services, care and support, and pathways should always be structured to address and prevent the escalation of care needs and should be drawn up with people who use them.

Standard 4 – Accountable decision making and timely recording
Our recording will demonstrate professional judgement, decision making and actions within a framework of professional accountability. Consideration will always be given to how a person may feel when they see their records.

Standard 5 – Safeguarding and positive risk taking
We shall support people to be involved in the safeguarding process using the Making Safeguarding Personal principle. We shall work with adults at risk to give them choice and control on what safe means to them, how to achieve it, and how to continue to stay safe.

Standard 6 – Effective, efficient, and sustainable use of resources
People will be supported to have choice and control over the resources used to support them. Care and support plans will be co-produced with support from others that the individual wishes to include.

Standard 7 – Support for our practitioners
We recognise the importance of supporting our practitioners to support others. We are committed to professional development. We have a dedicated Practice Standards & Quality team that assist us in our mission to promote safe working practices.

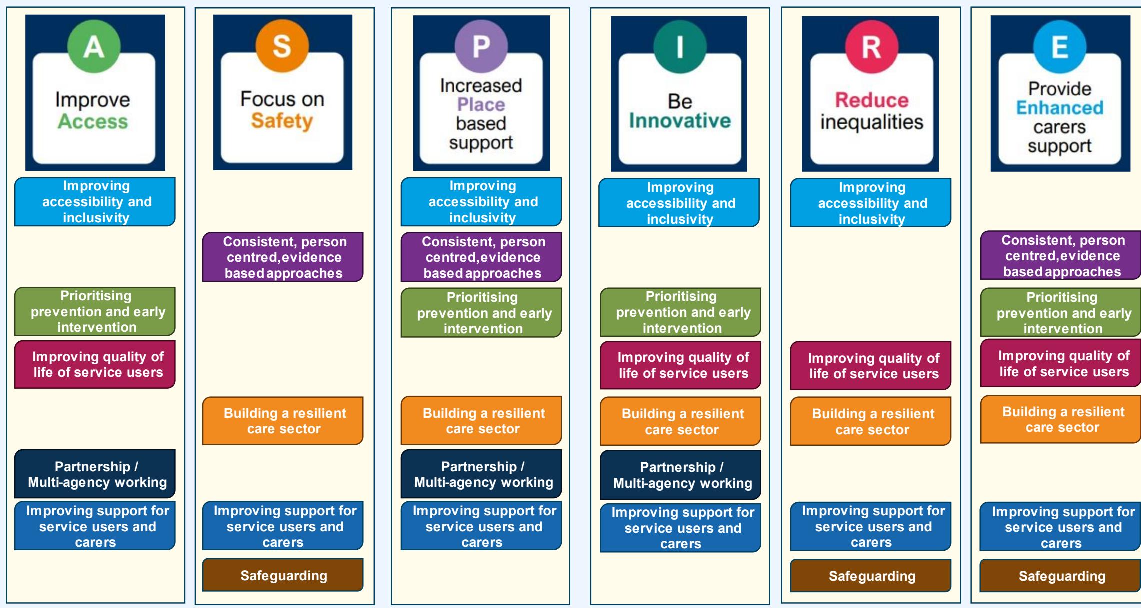
Standard 8 – Learning from practice and our experiences
We seek to learn when things do not go to plan, ensuring feedback from individuals with lived experience are at the heart of our development. We share thoughts and ideas to continuously improve the service we deliver to people within our communities.

We are also developing a set of Commissioning Principles which will underpin our commissioning practice and provide a specific set of values which will support the development of our commissioning strategy.

The launch of our ASPIRE ambitions, and Practice Principles is fostering a cohesive understanding of our strategic intent and create an identity for adult social care within the council. This consistency will connect colleagues across various job functions and facilitate the integration and development of these strategic priorities throughout the directorate. We have also developed a golden thread document that displays the links to the Strategic Framework and highlights which Strategic Framework ambitions are being contributed to through the directorate's ambitions (see IR30.5). This will help make the linkages and connections for colleagues across the organisation and at a directorate level.

The Adults, Health and Commissioning Strategy development is underway (see IR30), and this document will provide the overarching roadmap to support the longer-term strategic direction for the development and delivery of services and responsibilities under the Care Act 2014, and other legislation. This document will set clear aims for the delivery of adult social care and be aligned to the Council's Strategic Framework.

