Report title: Adult Social Care – Self Assessment

To: Adults and Health Committee

Meeting Date:

From: Chief Executive or Executive Director etc.

Electoral division(s):   All

Key decision: No

Forward Plan ref: For key decisions Democratic Services can provide this reference

Outcome: To consider the self-assessment and the key recommendations of the
                                       subsequent LGA Peer review for adult social care.
                                       The committee is also asked to consider the collaborative "You Said –
                                       We Did" work undertaken

Recommendation: What is the Committee being asked to agree?

                                       a) To note the findings of the self-assessment and adult social care
                                       national outcomes metrics for 2021/22
                                       b) To note the key recommendations for the LGA peer review
                                       c) To note the coproduced "You Said – We Did" work undertaken in
                                       2021/22 and the further planned visioning and co-production
                                       development.

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September 2022

1.   Background

1.1   As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS), Directors are asked to complete a self-assessment. The self-assessment covers a wide range of themes. Cambridgeshire County Council submitted a self-assessment on 31 March 2022 which covered the previous 12 months. Subsequently the Council met with a former Director, Ray James, for an external challenge session in July 2022 and took part in a regional challenge event in September 2022.

1.2   To enhance the Council's assurance process and to begin to prepare for the introduction of external assurance by the Care Quality Commission the Council also invited the Local Government Association to undertake a peer review building upon the self-assessment. The LGA peer review team gathered a substantial amount evidence and spent a day auditing cases prior to 3 days field work during September 2022.

1.3   To supplement these internal and external challenges the council has also worked with the Adult Social Care Forum and partnership boards to identify our stakeholder's key priorities and collaborate on their resolution in order to co-produce a Local Account to share with the public.

1.4   On 17 November 2022 the announcement was made that the introduction of the significant element of care reform covering the cap on care costs and changing of funding thresholds for social care was to be delayed for a further 2 years. At the time of the self-assessment and peer review this was not expected and hence there are references in the findings of both that will require review once we have received confirmation on which elements of care reform have been delayed and which are continuing as planned. At the time of publication of this report that confirmation had not been received. The report summarises the findings from the above activities and sets out actions we propose to take going forward, pending any changes following clarification of the position on care reform.

2.   Main Issues

2.1   As the detail of the new Care Quality Commission assurance process have not been released the self-assessment tool for 2021/22 was the same used in previous years. The tool is structured around high-level themes, each with prompts to draw out both strengths and areas for development or risks. It covers the entire remit of adult social care statutory duties, operational, commissioning, and strategic.   Overall, the feedback from the external challenge process for the regional ADASS was positive with the council having shown consistent progress in recent years in several areas. However, several risks and challenges have also been identified within the process.

2.2   **Top achievements and challenges identified in our self-assessment**

2.2.1   The self-assessment highlighted the following key achievements for 2021/22:

1. During the past two years joint working with public health has delivered significant results. In particular, work with care providers around infection control and currently around Covid de-escalation, including supporting day services with ventilation surveys.

2. Partnership working and good engagement with Primary Care Networks, especially in our Care Together pilot area. Strengths based training has been provided to social prescribers and we are jointly developing best practice in co-production with our user forums and the primary care personalisation network and wider health system. This collaboration has extended to digital solutions where the councils are a key partner in implementation of the Shared Care Record and are also actively involved in the project to roll out a social prescribing referral management system and public facing directory across Cambridgeshire and Peterborough.

3. We have a strong and well-established Safeguarding Adults Board and an effective Multi Agency Safeguarding Hub (MASH) with no backlogs or delays. Learning around Safeguarding Adult Reviews is effectively shared by wider Safeguarding Adult Board partners.

2.2.2   The self-assessment identified the following three areas as our biggest challenges;

1. The most critical risk is the pressures around workforce capacity, recruitment and retention across the Local Authority and care providers.   This will only be exacerbated by the upcoming care reforms unless there is either significant investment or national / local innovation or both.

2. Our capacity to deliver social care reform in respect of workforce and digital preparedness is of concern and is exacerbated by the lack of clarity on funding and delays to guidance. The movement of Liberty Protection Safeguards implementation timelines to potentially overlap operational change in relation to the cap on care costs will also add to resourcing pressures.

3. Cost of Care – the volume and number of self-funders approaching the council to commission care on their behalf and the impact on a fragile market recovering from the impact of Covid is significant. The fair cost of care and a single rate for providers will potentially see providers leaving the local market if no longer financially viable

2.3   **Vision and co-production**
2.3.1   In March 2022 the Council completed its Adults Positive Challenge transformation programme which has delivered good outcomes and successfully embedded Strengths Based Practice across all areas. To move forward we have been working with our first line managers via our regular Adult Leadership Forum to develop our vision post Adult Positive Challenge from an operational staff perspective. The following is the vision proposed by our operational managers.

"To deliver: local place-based care, coproduced by people from the local community to reflect local priorities and need, harnessing local community assets"

2.3.2   We have also developed a best practice approach to co-production with our experts by experience and partners forums, focussing on embedding the Think Local Act Personal (TLAP) "I" and "We" statements into both our strategic commissioning work and our day-to-day practice. This work has been a shared programme with the developing Integrated Care System (ICS).

2.3.3   We have engaged widely with partners and members around the Adult Positive Challenge programme, with the theme of Changing the Conversation gaining traction, leading to training and workshops for social prescribers and library staff being rolled out.

2.3.4   The work to date has laid the foundations for the roll out of the Care Together programme. This incorporates co-produced work in the following key areas: -
   • Microenterprises - support by Community Catalysts
   • Libraries as community hubs
   • Dementia and Carer friendly communities
   • Proactive early intervention
   • Expansion of community assets
   • Day opportunities review
   • Direct payments and individual service funds
   • Home care - new place based and holistic model
   • Services to maintain independence
   • Transport and communities' connections
   • Digital self help

2.3.5   The self-assessment did identify a risk that the volume of national change might impact capacity to focus on local place-based working

2.4   Safeguarding

2.4.1   We have strong Multi Agency Safeguarding Hub (MASH) who act as a single point of triage for all incoming safeguarding referrals, this has enabled a prompt response to all concerns.

2.4.2   We have an established Safeguarding Adults Board and sub-groups providing governance in specific areas i.e., Safeguarding Adults Reviews. A Practice Governance Board has oversight of practice improvements required and tracks actions to ensure these are implemented.

2.4.3   Making Safeguarding Personal has been embedded into practice to ensure that safeguarding when carried out focus on what's import to the person concerned in addition to reduction of risk

2.4.4   The self-assessment did acknowledge risks in relation to safeguarding. We have experienced a significant gap in access to management information about safeguarding activity. This has been recently resolved but has delayed a thematic audit on safeguarding enquiry practice and had some impact on management oversight which is now being re-established. Although our initial response to safeguarding concerns is timely, there are some delays in completing safeguarding enquiries and the thematic audit will support us to understand more fully the reasons for this.

2.4.5   There is a risk around assuring ourselves of the quality and the process of safeguarding activity undertaken by CPFT, the Mental Health Trust, once referrals are triaged by our MASH.

2.5   Personalisation

2.5.1   Changing the Conversation, launched via our Adult Positive Challenge programme in 2018, embedded our commitment to delivering better outcomes, by more personalised strengths-based practice. By moving conversations away from services to what really matters to a person we have been able to successfully manage our rising demand for adult social care services whilst evidencing better experiences for our workforce and the people we work with.

2.5.2   To evidence the impact of this for individual people and their care and support we co-created impact logs with operational team managers. These impact logs were completed by all frontline social work teams, including those hosted within the mental health trust, for fortnightly periods in March, June and September of 2021. The impact logs have allowed frontline workers to record conversations and interventions where cost avoidance had been achieved. By having different conversations, we were able to explore a wider range of interventions. The impact logs were a useful tool to identify development opportunities, within individual teams and across the services.

2.5.3   We introduced huddles as a safe, collaborative space for social care teams to discuss and reflect on cases and share ideas, experiences, and knowledge on how to problem solve and create innovative solutions.

2.5.4   Changing the Conversation also ensured that the potential of Technology Enabled Care (TEC) was realised through adopting a TEC First approach to train our frontline workforce to consider TEC at every intervention. This has been facilitated by a TEC huddle where staff can speak to TEC experts and discuss cases where TEC could benefit the person's outcomes and support their independence. The TEC First offer is now well embedded in practice with our dedicated TEC team expanding to deliver lifeline support to maximise the connectedness of the overall offer.

2.5.5   Changing the Conversation has led to a revising of all our public facing information to encourage self-service and prevent, reduce, and delay social care intervention. The focus of our information has changed from drawing people into services to maximising independence. This approach is also reflected within the role of voluntary sector Community Navigators. Commissioned from Care Network, a local voluntary sector organisation, they use their comprehensive local knowledge to connect people to resources in their community, or provide longer-term support, to help a client navigate options to help increase and maintain their independence. This could mean assisting them in making connections with existing community resources, such as groups and clubs, making sure they are accessing all the financial support they are entitled to, sourcing grants and funds to support them, technology solutions or even sometimes just connecting people with services in their community such as cleaners or gardeners.

2.5.6   Building on our internal culture change we have introduced the Changing the Conversation approach to primary care social prescribers. This included offering training and direct support from the Community Navigators and Care Network (their voluntary sector organisation) and informing them of the local adult social care and voluntary sector

organisations which they could refer patients to through the Adult Social Care Pathways information sheet

2.5.7   We have an established Adult Early Help team focussed on providing the right information and advice, the right signposting and ensuring that our early intervention and prevention offer is the first point of contact i.e., TEC, reablement, community navigators etc.

2.5.8 We also utilise the council's Cultivate Cambridgeshire fund to pump prime innovation from community and voluntary sector groups around early intervention and prevention. Bids that support adult social care are proactively encouraged with support given to develop the business cases to bid to the fund.

2.5.9   We are working with Community Catalyst to build micro enterprises to try to find innovative personalised alternatives to domiciliary care.

2.5.10 The self-assessment did recognise areas for improvement around personalisation, in particular the process for collecting feedback on people's experience is not embedded other than in the national surveys and reablement surveys. We are now looking at how we can build the TLAP "I" and "We" statements into our day-to-day practice and optimise opportunities for gathering and learning from feedback. We have struggled to increase the take up of Direct Payments. A pilot of Individual Service Funds and development of micro-enterprises are being taken forward as an alternative as part of our Care Together programme.

2.6 Carers

2.6.1   We recognise the hugely important role informal carers have, and we want to ensure that carers feel supported to maintain their own wellbeing while continuing their caring role. Carer breakdown is a significant cause of increased demand, therefore, achieving better outcomes for our carers also reduces the need for formal support to be funded by the council.

2.6.2   Through the Adult Positive Challenge Programme we invested in our Carers Support Team to review carers assessments and upskill our workforce to identify and support carers better. In addition, we established carers huddles where the workforce can come together to discuss creative ways to support carers and share experiences. We also created a joint approach with our Think Communities initiative to enable our Place-Based Coordinators to identify hidden carers in the community who would not be known to social care and assist them to access community support for carers. This initiative also supports voluntary and community sector organisations to identify carers within their workforce and client base.

2.6.3   The commissioned carers support service continues to deliver good outcomes against key performance indicators through delivery of a range of localised support offers, networking, information and advice, as well as an emergency support service activated through 'What If' plans**.**

2.6.4   In recognition of this, the Council has agreed additional investment of £222k in 2022/23 to expand the listening ear service and roll out a short breaks pilot which has recently been implemented within East Cambridgeshire. This will also support a campaign targeted at 'hidden carers' with the aim to expanding engagement and access to current services.

2.6.5   Following on from the Adult Positive Challenge Programme a new strategic carers board has been established to ensure focus in maintained.

2.6.6   The self-assessment did identify areas for further improvement in relation to carers. More work is needed to ensure best practice around carers is well embedded across all areas, as evidenced within the thematic audit carried out in 2021. The Carers survey evidenced a range of negative experiences for carers, in line with those experienced across the region and nationally. Full analysis of the survey was produced to feed into carers social care reform workstream.