To date we have mapped the thematic areas of all our current strategies and tested these against the ADASS Time to Act Roadmap, identifying that they are all demonstrably reflected in the ASPIRE ambitions, which will form the framework of the strategy. We have mapped the thematic areas against our ambitions and will continue to test these as part of our strategy development.



Engagement around these themes started in November 2024 with consultation planned (see IR30.3) with a wide range of stakeholders throughout the next 3 months including:

- Our workforce and internal stakeholders
- People with lived experience including unpaid carers
- System partners
- Elected Members

We are regularly updating our Leadership Teams on the development and engagement of the strategy (see IR30.4), and the Strategy and Policy Forum is acting as the steering group for this piece of work. We will be presenting our overarching AHC Strategy for consideration at Adults and Health Committee in March 2025.

Using data and intelligence to drive improvements

We want to continue to develop how we use our data to address multiple areas of development within Cambridgeshire, including our work with unpaid carers; our understanding of the experiences of different demographics so we can tailor our work on Equality, Diversity and Inclusion and support effective commissioning; and our collaboration with public health colleagues. A new performance framework for CCC was approved in October 2024 (see IR30.6) and is being rolled out across the Directorates in the coming months. This will provide a directorate scorecard which will include a range of strategic and tactical indicators to support an overview of performance at both a strategic and more granular service delivery level. The scorecard will allow staffing, financial and risk data to be viewed in a single document enabling information to be triangulated in a more effective way.

Although we currently report on our performance quarterly to our Adults and Health Committee, the new scorecard will also link reporting into Committee, Corporate and Directorate Forums to ensure there is clear accountability and assurance at each level. As part of this work, we are also developing and reviewing targets for our key performance indicators as well as bringing together a process map to ensure that there is a clear cycle of performance reviews linked to both the scorecard and our statutory returns.

Using feedback from people with care and support needs as well as unpaid carers is another area of development to ensure that we are using this intelligence to really understand the areas for improvement that will make the most difference to people's experience. Although we gather intelligence through statutory surveys, feedback forms, compliments and complaints and co-production events, we don't always bring this together in a way which allows us to look thematically at people's experiences. We are looking at ways in which we can develop this further.

We also want to make it easier for our operational teams to understand the data which will drive improvements on a day-to-day level and are creating a Management Information dashboard which is due to be tested in December 2024. This will bring a range of Key Performance Indicators (KPIs) together and give team managers the ability to drill down into the information in a meaningful way to monitor and review performance as well as identifying areas which may need further development or remedial action.

We have benefitted from having Public Health within our directorate and as a result have been exploring ways in which we can work together more effectively to share data, work plans and drive longer term improvements for our population, for example using population level data and needs assessments to develop longer term thinking about prevention.

Financial sustainability

There is also a continued risk across adult social care that the growing population and expected demand to support people places pressure on services to manage budgets and deliver savings. This risk is driven by inflationary and workforce pressures on the provider market impacting on the cost of care and capacity constraints resulting in higher costs to place care and key partners being under financial pressures.

Through our business planning processes we review opportunities to continue to develop our strengths-based approach, ensuring we can support people at the earliest possible opportunity to manage their care needs as well as reviewing demand and investment into the care market. We are building on the CCC Change Strategy (see IR30.7) and recommendations from an internal audit review to enhance our approach to change which supports the delivery of savings and improved outcomes for people. This has resulted in actioning a series of recommendations about the process and governance of our change projects to ensure that we have clear plans for benefits realisation and outcomes against each project as well as a defined financial model to determine and track any savings which could be achieved.

Quality Statement 9: Learning, improvement and innovation

Our Strengths

- Our workforce is supported by a well-resourced practice guidance and training pathways for all teams.
- There is a strong commitment to continuous learning and improvement through our professional development and apprenticeship pathways.
- Our focus on co-production and development of our approach to learning from people with lived experiences.

Our Areas of Focus

- We are developing our digital delivery plan to support innovative approaches to how we work with people.
- Developing specific approaches to areas of improvement using sector support and commissioned expertise

Summary

We have a strong focus on our approach to learning and continue to develop ways to embed continuous learning, innovation and improvement into our practices and systems of working. We have a strong learning and development offer for staff, for example the offer of apprenticeships and the Think Ahead programme, Post Qualifying modules and Equality Academy workstream. Using feedback from our staff we intend to do more in this space to further develop our support for people who deliver services.