2.6.7   Further work is required to ensure Information and advice is accessible to all carers, in the national carers survey carers reported less positive experience than other areas of the region and nationally. We have taken actions to improve our web information following on from an independent review commissioned by eastern region ADASS carers network.

2.6.8   The impact of Covid on day services and carers sitting services reduced availability of traditional support for carers breaks. Increased options for breaks will be considered as part of the refresh of the all age carers strategy and the current day opportunities review.

2.7 Supporting people with mental health

2.7.1   A Section 75 Agreement delegates the responsibility for mental health social work to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). This enables a close working relationship between the council and the trust and for health and social care needs to be considered jointly. Strengthened governance arrangements are in place between the council and the trust to ensure that there is sufficient oversight of compliance with the Care Act. A trust lead for social work is also in place to ensure this is a high priority. The Trust has developed an Annual Work Plan for Mental Health which is reported against regularly.

2.7.2   There is strong engagement with the voluntary sector mental health support organisations. Services are jointly commissioned with the Integrated Care System where appropriate. The Good Life service provides a recovery and community inclusion service accommodating needs across the whole mental health pathway.

2.7.3   In 2021/22 a robust transitions pathway for managing the transition from child to adulthood was developed.

2.7.4   Work is underway to develop a specialist adult social care accommodation needs assessment which will look to project immediate, medium-term, and long-term accommodation needs across learning disability, mental health, and physical disability, complementing the work which has been completed for older people. This will be used to engage the market in discussions targeted at innovative solutions to meeting need both now and in the future**.**

2.7.5   Work is also taking place to review the supported accommodation offer for people with mental health needs, and pilots aimed at improving outcomes and lengths of stay within these settings with a view to retendering an improved offer later in the year.

2.7.6   Locally the system is moving towards the development of a learning disability and mental health Provider Collaborative. Whilst this is in the very early stages of development, a

positive approach to partnership working and collaboration is being progressed with service user and voluntary sector representation included from the outset.

2.7.8   The self-assessment did identify challenges within mental health support, this year has seen a rise in demand for Approved Mental Health Practitioner (AMHP) assessments and associated services which has placed pressure on current capacity to meet the level of demand within this area. There is a project in place to assess this pressure with a view to developing a set of recommendations for the mental health system.

2.7.9   We have also identified a training need across homecare providers which, if addressed, could improve the level of capacity available to support people with mental health needs. To do this a partnership between the councils and the Social Care Academy has created opportunity for providers to access free training, specialist training and market roadmaps for voluntary and community sector organisations who would like to become Care Quality Commission (CQC) registered, as well as career pathways for those entering care to boost interest in those joining social care.

2.7.10 The self-assessment also identified that there could be better engagement and involvement with Child and Adolescent Mental Health (CAMH) services to avoid crisis, placement breakdown and high cost out of area residential education placements.

2.8   Supporting people with a learning disability and autism

2.8.1   Support to people with a learning disability continues to be delivered through a fully integrated arrangement and pooled budget held with the local health system. This ensures a joined-up approach to meeting the needs of individuals which is focused on their outcomes.

2.8.2   The Section 75 Agreement which governs this arrangement is currently being reviewed. The new agreement will implement a more robust governance structure and oversight, clear performance management metrics, an up-to-date specification and a clear annual work plan.

2.8.3   Work has been undertaken with local partnership boards to develop a vision for people with learning disabilities. This was supported by a wider survey. The vision will be used to develop a clear set of commissioning intentions. As part of this the following is being undertaken:
- To develop a specialist accommodation needs assessment as mentioned in paragraph 2.7.4 above.
- Review respite services to increase capacity and retender existing provision in a way which meets best practice
- Review and transform day opportunities and employment pathways. This is being led through a co-production methodology and will look to draw upon the learning taken from the pandemic.
- The mental health and autism Supported Living and Residential Framework has brought flexibility across supplier markets for accommodation-based services. This is due to be re-opened during 2022/23 to expand the number of providers within this area.

2.8.4 Performance on transforming care targets, focussed on preventing long stays in specialist hospital for people with learning disabilities, is good with all NHS England inpatient targets being met.

2.8.5 Areas for improvement identified in the self-assessment include a need for more commissioned prevention and early intervention for learning disability. We are currently working with Community Catalysts to pilot work to develop micro enterprises.

2.8.6 The current risk share arrangement managed through the pooled budget for the Learning Disability Partnership does not currently reflect the increasing complexity of need of individuals accessing the service. There is work underway with the Integrated Health Board (ICB) to review the current split. There all also significant difficulties in recruiting to health posts within the multi-disciplinary teams.

2.8.7 There is currently a shortfall in capacity and skills to meet the needs of people with increasingly complex needs. Many of these people are transitioning into adult services and require single service arrangements. Lack of competition within the local care market is increasing prices within this area. In the long term, this should be addressed through the work highlighted above. In the immediate term, work is being undertaken to group individual requirements together to ensure a more strategic approach to the market.

2.9 - Commissioning and Quality

2.9.1 The Council's Joint Administration have set out their commitment to developing more in house services, paying the national living wage and decentralisation. The Council are currently undertaking the following activities to shape the market, each of which is informed by local intelligence and information such as the JSNA:

1. The Care Together Pilot – This pilot is seeking to engage and co-produce a more localised view of adult social care need to inform the development of placed based commissioning across statutory and preventative services. Through this approach we are hoping to work more closely with heath partners and district council colleagues to join up where possible. Whilst this pilot commenced in East Cambridgeshire, it now has funding to support a county wide roll out over the next 4 years. The work undertaken as part of this pilot will inform the development of a longer-term needs assessment.
2. Accommodation Needs Assessment is being undertaken to project current and future need for services by district. This is being used to engage the market in discussion about more creative solutions to meeting need both now and in the future.
3. Development of new and best practice models:
   - Individual Service Funds are being developed across both councils to expand the range of self-directed support options available to individuals to meet their outcomes
   - An organisation has been commissioned to develop and roll out microenterprises within Cambridgeshire. To date, this has enabled 260 additional care hours to be delivered per week.
   - Care Suites which enable people to retain tenancies whilst in receipt of 24-hour nursing care are being developed utilising council or NHS owned land as well as working with providers to develop their services.

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- Work is being undertaken to develop a more placed based approach to delivering homecare. This will look to diversify the market but also focus activity on place to reduce travel time. It will also aim to deliver a more holistic offer by linking providers to low level voluntary sector services to ensure people are able to remain independent for as long as possible.

4. Joint Commissioning Models
   We hold a number of Section 75 Agreements which govern integrated service delivery models with our local health partners, these include Learning Disabilities, Mental Health, Occupational Therapy and Community Equipment. Whilst development within each area is ongoing as new evidence and best practice emerges, these models have proven successful in reducing duplication, improving service user experience and service performance.

2.9.2   In addition to this, we undertook an integrated commissioning exercise with the Clinical Commissioning Group for an Early Intervention and Prevention Pseudo Dynamic Purchasing System (DPS) which concluded in May 2021. This supports commissioning of voluntary sector provision on behalf of the system and will prove useful in supporting discharge pathway development in the longer term. the DPS can be re-opened on a regular basis to adapt to changing provider landscapes and is successfully aligning work within this area across health and social care. In addition, to the above the countywide roll out of Care Together will focus on working with local communities to understand local need and gaps in early intervention and prevention services. We will then work with communities over the next 4 years to understand how to expand good practice and address gaps. This may be through formally commissioned arrangements, or through local development of assets etc.

2.9.3   Work is also underway to transform the way we deliver and commission day opportunities for older people and learning disabilities. This is being driven through co-production with service users and close collaboration with existing providers.

2.9.4   The self assessment recognised the following major recommissioning exercises which have been undertaken:
- Block Homecare Capacity
- Direct Payment Prepayment Cards
- Interim, Respite and Reablement Bed Provision
- Integrated Community Equipment Contract
- Handyperson Service
- Housing Related Support
- Commissioning in response to COVID-19 to support discharge pathways. This has included additional vol sector, care home and homecare capacity

Across all of these areas, tenders have been successful in meeting need and achieving value for money despite some major challenges. However, a significant level of time is afforded to market engagement as part of this.

2.10 Market Management
2.10 1 The council has an established process and 3-year projection of inflation requirements and risk which feed into business planning processes on an annual basis. This work draws upon national projections, local intelligence and feedback from providers enabling us to tailor our strategy and management of inflationary risks to different areas of the market. To support with this the council is engaged in developing the fair cost of care exercises through use of

the national tool developed by the Local Government Association (LGA) and Care and Health Improvement Programme (CHIP).

2.10.2 Cambridgeshire have invested £9 million to support the market with inflationary pressures in 2022/23 and have also made a strategic commitment to move adult social care toward the Real Living Wage with an additional investment allocated to support this of over £6 million over the next 5 years.

2.10. 3 Risk identified in the self-assessment include inflationary pressures across National Insurance, National Living Wage as well as fuel and energy prices posing the single biggest risk to provider sustainability. Whilst the Council is investing in the market to support management of this pressure, the budget does not enable the impact of these cost pressures to be mitigated in their entirety. This could result in shrinkage in the market and reduced competition as a result which will ultimately force prices to increase. It is envisaged the Fair Cost of Care being undertaken as part of the Social Care Reform will enable us to demonstrate this at a national level.

2.10.4 We have seen instances of provider failure due to recruitment and retention and a reduction in the number of self-funders seeking services although providers are reporting a slow return of self-funders.

2.11 - CQC Compliance
2.11.1 We have worked very closely with Care Quality Commission (CQC) throughout the pandemic sharing information in respect of risk, issues and good practice to inform both council and CQC activity. This includes identification and management of providers of concern where joint management, engagement and action planning is in place.

2.11.2 Whilst routine contract monitoring was impacted during Covid annual onsite monitoring of all contracted provision is underway and plans to visit all providers within the 12-months are scheduled.

2.11.3 Monthly provider forums are in place and attended by key partners including CQC, Health, Acute discharge teams, voluntary sector, skills for care etc. In addition, we have joint educational forums with health partners and use these forums to target areas of themed concern such as falls management, nutrition and hydration. Forums are open to contracted and non-contracted providers.

2.11.4 There was investment in the Care Home Support Team (a team of Social Workers) who work closely with the contracts team and will visit providers where concerns have been raised about the quality and effectiveness of care and/or where safeguarding concerns have been raised. The approach is supportive and has been welcomed by most local providers.

2.11.5 Our relationship with private providers has strengthened during Covid supported by financial one-off funding, infection control guidance, support and advice recognition and risk management during outbreaks and staff absence issues. We are open and transparent about issues and encourage providers to reach out to us with their concerns which are weaved into local authority risk management, uplift delivery and other financial

management. The council has provided one off funding including pressures funding which uplifted provider framework rates over and above the annual uplift.

2.11.6 In relation to risks we are seeing an increase in complaints and issues with quality directly related to staff recruitment and retention which, which requires reactive support and detracts from proactive management of service provision and routine monitoring. We have also seen an increase in service hand backs both of individual packages and at a service level.

2.12 Staff training and workforce

2.12 1   The council has challenges in recruitment and retention of social workers and supports adult social care to tackle this in several ways including investing in recruitment and support for newly qualified social workers (ASYEs), staff retention payment in hard to recruit teams and a progression panel to support pay progression. There is rolling recruitment programme for social workers and a rolling programme of social worker apprenticeships to develop our workforce. Successful recruitment campaigns have been undertaken for reablement and social workers. Staff surveys and exit interviews are undertaken and evidence of action being taken. We have also participated in the social worker health check this year and will form a task and finish group to produce a "you said, we did" action plan

2.12.2 We have routes into social work for our alternatively qualified roles i.e., apprenticeship, and have just launched an Occupational Therapist apprenticeship also. We support social work post qualifying programmes i.e., practice educator and Approved Mental Health Professional (AMHP).