The strength of our continuous professional development offer for practitioners was noted in the Local Government Association (LGA) peer challenge. We have continued to build on this during the year through a range of initiatives, including monitoring training compliance and embedding a new tool to capture development conversations and actions focused on an individual's professional aspirations.

The importance of our learning and development pathways is cemented in our Strategic Workforce Plan (IR36.9). The Strategic Workforce Plan identifies areas that we can build on to achieve our ambition to become an employer of choice.

CCC was shortlisted as a finalist for Supportive Employer of the Year at the National Social Work Awards 2024 (see 36.1) and our Practice Educator who leads our workforce development and support to our learners won the Practice Educator of the Year Award (see IR36.2) at this event.

Feedback from CCC Social Worker for our Supportive Employer of the Year entry

"I started working at Cambridgeshire County Council as a newly qualified social worker in 2018.

From my first day in post, I felt supported and surrounded by a workforce who wanted me to grow as a practitioner and wanted to invest in me. After two and half years in a community team, I applied to be a be part of a small group of social workers setting up a new initiative in the council of which I have loved every minute.

I have been able to be a part of setting up a new service which holds the people we support at its heart, is flexible and one that continues to evolve and respond to an ever-changing environment. This would not have been possible without the support of senior management and a willingness to try something new, and to have faith in the practitioners to develop and create something unique.

To be in an organisation who wants to try new approaches and gives you freedom to find new paths is so refreshing Since being in this team, I have trained as a Best Interests Assessor and have moved from a social work practitioner role to an acting team manager role (covering maternity leave), I have felt both supported to make the move and also supported in post.

I am due to move on again once my line manager returns to work and I am excited about the next steps on my social work journey."

Our approach to co-production has been developed across the directorate and specific examples can be found throughout our commissioned services as well as using feedback and co-produced action plans in our approach to support unpaid carers. CCC has approved a Recognition Policy (see IR35.4) to underline the value of the contribution of people with lived experience and ensure that their skills and experience are recognised when they are supporting the Council.

There are also areas where we want to strengthen our approach and have been taking advantage of sector support offers to develop our plans further and learn from best practice across other local authorities:

- Undertaking the What Good Looks Like for Digital in Adult Social Care assessment and support from the LGA to develop our digital approach and roadmap to ensure we benefit from innovations and digital developments.
- Taking part in research areas to benefit the sector and gain more understanding of our local population, for example recent analysis of working age adults carried out by Newton (a consultancy specialising in supporting ASC) on behalf of the County Councils Network, for which we were a contributing partner.
- Ensuring we focus on areas for development using a best practice approach and seeking external support where appropriate, for example working with Partners in Care and Health to review our AMPH service standards and best

practice and commissioned analysis of our in-house service provision and work to understand the value of place-based delivery models.

Dedicated, skilled and knowledgeable workforce

ASC is focused on continuous development and improvement of the knowledge and skills our workforce has, to enable them to continue to deliver a high-quality service.

Our workforce operates within a strength-based and person-centred model of social care practice, and we have strengthened this with the implementation of a set of practice principles. We have specialist teams to cover areas such as adults with Autism, Mental Health, Care Home Support, Sensory Services, and Technology Enabled Care. We also have operational teams who have significant experience and knowledge in working across adult social care settings.

We have a strong practice development offer which includes dedicated training leads for Mental Capacity Act (MCA) and Safeguarding Adults (see IR36.5 and 36.6), as well as the support offered by our Practice Standards and Quality Team, and workshops hosted by our legal colleagues. Our MCA trainer has written national guidance being developed with Community Care Inform.

Our MCA lead distributes monthly updates from 39 Essex Chambers, and we have a fortnightly practice update. Our Principal Social Worker (PSW) has worked in partnership with the Suffolk PSW to develop and deliver a regional practice event with funding support from ADASS East (see IR36.13). The PSW also chairs the regional network and co-chairs the regional EDI network.

Feedback from CCC Social Worker on Springfest

"Whilst working for the council I have felt really appreciated and valued as an employee and recently won the adult social care star award at the annual Springfest Event held by the council. It was great to be nominated, and I feel having events such as these really boost employee morale. This is also a great way of showing appreciation of all the hard work that is undertaken in adult social care."