2.12.3 We offer a range of flexible working benefits which help people to remain at work e.g., 9-day fortnights, term time contracts. We have the rolling wheel of social work campaign and we have utilised the workforce development grant to maximise vacancies exposures across multiple media platforms. We have a recruitment tracker in place which provides oversight of all adult social care vacancies and what percentage of the workforce that is, helping us to mitigate risks and deploy resources appropriately

2.12.4 However, as reflected in paragraph 2.2.2 above, workforce and recruitment and retention is one of our top three risks. We have a lack of data about the social care provider workforce and although national provider data reporting requirement are being introduced in 2022, the data set specified is minimal. We do receive more detailed data via Skills for Care annually, and as a region we are working more closely with them to understand the trends

2.12.5 We do not currently have a workforce strategy for the private sector market and this is currently being scoped for development as part of the preparations for care reform as this and the introduction of Liberty Protection Safeguards will bring additional workforce pressures.

2.12.6 Recruitment of health staff also remains a significant risk, there is a shortage of learning disability nurses, occupational therapists, learning disability speech and language therapists and physiotherapists. This leads to a significant risk for delivering health outcomes for the Learning Disability population.

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2.13 **Performance and Outcomes**

Since the self-assessment was completed the national Adult Social Care Outcomes framework data has been published. Appendix one provides a breakdown of the results for Cambridgeshire for the last 3 years and how we compare to the region, the country as a whole and our most similar councils (CIPFA comparator group).

2.13.1 Areas where we perform comparatively well are:

Indicators taken from the national surveys of service users and carers
- Social care related quality of life
- The proportion of people who use services who have control over their daily life
- The proportion of people who said they had as much social contact as they would like.
- The overall satisfaction of people who use care and support services
- The proportion of carers who feel they have been consulted in discussions about the person they care for.
- The proportion of people who use services who feel safe.

Other indicators
- The percentage of service users and carers who receive self-directed support
- The percentage of carers who receive direct payments
- Proportion of adults with learning disabilities living in their own home or with family
- Permanent admissions to care homes for adults aged 18-64
- Outcomes of reablement – the percentage of people with no long-term care and support needs.

2.13.2 Areas where we perform comparatively less well are:

Indicators taken from the national surveys of service users and carers
- Carer reported quality of life
- The proportion of carers who reported that they had as much social contact as they would like
- Overall satisfaction of carers with social services
- The proportion of carers who find it easy to find information and advice
- The proportion of people who use support services who find it easy to find information and advice
- The proportion of people who use services who say that those services have made them feel safe.

Other indicators
- The percentage of people who use services who receive direct payments
- Proportion of adults with learning disabilities in paid employment
- Proportion of adults in contact with secondary mental health services living independently with or without support
- Permanent admissions to care homes for adults aged 65 or over
- The proportion of older people who are still at home 91 days after discharge from hospital into reablement services

- The proportion of older people who received reablement services after discharge from hospital.

2.13.3 In addition to the national performance indicators, mentioned above, the self-assessment also recognised the need to address a number of waiting lists and backlogs for assessments, reviews and care support that had built up during the pandemic. These are now being addressed via the use of an external agency to complete reviews and via detailed assessment waiting list monitoring and tracking in all teams.

2.14   LGA Peer review

2.14.1 The council requested that the Local Government Association undertake an Adult Social Care Preparation for Assurance Peer Challenge to gain a view on how Councils can deliver value for money, quality, effectiveness, and the most personal outcome focused offer for local people The work was commissioned by ADASS Eastern Branch as part of their preparation for future Care Quality Commission Enhanced Assurance reviews.

2.14.2 The members of the peer challenge team were:
- **Richard Harling -** Director of Health and Care - Staffordshire County Council
- **Caroline Baria -** Deputy Director, Integrated Commissioning – Leeds City Council and Leeds Integrated Care Board
- **Craig Derry** – East of England ADASS Associate
- **Cllr Keith Cunliffe –** Deputy Leader and Portfolio Holder – Wigan Council
- **Tina Ramage -** Principal Social Worker - Devon County Council
- **Amanda Stringer -** Lead Commissioner, Adult Social Care Staffordshire County Council
- **Natasha Burberry -** Regional Sector Led Improvement Programme Manager, ADASS, Eastern Region
- **Venita Kanwar –** Review Manager – LGA Associate

2.14.3 The framework the peer challenge team used was the Care Quality Commission <u>CQC five key questions and quality statements</u>. The peer challenge focused on the questions, Well Led, Safe and Responsive and included the peer challenge team's reflections around the extent to which Equality Diversity and Inclusion was embedded in the Councils. Key questions explored were as follows:

Key question: well-led
"There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities. There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care"

Key question: safe
"Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation. Where people raise concerns about safety and ideas

to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control and individual wellbeing."

Key question: responsive

"People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access.
People can access care in ways that meet their personal circumstances and protected equality characteristics. People, those who support them, and staff can easily access information, advice, and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements."

2.14.4 The final report from the review has now been received and we are considering how to build recommendations into our overall plans for improvement. Most of the recommendations mapped clearly to the areas identified within our self-assessment, but there were other helpful suggestions around preparing for an external inspection. The areas for improvement from both the peer review and the self-assessment process will be pulled into a performance improvement plan which can then be shared with members in order to give and overview of progress. The recommendations and proposed actions are as follows:

2.15. **Key Recommendations and proposed actions**
2.15.1 Recommendation 1 - The Council should be clear in their narrative about which functions are shared – for example strategic leadership and commissioning, and which are not – for example most operational services. This is to ensure that these are understood by staff and partner organisations, and that there is congruity between the expectations of the Care Quality Commission (CQC) and their experience during a review.

The peer challenge team found shared leadership arrangements to be strong at the strategic level, but this was not reflected consistently throughout services. This was at odds with the expectations of the peer challenge team. The rationale for sharing some services and not others was not clear - for example the commissioning team is a shared service but most operational teams are not. The recommendation is that prior to any CQC review the arrangements are clearly set out and understood by staff and key system partners

Proposed actions – A review of the shared service arrangements and overall structure for Adult Social care is underway, as decisions are reached these will be communicated to staff and partners.

2.15.2 Recommendation 2 - The Council should ensure that there is a clear and easily identifiable audit trail from performance monitoring to decision making to actions so that this can be easily followed.