Continuous Professional Development (CPD)

ASC has reviewed our CPD offer, career development, and progress pathways. Registered professionals all have access to 6 CPD days to take throughout the year to support them to enhance their skills and knowledge. In the last 12 months we have developed our reporting mechanisms to enable us to robustly monitor training quality and compliance with a focus on Mental Capacity and Safeguarding (compliance rates in theme 3). We are building a new CPD tool to support, capture, and report professional development conversation for practitioners.

In the last three years we have run a specific recruitment campaign to attract and employ newly qualified social workers, and we have created specific assessment support capacity for this in our Learning and Development Team. We have a clear programme for our assessed and supported year employees (ASYE), Apprenticeships, and colleagues attaining post-qualifying awards in BIA (Best

Interests Assessor), Approved Mental Health Professional (AMHP), and Practice Education (PE) as well as a bespoke offer of post-qualifying modules.

- 8 AMHPs trained or on training pathways in the last 12 months
- 14 BIAs trained or on training pathways in the last 12 months
- 25 PEs trained or on training pathways in the last 12 months
- 29 Social Worker and 4 Occupational Therapy Apprentices currently on pathways, not including our apprenticeship cohort starting Jan 2025
- 27 Apprentices in AHC on other apprentices – not SW/OT specific
- 14 practitioners who have taken up post-qualifying offer since launching earlier this year
- 20 Social Worker apprentices due to start a new cohort in 2025 with funding being utilised by the Department of Health and Social Care to support this initiative
- 5 People on a Think Ahead pathway

This ensures that the workforce has the required skills, knowledge, and confidence to provide a high-quality service to the community in line with our statutory responsibilities.

CCC has been awarded Gold Membership of the 5% Club's esteemed 2024-25 Employer Audit Scheme and we are proud to share that we are the first county council in the country to achieve gold status.

Feedback on Apprenticeship offer

"I am currently undertaking my chartered management apprenticeship, this has been a great experience for me and is really supporting me to develop my skills and knowledge in a different way, whilst still being relevant to everything I do at work."

Palliative Care Training & Skills Tools

This project was developed in response to the critical need to better support unpaid carers during the hospital discharge process, particularly at end-of-life care. A learning gap was identified among professionals, who often struggle to provide empathetic and practical support to unpaid carers during this sensitive time. Additionally, issues such as inadequate carer identification, inconsistent documentation, and confusion around care levels highlighted the need for targeted training and resources.

The initiative addresses these challenges, beginning with face-to-face training at Arthur Rank Hospice. The material will then be developed into videos, podcasts, and e-learning modules, complemented by case studies to support continuous professional development. The training aims to equip professionals with the skills and confidence to engage meaningfully with unpaid carers. These resources will also be integrated into induction programmes and ongoing professional development to ensure a lasting impact.

Key achievements include a successful pilot, regional interest from ADASS, and endorsements from academic and sector leaders. By fostering collaboration with local authorities, health partners, and educational institutions, the project aims to improve unpaid carer support, enhance care quality, and champion best practices across the region.

Wellbeing

CCC has a robust corporate wellbeing offer, which supports our workforce to sustain their resilience which includes:

- Monthly themed wellbeing drop-ins
- Development of Schwartz Rounds, which our Principal Social Worker is a clinical lead for
- Mental Health First Aiders
- Employee Assistance Programme
- Wellbeing courses including Wellbeing Conversations for Managers training
- Support with physical health and financial wellbeing

Co-production

Adult Social Care Forum and Partnership Boards

We strongly value co-production and recognise that we need to continue to take every opportunity to include people with lived experience and community organisations in the development of new and existing services and groups. The infrastructure in place to support co-production includes:

- The **Adult Social Care Forum** discusses health and social care issues across Cambridgeshire and Peterborough and considers key themes arising from the Adult Social Care Partnership Boards, experts by experience groups, and other participation groups/forums. This information is used to support the continuous improvement of local health and social care services. This includes having an annual shared priorities action plan (IR35.1) co-produced with forum members, who include people with lived experience that participate in local co-production activities. Progress is monitored quarterly at the forum to ensure that actions are being taken to address the priorities.
- **Our Five Partnership Boards** are independently facilitated and co-ordinated by Healthwatch Cambridgeshire and Peterborough, to support and improve social care practice and commissioning in Cambridgeshire and Peterborough. These are:
    - Carers Partnership Board (an all-age Board reflecting all types of unpaid carers)
    - Learning Disability Partnership Board (which includes adults with autism)
    - Older People's Partnership Board (for those aged 65 and over)
    - Physical Disability Partnership Board
    - Sensory Impairment Partnership Board

At least 50% of the membership of each Partnership Board consists of people with lived experience, who sit as 'independent members' and one of whom chairs each

board. The remainder of members are drawn from voluntary and community sector service provider representatives and representatives from public sector health and social care services. Each Board co-produces its own terms of reference and meets on a quarterly basis, except for the Carers Partnership Board, which meets every two months.