What the peers said - It is important that the Council's trail of activity from decision making to action is clear and auditable. The Councils' Performance Board demonstrated a good understanding of performance issues. However, it was not obvious to the peer challenge team what actions were being taken to make improvements, and action trackers appear to be maintained separately. Examples include the low rates of people with Learning Disability and/or Autism being supported into employment, and carers' experience, which has shown a deterioration in the carers survey. In both cases the peer challenge team were unable to find evidence of the Council's action plans to improve. It was recognised that there were areas of concerns regarding the quality of data in some instances, and that further work was being completed to develop performance reports.

Proposed actions – A performance improvement plan is being developed to allow the Council to evidence the performance improvement actions being undertaken in a clear way. The recommendation was welcomed as an aid to ensuring the more challenging performance challenges are progressed. The project to develop the range of self-service performance and strategic data reports continues.

2.15.3 Recommendation 3 - The Council's strategies for early help, prevention and strength-based working is dependent on doing more through the voluntary and community sector. To do this, they will need to ensure sufficient capacity, including consideration of longer-term funding for the sector.

What the peers said - The strategy for early help, prevention and strength-based working is heavily dependent voluntary and community sector capacity. The sector felt that it was already getting more referrals than they were able to manage: "*there are lots of travel agents, but not enough holidays*". Consideration should be given to longer term funding for voluntary and community organisations to enable them to offer sustainable employment and increase the resilience of the sector. Whilst the commitment to working in neighbourhoods in an integrated way is to be applauded, there are some concerns that the voluntary and community sector does not have sufficient capacity to meet the council's aspirations for early help. There were gaps in services described such as psychological support for people accessing care and support and emotional support for carers. Voluntary and community sector partners were aware of the Councils' commissioning activities - including community catalysts, integrated communities, health neighbourhoods, joy app, social prescribing - but there were some concerns about commissioning being "piecemeal", "confusing" and "fragmented", and whether there is the capacity to deliver.

Proposed actions – This is the specific focus of the Care Together programme, it is also a wider piece of work that we are working through with the Integrated Care Board in respect of provided longer term funding.

2.15.4 Recommendation 4 - The Council should minimise backlogs of assessments, including Deprivation of Liberty Safeguards and reviews. Where external agencies are used to complete reviews, the Council should ensure that agency staff are clear about their authority and the process to make changes to care and support.

What the peers said - Any CQC enhanced assurance review is likely to focus on backlogs of assessments. The council has a backlog of Deprivation of Liberty Safeguards that it would be wise to reduce. The council has a backlog of reviews and some care providers mentioned that this was affecting their ability to provide appropriate support to some people. Some progress has been made to reduce the backlog of reviews using an external provider, and some feedback suggested agency staff were not clear about their authority and the process to make changes to people's care and support. Other issues include long waits for occupational therapy and Approved Mental Health Practitioner (AMHP) availability

Proposed actions – We have had a clear focus on waiting lists since the summer and will be producing specific action plans for teams with the biggest challenges. We are exploring options used by other councils to clear Deprivation of Liberty Safeguards, which is the largest back log area. The Occupation Therapy service provided by Cambridgeshire and Peterborough Foundation Trust has commissioned external resource to support the backlog of the waiting list which built up during the pandemic. The review back log by the external agency is now nearing completion and roles and responsibilities have been clear in the process.

2.15.5 Recommendation 5 - If further savings are required to adult social care the Council should carefully consider the impact on quality of services and take into account, the CQC Enhanced Assurance review.

What the peers said - With such a large corporate financial gap being likely it is assumed that adult social care will be required to make further savings for the Medium Term Financial Strategy, starting next year. The peer challenge team encourage the Council to think very carefully about the nature and timing of the savings to avoid compromising quality and to consider the risk of an adverse CQC judgement.

Proposed actions – All savings proposals will be considered by commissioners and the principal social worker to be clear on any potential impact to the market or quality of practice before progressing further.

2.15.6 Recommendation 6 -The Councils should work with the Integrated Care Board to consider further integration of hospital discharge arrangements, aligning them with the ' discharge to assess' model that is regarded as best practice

What the peers said - Both Councils have significant financial challenges with a significant gap between corporate income and expenditure expected from 2023/24 and rising to 2027/28. The NHS also has very substantial financial challenges. There is risk that decisions are made unilaterally that have a detrimental impact on other partners and risk undermining the good relationships that have been fostered. Some examples of this include recent changes by the Integrated Care Board (ICB) in the process for discharging people from hospital to 'pathway 3' beds, which have increased delays. Whilst relationships between the Councils and the NHS at senior leadership level are good there were reports of difficulties at operational levels with reports of some middle managers continuing to work in 'silos'.

Proposed actions - The council developed a business case with CPFT to propose and create an integrated health and social care pathway for people who would benefit from

rehabilitation/reablement on discharge home from hospital. The outline business case put forward an option to invest to create additional Pathway 1 capacity through an integrated health and social care offer, with the outcomes for people clearly articulated as well as costs and cost avoidance benefits. Unfortunately, the ICB declined the proposal and invested in CPFT to increase capacity in Intermediate Care. The Council continues to be a key partner in the Home First / discharge to assess programme and will continue to explore options in terms of integration.

2.15.7 Recommendation 7 - The Councils may wish to reflect upon how they could expand the provision of Direct Payments and ensure that these strike the right balance between choice and control for recipients and assurance.

What the peers said -The council has some improvement to make in relation to the offer of direct payments to people accessing care and support and carers. The peer challenge team recommend that the council reflects upon how they could expand the provision of direct payments and strike the right balance between choice and control for clients and assurance for the Councils. It was not clear or evident if a direct payment was offered as a default and take up of direct payments differs significantly between Cambridgeshire and Peterborough. The council commissions a direct payment support service, but choices for people who have direct payments appeared limited due to the lack of availability within the market

Proposed actions - a programme manager has been appointed to pull together the various elements needed to make an impact on the historically low levels of take up of direct payments in Cambridgeshire. This will include ensuring the right links into work being developed within the Care Together programme around micro enterprises and individual service funds

2.15.8 Recommendation 8 - The Councils should engage with the market and develop strategies to secure the sustainability of care provision, taking a more pro-active role to market shaping and development across Cambridgeshire and Peterborough for all client groups.