We also work closely with a range of other voice organisations across the system to ensure we are taking account of people's experiences in the work we do:

- The SUN Network, a non-profit organisation whose role is to amplify and involve the voices of people needing mental health and drug and alcohol support within Cambridgeshire and Peterborough.
- The Cambridgeshire and Peterborough Wheelchair Users' Forum gives people an opportunity to share their experiences and have a say in shaping and improving wheelchair services for the future.
- The Counting Every Adult Co-Production Group, part of the Changing Futures programme, represents adults experiencing multiple disadvantages including combinations of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.

Since April 2023, the council has consulted the Partnership Boards on a range of strategies, services and projects which has enhanced the work we have produced, as well as taking forward the priorities identified by each of the Boards:

Partnership Board	Priority	Impact
Carers	Unpaid carers were struggling to find how to request a carers assessment through our website.	In October 2024 our online Adult Services contact form has been updated to make a request for a carers assessment clearer.
Learning Disability	The Board have highlighted concerns about the annual health check process with the Cambridgeshire and Peterborough Integrated Care System.	A submission from the Learning Disability Partnership Board was given to our Adults and Health Committee in December 2023 for the 'Improving health outcomes for people with learning disabilities' item with Carol Anderson, Chief Nursing Officer, Cambridgeshire and Peterborough Integrated Care Board: Document.ashx Scrutiny session notes
Older People	Concerns have been raised about the quality of food provided to home care clients and that they were not receiving food suitable for their needs.	Healthwatch and the Alzheimer's Society will be presenting on this issue in November 2024 to our Provider Forums.

Physical Disability	Further information about Disabled Facilities Grants and to inform future local housing adaptations and repairs policy and delivery.	In October 2024 a consultation event was held on the Housing Adaptions and Repair Policy Review for the five districts in Cambridgeshire and in November the Board meeting included a presentation about Disabled Facilities Grants and the Cambridgeshire Home Improvement Agency.
Sensory	Concerns about the accessibility of polling stations at the General Election for people with a visual impairment.	Healthwatch wrote to each district council to advise them about the concerns raised and the need for staff at polling stations to understand how to support people with a visual impairment.
Cross-Partnership Board Activities	The Learning Disability and Older People Partnership Boards have campaigned for some years to make all-day travel free for those who hold a concessionary bus pass. The Cambridgeshire and Peterborough Combined Authority attended the March 2024 Partnership Board meetings about this topic.	October 2024 – The Combined Authority Board approved plans to make all-day travel free for concessionary bus pass users from May 2025: 'All Day' concessionary bus pass travel gets green light - Cambridgeshire & Peterborough Combined Authority
	All Partnership Boards and the Wheelchair Users' Forum have raised concerns about the impact of digital exclusion.	A roundtable event with held in October 2023 with Connecting Cambridgeshire to support the development of our digital inclusion strategy. In May 2024 Healthwatch presented at the launch of our Digital Inclusion Strategy on behalf of the Partnership Boards and continues to champion digital access to services. Our report highlights impact of digital inclusion on access to healthcare | Healthwatch Cambridgeshire

Often the impact of the work of lived experience groups is seen in supporting better outcomes for people and covers service areas wider than social care. Some examples of the types of activities that have taken place can be seen in the Healthwatch Cambridgeshire and Peterborough Annual Report 2023 – 2024.

We are continuing to build on the shared commitment to co-production across the health and care system in Cambridgeshire and Peterborough (People and Communities Engagement Strategy), development of which was led by the Adult Social Care Forum and based on the SUN Network Co-production and Involvement Best Practice Guidance.

This will include offering the opportunity for more of our staff to undertake the SUN Network co-production training course, building on the positive experiences of those staff who have previously attended the training. The drive to embed co-production in our work is also supported by our Co-Productions Standards (see IR35.2) which outlines the expectations for co-production in our work as well as the adoption of our new co-produced policy to recognise the contribution of people with lived experience who participate in co-production and involvement activities with the council.

We are working to develop an additional sphere to our audit and quality assurance work to include the voice of people with care and support needs. This will include seeking feedback from those with lived experience who have been part of our audit sample. We will use this feedback alongside our other audit data and findings to enable a more accurate reflection of our social care practice. Feedback will be sought regarding specific areas of challenge that have been identified through our audit work as well as to capture the voice of the person around their experience of our interaction with them. We will use this as an opportunity to take a collaborative approach to develop processes and policy, which will in turn, support practice development.

Developing our Digital Delivery Plan

We want to do more to define our areas for improvement and innovation to strengthen digital development in the tools we have available for people needing to access care and support as well as our workforce.

We have made good progress in some areas such as the Shared Care Record. Since October 2024 all our operational teams have been able to access the Shared Care Record and adult social care data has also been shared into the record from June 2024 (see IR22.7), enabling system partners to understand where there has been adult social care involvement in a person’s care. A survey undertaken with the early adopters of the Shared Care Record within CCC showed 89.5% of respondents advised they experienced time saving by using the Shared Care Record and we also received a range of positive comments from practitioners using the Shared Care Record.

Feedback on the Shared Care Record

“I was able to see from (the Shared Care) record, that medication had been stopped and saved me time trying to get information from the GP surgery.”

A survey for system health partners to feedback about their use of adult social care data is currently underway with results expected early in 2025. This will allow us to review the information we are currently sharing and determine whether any

additional information could be shared to improve seamless support to people accessing health and care services.

Alongside this, we want to deliver more around our digital agenda. To understand and prioritise our areas for development, we have undertaken the What Good Looks Like (WGLL) self-assessment for digital in adult social care (see IR30.2). This has provided a baseline for our activity, including a report from the Local Government Association with recommendations and a support offer for some additional workshops which we will be undertaking in January 2025 to help us develop our roadmap for improvement and delivery of innovation.

In addition to the WGLL Self-Assessment we have also been exploring a range of products that could support innovation. Linking in with our Customer and Digital Services Teams we are piloting a range of solutions and innovations that will help people to better understand their needs and where to get support, as well as assisting practitioners in delivering support in the most effective way. Examples of these types of innovations include:

- Pilot of Better Care Support from November 2024 – We are piloting Better Care Support, a self-assessment tool for people to assess their own care act needs and gives them information and advice about the local voluntary sector and national support to improve awareness of support available. The pilot will be assessed in February 2025 to determine its effectiveness (see IR10.5).
- Corporate initiatives on the use of AI – In line with Cambridgeshire's Digital Strategy 2023 to 2028, we are feeding into work across the council on the use of AI and Copilot for initial interactions with the public accessing Council services via our website.
- Exploring the use of products such as Magic Notes – We are currently scoping a pilot of this tool to support practitioners in their conversations with people, improving the efficiency of how they spend their time and the outcomes they deliver.

Development of specific approaches to areas of improvement using sector support and commissioned expertise

Learning from other Local Authorities and best practice for the sector is an area we are keen to continue to proactively engage in in the coming months. We have already sought out support for some specific areas as part of the development of the Adults, Health and Commissioning Directorate. This has included:

- Stocktake of Adult and Children's Social Care Commissioning Function – carried out by Local Government Authority consultants in Spring 2024 which has helped us to update our governance and develop our commissioning strategy.
- Commissioned reviews of our In-House Service provision (Red Quadrant - September 2024) and Place Based Models (31Ten Consulting - currently in progress). Recommendations from this review will be scoped further to deliver improvements and benefits within 2025.
- Analysis of our population of Working Age Adults (published October 2024) - as a participating council within this County Council's Network initiative we

were able to not only benefit from the national overview but also a local picture of our cohort and performance in comparison to other Local Authorities.

- Working with Partners in Care and Health to support us with a review of the standards and best practice for our AMHP service with work commencing in January 2025.
- Working with Partners in Care and Health and further consultant support we reviewed the Multi-Agency Safeguarding Hub arrangements and implemented changes to systems, practice and process during 2024, which we are now embedding.

We are committed to developing our approach as a dynamic learning organisation ensuring we take advantage of sector-led support and utilising that expertise, where appropriate, to deliver the best outcomes for the residents of Cambridgeshire.