What the peers said - Markets appear to be fragile, and care providers' feedback was not particularly positive. Care providers felt that engagement from the Council was limited, and they did not feel that Councils were taking their views sufficiently into account. There will be opportunities to deliver more cost-effective services through proactive development of the home care market. The Market Position Statement (MPS) is in the process of being refreshed and there is consideration being given to strategies for developing and shaping the market and the future of care. Recognising that this is something that has begun, the peer team would encourage council to make rapid progress, as these are documents that the CQC will expect to see. It would be good to have strategies that are co-produced with care providers, polished and approved by the time of a CQC review

Proposed actions – The market position statement is being developed and is due to be shared with committee in March 2023.

2.15.9 Recommendation 9 - The Councils should consider how they might demonstrate greater leadership in offering employment to people with learning disabilities, autism and mental health needs.

What the peers said - The Council benchmarks low for employment for people with learning disabilities, autism and mental health needs. There is an opportunity for the Council to demonstrate some stronger leadership and to set an example on how employment is offered to these groups in their capacity as major employer.

Proposed actions - Day Opportunities transformation programme – currently finalising design. As part of the work to promote employment for all adults with disabilities or mental health challenges the improvement plan will include work with Human Resource to identify and support employment opportunities within the council.

2.15.10 Recommendation 10 - The Councils have made some early progress with initiatives to ensure Equality, Diversity and Inclusion and should consider how these can be extended and fully embedded.

What the peers said - There are pockets of good practice on Equality Diversity and Inclusion (EDI) that the council can build upon. For example: front line staff valued an EDI tool that helped them to begin conversations with people; there are monthly lunchtime conversations corporately on EDI, with adult social care staff encouraged to attend; there is a dedicated EDI team across Cambridgeshire and Peterborough who are working to raise awareness; consultants have been appointed to develop EDI training; and commissioners have reviewed their Equality Impact Assessment documentation and are providing training on the completion of these. However, during the peer challenge, very few staff were able to articulate the work they were doing on EDI, or how EDI could make a difference to people with protected characteristics. For example, commissioners could not evidence how they met the needs of their culturally diverse communities, and it did not appear to be an area of focus in their activities. This was reflected in the comments of care providers who did not feel that the Councils took account of EDI in strategic commissioning, although social workers often did at an individual level. Care providers would welcome co-producing the approach to EDI - for example supporting the Council to understand EDI in their staffing profiles. The voluntary and community sector have EDI very well embedded in their practice and training, and the Councils should consider learning from their approach.

Proposed actions - We are running a workshop with strategic commissioning teams in the new year on EDI which will aim to challenge ourselves on what we need to do differently to meet the EDI Priority externally and set an action plan around areas identified.

2.16 **You Said – We did – progress made against the priorities identified by our Adult Social Care Forum and partnership Boards**

2.16.1 As a first step toward embedding co-production into adult social care we co-produced some key priorities with our stakeholder engagement forums and Appendix 2 contains our report on the progress we have made in delivering these shared priorities due 21/22.

2.16.2 Priority 1 - You said you had Concerns around digital inclusion/exclusion and the impact this has on people's ability to know where to go for information, advice, and signposting help.

Together we agreed This priority had two aims:

1. To provide a wider variety of communication channels for the public to use in order to improve access to information and advice for those who do not have access to the internet.

2. To improve access to the internet for individuals and communities and raise awareness of the community support available to help with this.

What we have done -
- Gathered feedback from Partnership Boards/experts by experience and providers on their experiences.
- Met with the council's communications and web and digital team to discuss findings.
- Carried out two adult social care information surveys:
- Placed a feedback survey on adult social care pages of the council's website.
- Survey for Partnership Board members/experts by experience asking for their feedback about looking for adult social care information.
- Set up expert by experience reader groups to help with the production of public-facing council care and support information.
- Started work on changing the adult services webforms on the website.
- Promoted funding available for digital inclusion projects, including the Innovate & Cultivate Fund.
- Worked with the council's Think Communities team on raising awareness of the digital skills training and support available in the community.
- Agreed with the council's Adults Commissioning Team that they would look at digital support requirements in council contracts with providers.

2.16.3 Priority 2 – You said you wanted us to focus on transitions into and out of adult social care services.

Together we agreed this priority had two aims:
1. To improve the experience of individuals and/or their family/carers in the transition from children's services into adult services. This could be for social care or health services.

2. To improve the support available to individuals with experience of multiple disadvantages as they transition into and out of support, such as when individuals move into housing services.

What we have done
- Linked with the council's Preparing for Adulthood workstream.
- New webpages have been created on support, advice and information for Parent Carers and Carers. These pages have been co-produced with Caring Together and Pinpoint Cambridgeshire.
- Agreed to develop a new microsite for the Cambridgeshire Local Offer information.
- Appointed a new staff member for the Cambridgeshire Local Offer information role.
- Met with the council's Communications Team regarding information on relevant services for those experiencing multiple disadvantages.

2.16.4 Priority 3 – You said you wanted us to improve our approach to co-production

Together we agreed this priority had three aims:

1. To raise awareness and understanding of co-production amongst council and health staff.

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2. Training on co-production to be provided to council and health staff so that they are confident to use co- production in their work.
3. Service users, carers and experts by experience are involved in the design, delivery and evaluation of the local services they use.

What we have done
1. Set up two task and finish groups:

   o Group One – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance in everyday practice within Adults and Safeguarding.

   o Group Two – To agree how to apply the SUN Network Co-production and Involvement Best Practice Guidance within the local health and social care system, related to commissioning practice and system development.

2. Produced a Cambridgeshire and Peterborough Shared Commitment to Co-production document.

3. Produced a Co-production Standards Checklist document, using the SUN Network Co-production and Involvement Best Practice Guidance '*Steps to Success: A Commissioner and Services Co-production Plan for Achieving Success*'.

4. Had research carried out into co-production training, guidance, and reimbursement/recognition for activities carried out by experts by experience.

5. We have: Agreed 'I' and 'We' statements describing the outcomes that individuals would like to happen related to:
   • The Adult Social Care needs assessment / Care and Support planning / Adult Social Care review processes
   • Information and Advice

6. We have Agreed areas of Adult Social Care practice which could be co-produced. These included:
   • Adult Social Care feedback forms.
   • Adult Social Care standard letters.
   • Adult Social Care information for the public (such as care and support information factsheets).
   • Guidance on how meetings are run.

2.17 **Key actions going forward**
2.17.1 The actions relating the recommendations set out above will form the basis on a developing improvement plan.   We will also include the following areas for development previously identified within out regional self-assessment.

2.17.2 Social Care Reform – We are now awaiting clarity of the timelines and funding allocations from Department of Health and Social Care following the announcement on 17 November that the timelines for the cap on care cost element had been delayed. Where elements may be delayed nationally the council may still chose to implement sooner due cost benefits or other significant drivers. This is likely to be the case for elements of the proposed work programmes for workforce and market sustainability.   A revised programme plan is under development to reflect the national changes and our local priorities.

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2.17.3 <u>Safeguarding enquiry improving oversight of quality and timelines</u> – undertaking a thematic practice audit for safeguarding and clear focus on monitoring the timelines for safeguarding enquiries and understanding what leads to delays.

2.17.5 <u>Accommodation needs assessment and mental health supported accommodation review</u>. - Completion of an adult social care Accommodation Needs Assessment across all client groups which gives a clear view of current, medium term and longer-term need. Clear communication with the market on the level/type of accommodation needed to stimulate development, address current shortfalls in capacity, particularly within LD/Autism, engagement in development of new solutions.

2.17.6 <u>Carers – information and advice and breaks</u> - Work is underway across Operations and Commissioning to review the current 'offer' for carers and identify areas for improvement in practice and commissioned services. There is a carers strategic group which includes health partners which will have oversight of the carers strategy refresh which is being co-produced and due for publication in spring 2023.

2.17.10 <u>Learning Disability</u> – We have support from a consultancy in addressing the pooled budget which is due complete produce a report with recommendations by the end of November. We are also working with Cambridgeshire and Peterborough Foundation Trust (CPFT) looking at health professional recruitment across the board, however it should be noted that there is a national issue due to lack of provision of learning disability specialist training for nurses. We are working on models of crisis response for people with complex needs to prevent unnecessary admission to hospital and support in their local communities, with short-, medium- and long-term options.

2.17.12 <u>Coproduction and customer engagement</u> – Building on the work we have undertaken around best practice in co-production we want to take the next steps to embed this into our practice. We have a graduate trainee assigned to adult social care from October 2022 to March to 2022 to support with the co-production of a vision for adult social care in Cambridgeshire for the next 3-5 years. We are also local at different models for engaging with stakeholders from embedded collection of user experience at all points of our front- line work, through to remuneration for users and carers who bring their unique skills to support in recruitment or policy and strategy design.

3. <u>Alignment with corporate priorities</u>

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

The report above sets out the implications for this priority throughout as it focusses on the finding of the self-assessment and peer review in relation to the delivery of adult social care services, and the council's work with the wider health system.

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There are strategic links between ASC and public health, through a named lead public health consultant; this allows for close collaboration and alignment between the two services where relevant.

3.3   Places and Communities

The report reflects throughout the focus on building community led support paragraph 2.9 describes how our key commissioning work is focussed on moving to place based delivery of support.

3.4   Children and Young People

The report above sets out the implications for this priority in paragraph 2.15.3 where it sets out the co-production work undertaken as part of the adult social care forums priority focus on transitions into and out of adult social care services

3.5   Transport

There are no significant implications for this priority.

4.   Significant Implications

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

4.2   Procurement/Contractual/Council Contract Procedure Rules Implications
See wording under 4.1 and guidance in Appendix 2.

There are no significant implications within this category.

4.3   Statutory, Legal and Risk Implications
See wording under 4.1 and guidance in Appendix 2.

There are no significant implications within this category.

4.4   Equality and Diversity Implications
See wording under 4.1 and guidance in Appendix 2.

There are no significant implications within this category.

4.5   Engagement and Communications Implications
See wording under 4.1 and guidance in Appendix 2.

The report above sets out details of the You Said We Did co-produced work carried out aligned to the priorities identified by our users, carers and partners in paragraph 2.15

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4.6   Localism and Local Member Involvement
        See wording under 4.1 and guidance in Appendix 2.

        There are no significant implications within this category.

4.7   Public Health Implications
        See wording under 4.1 and guidance in Appendix 2.

        There are no significant implications within this category.

4.8   Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):

4.8.1   Implication 1: Energy efficient, low carbon buildings.
        Neutral
        Explanation: This report is for information only.

4.8.2   Implication 2: Low carbon transport.
        Neutral
        Explanation: This report is for information only.

4.8.3   Implication 3: Green spaces, peatland, afforestation, habitats and land management.
        Neutral
        Explanation: This report is for information only.

4.8.4   Implication 4: Waste Management and Tackling Plastic Pollution.
        Positive/neutral/negative Status:
        Explanation:

4.8.5   Implication 5: Water use, availability and management:
        Neutral
        Explanation: This report is for information only.

4.8.6   Implication 6: Air Pollution.
        Neutral
        Explanation: This report is for information only.

4.8.7   Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.
        Neutral
        Explanation: This report is for information only.

        Have the resource implications been cleared by Finance?   Yes
        Name of Financial Officer: Justine Hartley

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Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement?   Yes
Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal?   Yes
Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your EqIA Super User?
Yes
Name of Officer: Faye McCarthy

Have any engagement and communication implications been cleared by Communications?
Yes
Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact?   Yes
Name of Officer: Debbie McQuade

Have any Public Health implications been cleared by Public Health?
Yes
Name of Officer: Emily Smith

If a key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?
Yes or No
Name of Officer:

Commented [TH1]: @Emily Bolton can you sign off for me please?

5.   Source documents guidance

5.1   Source documents

Appendix 1 – Adult Social care Outcomes Framework results 2021/22
Appendix 2 – Presentation to Adult Social Care Forum on progress on shared priorities
LGA Peer review final report

5.2 Location

Room XXX,
Shire Hall,
Cambridge

Where the document is held electronically, please provide a web link(s) if appropriate.

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